



# Better *at* Home

United Way helping seniors  
remain independent.



Supporting the non-medical needs  
of older adults in BC

# Better at Home Program Handbook

**2023-2024**

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Better at Home is funded by the Government of B.C. and managed by the United Way.



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at Home**



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4/2023

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# 1. Introduction

This handbook provides an introduction to the Better at Home (BH) program and an overview of the resources available for the development and delivery of the services. It is recommended that all Program Coordinators read this handbook in their initial learning phases and review it every year to ensure they are aware of all mandatory criteria and available resources.

[Chapter 2](#) will provide an overview of the BH program. Key elements covered in the overview chapter are discussed in greater detail in subsequent chapters. Throughout the overview chapter, you will see green buttons as above. These buttons indicate the relevant chapter(s) to turn to for more information on a particular topic. If reviewing this document in digital form, you can click on the button to go directly to the relevant chapter. Similarly, the digital form of the handbook includes a clickable Table of Contents which allows you to go directly to a specific section.



Chapters might list or direct you to additional resources, indicated by the light bulb icon as per the image on the right. All resources listed in this handbook are available on [Healthy Aging CORE B.C.](#) Once you are registered on Healthy Aging CORE BC, you can request entrance to the [Better at Home group](#). Along with all resources listed in the handbook, the Better at Home group includes a range of supplemental resources that may be relevant to your program as well as help enhance and coordinate non-medical home support services in your community. Please visit [Healthy Aging CORE B.C.](#) regularly for more information.



In addition, the appendices at the end of the handbook provide information that might be of interest.



This handbook is updated on a regular basis as new information becomes available and guidelines are revised. The handbook has evolved as Better at Home programs in various stages of implementation have offered input that has been proved useful during the planning and start-up phases. Where possible, this information has been incorporated. Lessons learned can be recognized by the icon displayed on the left-hand side.

**NOTE: This handbook is offered as a reference guide for local Better at Home programs. The handbook provides information and resources developed by United Way of British Columbia (UWBC) and third parties, which may be beneficial in supporting program implementation. It is the Lead Organization's responsibility to determine which, if any, components are applicable and appropriate for their organization and programs – including ensuring appropriate risk management processes are in place and any legal or insurance requirements are complied with.**

**UWBC accepts no responsibility for any errors, inaccuracies, omissions, or misleading statements used by the Organization or for the way the information is interpreted and used in the field, and hereby excludes liability for any claims, losses, demands or damages.**



If you have questions regarding the information in this handbook, please contact your Regional Community Developer (RCD). For more information regarding external resources, please contact the developer of the resource directly.

## 1.1 Better at Home Program Overview

Better at Home (BH) is a program that helps seniors live in their own homes by providing simple non-medical support services, which are delivered by local non-profit organizations, specifically paid workers, contractors and volunteers.

BH evolved from a pilot project known as *Community Action for Seniors Independence (CASI)*<sup>1</sup> that was launched in 2009 to test a community-based model (i.e., outside of the health authorities) of providing non-medical home support services to older adults. The five participating communities were: Maple Ridge, Renfrew-Collingwood (Vancouver), Newton (Surrey), Dawson Creek, and Osoyoos.<sup>1</sup>

**Chapter 2  
Guiding Principles**

**Chapter 5  
Volunteers**

**Chapter 6  
Contractors**

## 1.2 Funding and Structure

Better at Home (BH) is funded by the Government of British Columbia through a grant from the Ministry of Health. The program is managed by the [United Way British Columbia \(UWBC\)](#), and as of April 2023, the provincial initiative yields 92 program sites across 260 communities in British Columbia. Strategic decisions are made by the Senior Management Team and Provincial Director, Government Relations and Programs at UWBC, along with other members of the CBSS sector and the Ministry of Health.

Local BH programs are supported by the provincial team through UWBC's Healthy Aging Department, which consists of:

- **Provincial Director, Government Relations and Programs:** responsible for oversight and management of Healthy Aging initiatives, partnerships, and government relations.
- **Assistant Director, Government Relations and Programs:** responsible for staff and program oversight and Learning & Quality Assurance (LQA) activities across B.C.
- **Regional Community Developers (RCDs):** provide implementation and local oversight support, as well as expansion activities of Healthy Aging programs and initiatives (Better at Home, Digital Learning/Active Aging Plus, Navigation & Peer Support, Family & Friend Caregiver Support, Social Prescribing, TAPS, Men's Sheds, Emergency Preparedness and Response) in 5 different regions across B.C.

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<sup>1</sup> The results of the CASI evaluation can be found at <http://betterathome.ca/research-and-reports/>.



- **Provincial Coordinator, Healthy Aging:** provides provincial operational and logistical guidance for Healthy Aging programs and initiatives, and supports the Provincial Summit on Aging, training and development, and agency communications.
- **Provincial Coordinator, Community Engagement:** responsible for Healthy Aging CORE, Provincial and Regional Consultations, Provincial Working Groups, CBSS Leadership Council, Municipal Caucus, Funders Table, volunteer engagement, training and development.
- **Provincial Coordinator, Data and Reporting:** responsible for orientation and training on LQA activities, systems and processes for data collection and reporting, one-on-one support, iUnite, Access databases, and data collection/mining.
- **Granting Specialist:** responsible for support on LQA activities, United Way eAccess, and Salesforce.
- **Project Assistant:** assists in project operations
- **Administrative Assistant:** assists in the day-to-day operations and general inquiries, funding distribution and finance support, and Better at Home website.
- **Communications Strategist:** responsible for the communications of all programs related to Healthy Aging by UWBC and the creation and delivery of marketing, press releases, program unification between United Way and the community at large.

Contact information for the Healthy Aging team is found on our [website](#).

### 1.3 Better at Home: A Community Initiative

Better at Home (BH) is a community initiative: meaning the active involvement of community members, particularly seniors, during the planning phase is an important foundational piece of the process.

Each potential BH program is engaged in extensive community consultations. Regional Community Developers were hired in each potential service area to help communities assess their readiness to implement a Better at Home program, identify non-medical home support services, and support the selection of a Lead Organization to deliver the services. Regional Community Developers based their community engagement on existing community research and reports, as well as spoke with key stakeholders and various community members to build a comprehensive list of community assets and needs, regarding non-medical home supports. Stakeholder interviews, focus groups, surveys, community meetings, and various outreach strategies were employed to ensure widespread engagement with older adults, minority groups, and Aboriginal populations. In each program, community consultations and stakeholder meetings were held for community members to identify the Lead Organization most appropriate to host a BH program.

Throughout the community engagement process, the focus was to plan the BH program (with older adults themselves) in a community-driven model that catered to the needs, priorities, and changing circumstances of local seniors.

Final community profile reports are available on the [Better at Home website](#).

*Note: In 2020, the COVID-19 pandemic altered the way community consultations took place. While continuing to remain authentic to our community engagement process, alterations to community meetings incorporated technology and social connections via Zoom. While we recognize the inherent value of meeting as a group to collaborate and discuss, we also feel the process of expansion continues to be a vital compliment to support communities engaged. Moving forward, Zoom will continue to be a part of our social interactions and the expansion process of Better at Home in British Columbia.*

BH programs are run by local non-profit organizations. They are required to hire a Program Coordinator and have the option of appointing a Local Advisory Committee or Reference Group as a consultative body in the provision of services, reflecting the make-up of their seniors' community. All new BH Programs are expected to have a Local Advisory Committee/Reference Group. See Chapter 3 for details on Program Coordinator and Chapter 4 for details on the Local Advisory Committee/Reference Group.

**Chapter 3**  
**Program Coordinator**

**Chapter 4**  
**Local Advisory Committee/Reference Group**

## 1.4 Better at Home Services

Better at Home (BH) services are non-medical in nature. They are intended to supplement existing services, for example, services provided by community health workers, such as personal hygiene assistance and help with medical needs or physical mobility. Services vary from community to community and are based on the assets and unique needs of local seniors identified during a community engagement process. Services are chosen from the following basket:

- friendly visiting
- light housekeeping
- light yard work
- minor home repairs
- snow removal
- grocery shopping
- prepared meal services
- prescription pickup/delivery
- transportation
- group activities
- other services

**Chapter 7**  
**Better at Home Services**

**Chapter 11**  
**Marketing and Communications**

## 1.5 Fees for Service

While some services may be offered for free, the majority of Better at Home (BH) services are provided on a fee-for-service basis based on the participant's self-declared household income and based on the provincial Better at Home Sliding Scale. This type of program design encourages community contribution, strives for access for all, increases impact (number of persons receiving services) and avoids undermining other service providers in the market. See [Appendix D](#) for details on the Sliding Scale and its calculation process.



Service fees will be determined by the Lead Organizations, based on local costs, supply and demand, and will therefore, vary by location. Non-subsidized fees will be comparable with the market rates of other service providers in the area. Fees and donations collected will be channeled back into services.

**Chapter 8  
Fees for Services**

## 1.6 Eligibility

All seniors living in Better at Home (BH) communities will be eligible to access services, regardless of income and/or living situation. Older adults who live in BH communities will work with the local service provider to discuss their needs and access to appropriate services available.

**Chapter 9  
Participants and Eligibility**

## 1.7 Learning and Quality Assurance

Learning and quality assurance are important to the success of Better at Home (BH). United Way's aim is to ensure that effective and efficient approaches are in place to help BH stakeholders:

- develop and share knowledge, thus, learn of planning, program development, and quality improvements
- track and describe progress, results and impacts
- ensure and demonstrate accountability

Lead Organizations, especially Program Coordinators, play an important role in helping to continuously improve Better at Home, both locally and provincially.

**Chapter 10  
Learning and Quality Assurance**

## 1.8 Better at Home Marketing & Communications

How, where, when and with which audiences we talk about our investment in seniors' wellness and the impact Better at Home is having on the lives of seniors, caregivers and communities is important, and must be coordinated, thoughtful and streamlined. Chapter 11 outlines information about key messaging, the media, marketing and branding, and how we tell our story(ies).

**Chapter 11  
Marketing & Communications**



## 2. Guiding Principles for Better at Home Programs

A Better at Home (BH) program is guided by the following principles:

- **Seniors planning for and with seniors.** Seniors will be engaged in the planning and governance of the programs.
- **Senior centered.** The individual programs are designed with the needs, priorities and changing circumstances of seniors.
- **Community driven.** Built by the community for the community and will involve coordination of services from various organizations and partners.
- **Prevention oriented.** Built on the primary assumption that preservation of independence, dignity, health, and the delay of functional decline are worthwhile investments.
- **Evidence informed.** Built on the learning and evidence developed through the evaluation of previous models and a desire to enhance that model through additional learning and research.
- **Independence focused.** Foster self-sufficiency and independence by offering services that assist participants to live independently; helping to promote health literacy and support self-care; promoting social inclusion and enabling community connectedness.
- **Simple and understandable.** Incorporate clear and accessible information, ease of access, and the least amount of official procedure needed to maintain standards of safety, privacy, and quality.
- **Based on need.** Respond to seniors' needs for service and ability to contribute to the cost of providing those services.
- **Integrated.** Developed in partnership with seniors and other key stakeholders and will be integrated where feasible and, by design, complementary to other services and supports.
- **A non-governmental program.** Managed by UWBC and identified as a non-profit sector program funded by government, which does not replace existing governmental programs.

## 3. Program Coordinator

Every Better at Home (BH) program is required to have a paid Program Coordinator. The coordinator is the main contact for the day-to-day activities of the BH program in each community. This position could be divided into two part-time positions, for example a Volunteer Coordinator and an Operations Coordinator. Some of the responsibilities of Program Coordinator(s) may include, but are not limited to:

- Coordinate, develop, and promote BH's non-medical support services.
- Recruit, train, and oversee volunteers and contractors.
- Build relationships with other local key organizations that work with seniors.

- Share knowledge with other Better at Home programs, including attending telephone meetings and in-person gatherings, and regularly visiting the [Better at Home group on Healthy Aging CORE B.C.](#)
- Manage the BH budget.
- Support the local Advisory Committee and/or Reference Group by coordinating meetings and providing documentation (e.g. minutes, or program background information)
- Maintain appropriate records and submit reports to the funder as required.



### Lessons learned from programs

Many Better at Home programs find that more coordination hours are required during program set-up and early stages of implementation but decline as the program matures. In anticipation of this expected decline, some programs have hired a part-time coordinator and supplement the hours with temporary staff and/or volunteers, who help in the office with administration, data input, and intake.



Program Coordinator resources are available on [Healthy Aging CORE B.C.](#)

Below is a list of tasks typically associated with program coordination. Please refer to your host agency to determine duties for your specific program.

[Job Tasks Assignment to Better at Home Coordinator and Manager Positions](#)

## 4. Local Advisory Committee and/or Reference Group

All Better at Home (BH) programs are strongly encouraged to form and work with a Local Advisory Committee or a Reference Group, or both. In the early development stages of a BH program, an Advisory Committee and/or a Reference Group have proven to be extremely beneficial in setting the strategic direction of the local program, and guiding its relationships with older adults, health authorities, senior serving organizations and other entities in the community. The same benefits apply in the long term. For this reason, new programs are now expected to establish such a committee or group.

The Lead Organization at each program will be responsible for putting together this committee and/or reference group. The Advisory Committee and/or Reference Group should consist of local key stakeholders in the local Community-Based Seniors' Services (CBSS) sector and should be representative of the ethnic diversity of the local community as well, including First Nations. Programs are encouraged to strive for a committee with at least 50% seniors and an appropriate gender ratio.

### 4.1 Role of the Local Advisory Committee

The main role of the Local Advisory Committee is to guide and advise on the Better at Home (BH) program development, service delivery, and integration with the local Community-Based Seniors' Services (CBSS) sector. The Lead Organization decides on the duties of the Advisory Committee, often in consultation with its members. These duties could include:

- Supporting the development and implementation of the program, including the creation of necessary policies and guidelines.
- Assisting the Lead Organization with strategic planning.
- Providing input and guidance regarding governance of the program.
- Outreach: connecting the program to potential groups of volunteers and seniors who would benefit from BH services.
- Sector integration: participating in local and regional CBSS sector activities.
- Volunteers and staff: providing input regarding training and protocols around volunteers, staff, and contractors.
- Promotion and advocacy: communicating with legislators and the media; presenting BH to local groups, etc.



## 4.2 Role of the Local Reference Group

The main role of the Local Reference Group is to act as a consultative body (instead of providing the oversight and governance of an Advisory Committee). Also, the Reference Group is facilitated internally by a member – there is no external Chair. Specific duties of the local Reference Group could include:

- Supporting program improvement by making recommendations and proposals.
- Facilitating information sharing between stakeholders and other community members regarding BH.
- Outreach, supporting volunteers and staff, promotion and advocacy (as above).
- Sector integration: participating in local and regional CBSS sector activities.

Programs may consider developing tools to guide the Advisory Committee/Reference Group, such as guidelines for membership, commitment expectations, and Terms of Reference.

**Figure 1: Organizational chart showing the possible relationship of the Local Advisory Committee to the BH Program (Reference Group not shown).**



Advisory Committee/Reference Group resources are available on [Healthy Aging CORE B.C. - Advisory Committees/Reference Groups](#)



## 5. Volunteers

Volunteers are crucial to the success of Better at Home (BH) and provide an important opportunity for community members to become involved with and support local seniors. This helps to build community connections, program buy-in, and a wider sense of responsibility. Many seniors have time and resources to contribute and see the benefits of having BH services in their community. Many programs connect youth or student volunteers with senior participants, building inter-generational connections.

Before any match between participants and volunteers or contractors can take place, all volunteers must complete a criminal record check. Criminal record checks can be done through the RCMP or the local police station. Criminal record checks are free for volunteers working with vulnerable adults in non-profit or public organizations that opt into the [Criminal Records Review Program \(CRRP\)](#).

It is important to realize that volunteers are not 'free'. Recruitment, training, matching, and appreciation takes time and resources. Limited volunteer availability requires Program Coordinators to juggle large numbers of volunteers to be able to provide a continuum of services to participants. Partnerships with local volunteer recruitment and referral organizations, faith-based organizations, service groups, youth groups, etc., can help in finding volunteers.



Visit [Healthy Aging CORE](#)<sup>2 3</sup> for further resources and considerations when working with volunteers.

Resources on volunteers are available on [Healthy Aging CORE B.C. Better at Home Group](#):

- [Archived HUB Volunteer Discussions](#)



### Resources

- [Criminal Records Review Act](#)
- [RCMP Vulnerable Sector Checks](#)
- [Background Checks Information - Volunteer BC](#)

### 5.1 United Way British Columbia's iVolunteer!

United Way British Columbia's iVolunteer platform provides access to over 9,000 volunteers province-wide through the online portal: [iVolunteer Powered by United Way British Columbia](#). iVolunteer handles many of the operational aspects of volunteer recruitment and management which helps save time, giving Better at Home programs the opportunity to focus efforts where they are most needed.

For more information, please contact Aubrey Mendoza, Volunteer Coordinator, UWBC at [aubreym@uwbc.ca](mailto:aubreym@uwbc.ca).

<sup>2</sup> The first time you access [Healthy Aging CORE](#), you will be required to register for membership. Once your account application is approved, you will have access to all the resources and other functions of CORE.

<sup>3</sup> More information about Healthy Aging CORE is available in Chapter 10



## 6. Contractors

Better at Home (BH) services are provided by a mixture of volunteers, contractors and paid staff. When services cannot be filled by volunteers or staff, private suppliers or individual workers can be contracted to provide these services (e.g., light housekeeping).

A Lead Organization may decide to connect seniors to a third party who can provide a service from the BH basket. These may be private contractors, companies or other non-profit organizations, including social enterprises.

We expect that Lead Organizations will be diligent in checking the quality of the third-party organizations or contractors who are selected to provide BH services to participants.

BH fees do not include GST. This depends on whether they are considered a BH service or not. (See [Chapter 8](#) for the distinction). UWBC recently engaged with the Canadian Revenue Agency (CRA) to apply for a comprehensive GST exemption ruling for all Better at Home programs across the province; however, the request for blanket coverage was denied. Consequently, programs are now encouraged to apply on their own.

Many of our programs have been successful in applying for the exemption on a per program basis. Accordingly, we have crafted a GST/HST exemption template for each organization to follow up with the CRA individually and receive an independent ruling.

You can find this form here: [GST/HST Exemption Template for Better at Home Programs](#)



### Lessons learned from programs

If the Lead Organization has never contracted out services before, setting up contracts may initially be challenging. It can be difficult finding contractors, particularly those with adequate insurance. In some cases, BH programs pay for insurance to support smaller contractors that meet all other criteria.

Hiring and managing of personnel is usually part of the contractor's responsibility, which can save time for the BH Program Coordinator. Mileage to provide services is often included in the hourly rate, which is easier to budget than when reimbursing mileage.

Contract and partnership agreements have been set up with Community Living, women's organizations, mental health organizations, language translation groups, skill retraining/employment support organizations, etc.

## 6.1 Better at Home service or not?

A service **is** considered a Better at Home (BH) service if a Lead Organization subsidizes the third party to offer the services at a rate that fits the fee-for-service model. It should then be recorded as a service delivered by BH.

A service **is not** considered a BH service if a Lead Organization does not have a formal financial relationship with the third party that delivers the service. This remains true even when that service fits in the BH basket of services and the Lead Organization makes a match with or a referral to that third party.

If the service is a referral, Lead Organization marketing material should not list these as BH services, but rather explain that they refer seniors to these services.

### Chapter 8 Fees for Services



Resources regarding contractors are available on [Healthy Aging CORE B.C.](#) at [Archived HUB Discussions – Contractors](#).



### Resources

- WorksafeBC: [Operational Health and Safety Guidelines Part 2](#)



## 7. Better at Home Services

Directed by the needs and assets of the community, Lead Organizations decide which services from the Better at Home (BH) basket of services will be available, and how and when these services will be delivered. On some occasions, non-medical services outside of the BH basket of services can be offered; however, other services need to fit within the guiding principles and must be approved by UWBC. [Appendix B](#) provides a guide to the scope of each service.

Please read and apply [Appendix C](#) if you are transitioning BH-type services already existing in your community into your program.

### 7.1 Scheduling Services

Each program decides how to schedule services and connect participants with service providers. Program Coordinators' involvement in scheduling can vary. Some services can be set up as regular, recurring appointments (e.g., housekeeping on every third Thursday at 2PM); others can be scheduled on an as-needed basis. Programs should consider:

- If participants can schedule some services directly with the service provider or if all services should be scheduled through the Program Coordinator? How is the Program Coordinator informed?
- If services are scheduled directly with providers, how do programs monitor service satisfaction, ensure boundaries are maintained, and keep participants and providers safe?



#### Lessons learned from programs

If services are scheduled directly between participants and service providers, contractors and volunteers should be clear on the types of services and frequency appropriate within BH. Many programs conduct training on setting and maintaining boundaries.

Some BH programs have used Google mapping systems and other technologies to match service providers (staff/ volunteers) with participants that live nearby. This saves time and resources (e.g., mileage reimbursement) and may help to connect neighbours more closely together.

Other BH programs have provided intake staff with mobile technology (e.g., a laptop) to record participant data directly into a database, which helps to increase efficiency.

**NOTE:** BH's new database will provide service tracking capabilities as part of the iUnite platform.

## 7.2 Using Internal Staff

Regarding volunteers and contractors, programs may consider using internal staff to deliver services.



### Lessons learned from programs

Some Better at Home programs have reported that the use of internal staff helps them to closely monitor service quality. Other programs note the hiring and dispatch of a few dedicated internal staff members is easier than constantly recruiting and re-training volunteers that may only be able to offer a few hours a week.

Depending on local wage levels, benefits, insurance costs, mileage reimbursement, etc., some BH programs note internal staff costs can be less expensive than using contractors.

That said, some programs have found that the use of internal staff can take more of a Program Coordinator's time, particularly if replacement staff are needed when workers are sick. There are also risk and organizational liability issues involved in sending internal staff to complete services.

## 7.3 Service Delivery

For each service it is useful to find out what other similar services are available in your community and which organizations might be available for partnerships.

### 7.3.1 Friendly Visiting (in-person, phone, virtual)

The type of friendly visiting services offered varies from program to program, depending on local Better at Home (BH) program capacity and the kind of services needed by seniors in the community. Friendly visiting is usually the purview of volunteers, but again, this depends on program capacity and participants' needs. Some BH programs have formed effective partnerships with local Volunteer Bureaus, Seniors Peer Counselling groups, Volunteer Hospice, and other existing service groups in their communities to deliver friendly visiting.

Friendly visiting may take the form of one-to-one visits in a participant's home or a public space (e.g., a coffee shop). Friendly visiting may also involve group interactions where participants socialize with one another, not only the service provider. Finally, friendly visiting may involve check-in calls where service providers make regular calls to seniors in the community to provide more socialization opportunities over the phone.

UWBC is embracing recommendations from a recent Better at Home evaluation (2017), which recognized that meaningful social connections are not restricted to the scheduled service called friendly visiting, but rather, are happening throughout the program (e.g., with every phone call or in-person visit with seniors). Stay posted for more on how this wide-ranging and highly beneficial aspect of BH develops in the future.



### Lessons learned from programs

Some programs are organizing enhanced friendly visits 'with a purpose'. For example, if a participant or group of participants is interested in a particular topic or activity (e.g., card games, model trains, mystery novels), service providers will focus on that topic or engage in that activity.

#### 7.3.2 Light Housekeeping

Light housekeeping is the most frequently used BH service and is often provided by external contractors or staff. The service has sometimes been provided by volunteers, for example, when the emphasis is on a social form of housekeeping and is a joint activity with the participant.



### Lessons learned from programs

Programs have found it easier to use volunteers for housekeeping if participants are reminded that BH services are not top-of-the-line professional services, but rather a community-based helping hand to support seniors.

Some contracted cleaning companies provide cleaning materials as part of their hourly charge. Because participants may have their own preferred cleaning materials, it is advised to discuss options and preferences with participants. Some programs stock cleaning supplies as a backup for participants when they run out of supplies, or to provide internal cleaning staff with their own materials.



### 7.3.3 Light Yard Work

Light yard work is most often provided by external contractors, but there are a number of other options in delivering this service. Some programs have completed yard work projects using group volunteer activities in conjunction with local schools, youth groups, service clubs, or local business people (e.g., United Way Days of Caring).

Programs generally set yard work fees by the hour or by the size of the job to be done (e.g., set fees for large vs. small yard).



#### Lessons learned from programs

Some BH programs keep simple yard work equipment (e.g., rakes) on hand for service providers (individuals and groups) that do not have their own.

### 7.3.4 Minor Home Repairs

Minor home repairs are mainly provided by volunteers, supplemented by contractors and paid staff. In general, jobs considered minor home repairs include touching up paint, minor wall repairs; replacing light bulbs; replacing bolts/screws, fixing minor leaks, fixing weather stripping, replacing toilet seals/seats; adjusting/replacing curtain rods; fixing shelves and closing mechanisms like doorknobs, closet knobs, drawer handles, and drawers.

Ultimately, programs decide which repairs are within the scope of the program, depending on the capacity of the service providers and various risk and insurance considerations.



## Lessons learned from programs

Some programs build up a running list of requested repair services and when the list is long enough, they hire a contractor or engage with some volunteers to complete the list. Other programs channel all requests to their designated home repair service providers, who then complete the requests when they have time. This allows service providers to schedule the repairs directly with the participant at a convenient time. There also might be efficiencies whereby the provider waits until there is a certain number of repairs needed in the same neighbourhood, thereby saving travel time.

Some programs offer fire and smoke alarm checking and replacement as part of their minor home repair services. The local fire department may also offer these services.

Other programs are partnering with service organizations such as the Lions Club, Rotary and/or Kinsmen are options. Service club members may assist with building ramps, cleaning gutters, or larger yard supports.

### 7.3.5 Snow Removal

Snow removal is most often completed by volunteers, but this varies depending on program capacity and size of the workload. As with light yard work, some programs use group volunteer activities to shovel multiple driveways and walkways after snowstorms. Local Better at Home (BH) programs decide whether snow removal fees are by the hour or by the size of the workload/driveway.



## Lessons learned from programs

Some BH programs have snow shovels for staff and volunteers, as participants may not have these available or in good working order.



### 7.3.6 Grocery Shopping

The need for grocery shopping may be met in a variety of ways within Better at Home (BH), depending on participants' needs in the community and the range of grocery shopping and delivery services already available. Grocery shopping service delivery options may include:

- Taking participants out:
  - A volunteer driver may take one or more participants to the same grocery store, shopping mall, food bank, farmers' market, etc.
  - A shuttle bus or van may take many participants out shopping:
    - There may be a volunteer on the bus that helps participants with the shopping.
    - Volunteers may help participants transfer the shopping into their homes.
    - Participants may be picked up at home or at a centralized pick-up point.
- Volunteer shoppers:
  - Volunteers may receive a participant's grocery list (in person or via the phone/email) and do the shopping without the participant. Groceries are then delivered by the volunteer or the grocery store (if this option is available)
- Grocery delivery:
  - Some grocery stores have their own shop-by-phone/online system. In this case, BH volunteers may only be required to deliver the groceries.

Please note that if the participant is not physically present at the grocery store, payment options and inherent risks need to be considered.



### Lessons learned from programs

Many grocery stores now deliver groceries for free or a small fee, there may even be seniors' rates.

Some BH programs have advocated for this system with local grocery stores. Other BH programs have partnered with some grocery stores or covered the delivery fee. Other partnerships and collaborations have been with local food providers, Farmer's Markets or seniors' nutritional supports.

Some programs have opted to utilize contractors to deliver this service.



### 7.3.7 Prepared Meal Services

In addition to the grocery shopping services, Better at Home (BH) programs also deliver prepared hot/frozen meals to seniors' home. The services offer older adults a convenient access to pre-prepared food.

Decisions on the frequency and duration of prepared meal home deliveries are dependent on local factors. Programs can also choose to partner with home-delivered meal programs (i.e., Meals on Wheels, Better Meals, Friends Helping Friends Meal Program, etc.)

### 7.3.8 Prescription Pickup/Delivery

In order to help older adults get the prescriptions they need, Better at Home (BH) can provide medication pickup and delivery services from local pharmacies. Prescription pickup/delivery can offer seniors and their caregivers more well-organized medication management (however, BH programs are not permitted to administer prescription medication).

Programs decide contact methods between participants and BH volunteers, whether prescriptions are pre-ordered and paid, pre-order how many days in advance, etc.

### 7.3.9 Transportation (medical and non-medical)

Each program decides which type of transportation is appropriate to their local context. For example, some programs provide rides to medical appointments, while others only offer rides to social appointments. Some programs use a shuttle bus, others use personal vehicles to transport participants. Decisions on the situation in need of transportation and the mode of transportation offered will depend on local factors.

BH programs decide how to calculate transportation fees; for example, using a flat rate for return trips, fees per kilometer traveled, pre-determined fee zones (e.g., based on distance), or charging by time (e.g., charging out drivers by the hour rather than by distance).



## Resources

- [ICBC Driving Record – Driver's Abstract](#)
- [Volunteer Drivers Letter – ICBC](#) (dated 2021)



## Lessons learned from programs

Some Lead Organizations have created business linkages with car sharing co-operators (e.g., Modo) to support volunteers interested in driving, but lacking or unwilling to use their own vehicle. In areas where public transportation is available, but seniors are afraid or unwilling to venture out alone, volunteers may be asked to assist participants. Therefore, assisted transportation makes use of existing public transportation options to offer seniors the confidence to go out.

Another innovative idea for delivering local transportation is taxi vouchers. Some programs have partnered with a local taxi company to provide rides to participants. The rates are discussed in advance and participants pay on a sliding scale.

Drivers who use their own vehicles are often reimbursed for their mileage, which may be calculated from the volunteer's home or the participant's home, depending on the program. In case of tolls or parking fees, many programs ask participants to have cash on hand during the trip. Some programs pay for additional insurance on volunteers' vehicles as an additional benefit for volunteering in the program.

Some programs are focusing on in-community transportation. While they see the potential need for transportation into larger centres, they also report difficulty finding capacity (e.g., volunteers, mileage reimbursement supports) to support inter-community rides. For programs that do provide long-distance, inter-community rides, some Program Coordinators try to arrange for multiple participants to fill a car or a larger vehicle (e.g., shuttle bus) to maximize the impact of volunteer time and cost efficiencies for larger mileage rates.

Many programs have noted that it is important to try to anticipate community transportation needs to budget appropriately. Looking at where popular destinations are located (e.g., hospitals, health units, shopping centres, etc.) can help to plan effective transportation support systems. Also, a number of programs mapped the existing transportation systems, including public buses, HandyDart, buses from seniors housing, RideShare, other community driving programs, etc. This allowed programs to partner with and build on existing assets in the community to deliver more streamlined and effective services.



### 7.3.10 Group Activities

Group activities encourage community engagement among older adults, from which they can build connections with each other, stay healthy and socially active together. Group activities can be especially beneficial to seniors who live alone and/or have the need to socialize. Activities are dependent on the needs of the seniors and program capacity (i.e., volunteer availability, number of trained staff, etc.) in the area.

**NOTE:** Group activities (e.g., walking groups, lunch and learns, etc.) are also captured, quantitatively and qualitatively, in the Better at Home Annual Report.

### 7.3.11 Other Services

Other services offered by Better at Home (BH) programs include digital literacy (computer and/or phone tutorials, etc.), technical support, information & referral services, as well as library book pickup and return. Other services need to fit within the guiding principles and must be approved by UWBC. Be sure to contact your Regional Community Developer for further information and approval.

These services are counted as service moments in the annual service utilization reports, which are included in your Better at Home Annual Report to UWBC and total service moments.



Better at Home services are itemized in detail in [Appendix B](#).



## 8. Fees for Services

Lead Organizations are required to implement a sliding scale fee model<sup>4</sup> as described below. Service fees will be determined by the Lead Organizations. Non-subsidized fees will be comparable with the market rates of other service providers in the area. Fees and donations collected from the seniors will be channeled back into the local Better at Home (BH) program.

Participants will pay for services based on a sliding scale relative to their household income. Household income includes that of the participant and their spouse (if applicable).<sup>5</sup> If a participant refused to be assessed on the sliding scale, they should not receive any subsidies. Even if the service is free, participants should be financially assessed. Lead Organizations have the option of making category adjustments on a case-by-case basis<sup>6</sup> for a participant who can prove that payment of the assessed participant rate will result in a serious financial hardship. Serious financial hardship is when payment of the assessed participant rate would result in the participant or spouse being unable to pay for:

- adequate food
- monthly mortgage/rent
- sufficient home heat
- prescribed medication
- other required prescribed health care services

The Sliding Scale Fee Model is built on three principles:

- **Older adults all over the province should have a similar experience of the way fees are charged when they access BH services.** A generic fee-for-service model has been developed to ensure that seniors have this similar experience while allowing for local variables in labour and other supply costs.
- **Services should be accessible to seniors, regardless of their income level.** The Government recognizes that seniors with an annual income below a particular amount are eligible for the maximum amount of Guaranteed Income Supplement (GIS). This same income level has been used to determine which seniors should be able to access BH services without being charged for services. Any senior can offer a donation.
- **BH should be conscientious about not undercutting providers that are charging market rates for the same services.** Lead Organizations are requested to investigate the local market rate of services offered by BH, and to charge this rate to seniors with an income that is above the average.

Along the line of these principles, the critical upper and lower categories of the sliding scale fee model **are mandatory**, and any variations of the local sliding scale can only occur within the middle categories of the sliding scale (updated annually).

More detail on Better at Home Sliding Scale model can be found in [Appendix D](#).

<sup>4</sup> See [Appendix D](#) for background information on the categories used in the BH Sliding Scale model.

<sup>5</sup> A spouse is a person who is married to or is living in a marriage-like relationship with a participant, and for the purposes of this definition, the marriage or marriage-like relationship may be between persons of the same gender.

<sup>6</sup> [Ministry of Health's Home and Community Care - Policy Manual](#): Policy 7.D, Temporary Reduction of Participant Rates



## 8.1 Flexibility in the use of BH Sliding Scale Fee Model

If a Better at Home (BH) participant endures serious financial hardship at the assessed fee rate provided in the table above, Lead Organizations have the option of making fee category adjustments on a case-by-case basis, using the Ministry of Health's *Home and Community Care Policy Manual* as a guide ([see Policy 7.D, Temporary Reduction of Client Rates](#)).

Likewise, for participants on the cusp of a subsidy category, it is up to the Lead Organization's discretion if they can/should offer subsidized services. Considerations should be programs' capacity, budget, and hardship of the participant.

Lead Organizations that already have a well-functioning fee-for-service model that parallels BH principles may continue using their own system, with some adaptations. These situations will be reviewed with the UWBC on a case-by-case basis.

## 8.2 Collecting Fees

Lead Organizations decide how fees will be collected from seniors. It is recommended that there **should not** be a direct money transaction between a senior and a volunteer, staff member, or a contractor as this increases the risk of abuse. Some options are monthly invoicing or using coupon or punch card system. A paper trail of the services delivered, for example, collecting a signature from the senior after work completion, supports transparency and reduces the risk of abuse, especially in case of possible memory loss.

## 8.3 Balancing Subsidy Categories

Better at Home (BH) services are intended to serve seniors who require support to remain independent at home and connected to the community. For some seniors, BH subsidized services are the only way to afford that bit of extra help to stay at home. Other seniors may be able to afford full-pay market prices, but may be wary of dealing with contractors themselves. Using BH services offers many seniors peace of mind because contractors have been vetted, and there is an organization to connect with in case of complaints. Depending on the program, participants who pay the full price might also be helping to enhance and expand the impact of subsidized services for other seniors in the community.



## Lessons learned from programs

Many BH programs have come up with creative approaches to the no-subsidy “Category F” rate. These full-paying participants may be very important for your BH program because they can help to subsidize participants who are unable to pay full price. For example, if the full market rate (Category F) for a service is \$30/hour, many programs will negotiate for BH contractor rates to be lower (e.g., contractors are paid \$25/hour). This means that when full-paying participants are served, there is an extra \$5/hour recovered to subsidize participants that cannot afford the full price. Contractors are often willing to offer BH programs a reduced rate, particularly as the local program is doing marketing and outreach and recruiting participants directly.



Archived resources regarding fees are at [HUB Discussion: Sliding Scale, Fees for Services and Invoicing](#)

## 9. Participants and Eligibility

Better at Home (BH) is an inclusive program for all older adults living in the catchment area of the Lead Organization. Seniors are generally people aged 65 or older, and may prefer to be called older adults, elders, senior citizens or self-identify in other ways. Program Coordinators are encouraged to ask the participants how they identify themselves. Local service providers may make exceptions to program participants who are younger than 65 years of age, depending on the local context. These exceptions must be documented and tracked to enhance UWBC’s understanding and for planning purposes.

BH services support seniors in remaining independent and connected to their community. Lead Organizations might consider incorporating some forms of assessment to ensure the services facilitate independence and self-sufficiency. These assessments may help to prioritize participants who would most benefit from the support, allowing other participants access to services allowed in the resources. Other services might be available for all seniors.



## Lessons learned from programs

During intake and assessment conversations, many Program Coordinators take the opportunity to talk with participants about *wants vs. needs*. Programs generally find that there is a spectrum of participants with varying levels of wants and needs, and many emphasize to participants that the service is designed to facilitate independence rather than *dependence*. In this way, programs acknowledge up front that needs vary and different service levels may be required at different times. This initial and ongoing management of participant expectations helps to focus Better at Home activities on maintaining independence.

Some programs encourage participant to take part in the services (e.g., undertaking easier housekeeping tasks while a service provider completes more physically demanding jobs). This participant's participation, where appropriate, encourages independence and can be empowering as the participants may see themselves as active agents in helping themselves.

Many programs conduct regular conversations with existing participants to see if the current service levels are appropriate, for example, if a participant needs light housekeeping after returning from hospital, which may no longer be required after a few months. In this way, Better at Home is discouraging dependence and supporting participants only where needed.



## 9.1 Conducting Intakes

When participants have been selected and their need for Better at Home (BH) services is determined, the Lead Organization should consider conducting home visits prior to the start of service delivery, especially for services like housekeeping and transportation. This is considered best practice. Other organizations have found that this may help to make the participants more comfortable about strangers coming into their home, while providing the Lead Organization with more information about risk issues for participants and volunteers.



### Lessons learned from programs

Some BH programs balance the time needed for home visits by completing preliminary intakes by phone (however, this is not a best practice). These programs will often complete more complex intakes in person, either in the participant's home, in a coffee shop, or the BH office (if there is one).

In some programs, staff complete the intakes. In other programs, however, it is a mix of program staff and volunteers that complete intakes and record the data. It is important that volunteers are properly trained and supported to complete intakes, and that participant information is kept confidential.

## 9.2 Data Input and Tracking

Better at Home (BH) programs are responsible for ensuring that the necessary participant and service use data is tracked. Often the input of data is completed by staff; sometimes it is done by volunteers.

UWBC has now transitioned to a new database system known as **iUnite** – <https://www.iunite.ca/>. The new system serves to streamline and improve the workflow for BH programs in the community as well as improve the data collection process at UWBC.

There are a variety of ways to track BH data, including in iUnite (**preferred**), MS Access database, Excel spreadsheets, and other customizable databases, etc. When planning how your program will track participant demographic data and service usage, it is important to consider:

- The number of participants that might be served
- The number of services your program might deliver each week
- Scheduling and keeping track of the (various) services provided to different participants
- Invoice generation (if needed)
- Tracking volunteer information
- Information required annually by UWBC



**NOTE:** As your program is conducting intakes, please be aware of the participant and service data required for annual reports to UWBC. A is of key information for reporting is on available on [Healthy Aging CORE: Better at Home Annual Report Template](#).

**UWBC would be happy to review your intake forms to ensure you are collecting the information we require.**



Archived resources on participants and eligibility can be found at [HUB Discussion – Participants and Intake](#).



## 10. Learning and Quality Assurance

Lead Organizations play an important role in enabling Better at Home's (BH) learning approaches and in helping to continuously improve the program, both locally and provincially. For a more in-depth description of BH Learning and Quality Assurance (LQA) activities, including the roles and responsibilities of BH Lead Organizations, please refer to the Lead Organization's Letter of Agreement (LOA) – specifically the Learning and Quality Assurance (LQA) Plan – and [Appendix E](#).

### 10.1 Reporting

Better at Home (BH) is driven by a community-based approach and thus, it is important to build a solid understanding about each program's development, implementation, and ongoing activities across the many different BH communities and contexts. BH Lead Organizations' role in supporting evaluation and monitoring activities include:

**On an annual basis** (at 12 months from the start of your annual grant):

- Participating in meetings with your UWBC Regional Community Developer (RCD) to talk about how things are going relative to your work plan, your successes/challenges, and how UWBC can further support your program.
- Collecting and reporting to UWBC about seniors accessing BH services and other reporting requirements. Information collection is done by the Lead Organization at the individual level (for each senior) as seniors register with the program, and, on an ongoing basis as seniors receive services. Lead Organizations should expect to collect and report in an online format using iUnite.

See [Appendix F](#) for details about the reporting requirements. Specific dates for all requirements are outlined in the LOA for your BH grant. Also review [Appendix C](#) if you are transitioning participants from BH-type services into your program.

### 10.2 Quality Assurance

**NOTE:** It is expected that every program participates in Better at Home (BH) evaluation methodologies and activities, as stipulated by UWBC and as a condition of your funding agreement (LOA).

Other possible ongoing evaluation activities include:

- Provincial, regional and/or local questionnaires, surveys, etc., as required
- Provincial, regional and/or local operational evaluation activities, as required
- Evaluations and/or self-evaluations of local Program Coordinator and/or local Better at Home programs, as required



The BH Grant Criteria and Learning and Quality Assurance Plan (previously known as Monitoring, Evaluation and Learning (MEL) Plan) are available with your annual application and on the [Better at Home Annual Outcome Report Template](#). The template details the specifics of each evaluation activity for the current granting year.

If BH programs are considering participating in other research and/or evaluation beyond the provincial plan for your program (outside of local program satisfaction and improvement evaluation activities), we ask that you contact us and/or your Regional Community Developer (RCD) *prior to* making commitments.

### 10.3 Learning

Learning, reflective practice, and knowledge-sharing are central to Better at Home (BH), particularly in supporting program development and quality improvement. UWBC is pleased to continue to provide learning opportunities, as well as to support and participate in a BH Community of Practice (CoP) (see [Appendix E](#) for details) to help bring as much intentionality and ‘rigor’ to the process of reflective learning and knowledge-sharing as possible.

*“Communities of practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly.” (Wenger, E., 2006)*

#### 10.3.1 Better at Home Communities of Practice (COPs)

As per UWBC’s Learning and Quality Assurance (LQA) plan, all Better at Home (BH) programs are expected to participate in a Community of Practice (CoP). Modeled after Wenger’s (2006) approach to social learning, CoPs support and promote knowledge-sharing and learning, mutual problem-solving and community partnership building on the part of participating staff and programs. CoPs also offer a venue for professional development of Better at Home Coordinators and collaborative program- and sector-oriented projects.

BH’s CoPs are comprised of Program Coordinators, other staff and/or designated volunteers from BH Lead Organizations and satellite sites. Members of the Healthy Aging team also participate in CoP meetings. Regional Community Developers (RCDs) typically provide updates from UWBC, share pertinent information from other regions and the CBSS sector as a whole, as well as bring back information/feedback from CoPs.

A BH program that is located centrally within its region assumes responsibility as a host program for the CoP and leads the planning, organizing, and hosting of CoP meetings. The host program receives a budget to cover the costs of hosting meetings, providing food/drink to participants, leading in the co-creation of meeting agendas, and taking/circulating meeting notes. Programs whose representatives travel more than an hour one-way to attend CoP meetings receive funds to cover travel costs in their annual BH grant.

All CoPs meet at least four times a year (except in years when the Better at Home Meetup takes place, the minimum is three meetings). Two of these meetings must be in-person, while the others can be by webinar or teleconference (years with BH Meetup will substitute for one in-person meeting). Whenever possible, in-person meetings should coincide in time and place with the Regional Consultations organized by UWBC.

Two of the CoPs main activities are self-explanatory: knowledge sharing and learning (e.g., by roundtable reports of successes/challenges in programs) and mutual problem solving (i.e., when Coordinators 'put their heads together' to develop ways to address an issue that many or all of the program's experience). Building community partnerships, a third main activity of the CoPs, involves identifying and bringing together other organizations in the CBSS sector in order to improve coordination in the sector and better the lives of community-dwelling seniors.

UWBC-led Provincial and Regional Consultations (RCs) offer an obvious opportunity for CoP members to engage in community partnership building activities. Similarly, the RC could also be a venue for showcasing CoP-initiated efforts to coordinate programs for seniors in community. CoP members are encouraged to attend all Regional Consultations and can play a role in the RC itself. RCs are a collaborative effort involving the Provincial Coordinator, RCDs and regional CoP members, as well as a diverse group of others in the CBSS sector.

### 10.3.2 The Better at Home group on Health Aging CORE B.C.

The [Better at Home \(BH\) private group](#) on [Healthy Aging CORE B.C.](#) supports provincial BH online Community of Practice (CoP) and enables access to relevant resources, facilitates ongoing learning, and helps stakeholders make connections. Healthy Aging staff will moderate/monitor, respond to, and facilitate traffic on the CORE regularly. BH RCDs actively encourage local BH stakeholders to participate in CORE B.C. activities and ensure that relevant resources/materials are posted on Healthy Aging CORE B.C. for CoP members and others.

**NOTE:** The BH Hub migrated to [Healthy Aging CORE B.C.](#) in 2020-21. At the time of writing, the BH Hub has been redirected to Healthy Aging CORE and all materials have been archived to the [Discussion](#) in the BH Group. If you are having difficulty finding resources, contact your RCD for support.

### 10.3.3 Healthy Aging Collaborative Online Resources and Education (CORE)

#### 10.3.3.1 Healthy Aging CORE British Columbia ([CORE B.C.](#))

Healthy Aging Collaborative Online Resources and Education British Columbia (CORE B.C.) is a platform to connect Community-Based Seniors' Services (CBSS) organizations and partner agencies and individuals in British Columbia. CORE is designed to provide up-to-date information, resources, and training opportunities



as well as to make it easier to communicate, coordinate, and collaborate in helping build capacity, strengthening the network, and developing a collective and cohesive voice among volunteers, staff, and others who support Healthy Aging initiatives across the province. The Healthy Aging CORE B.C. portal features tool kits, guides, highlighted community programs, and private discussion groups.

### 10.3.3.1 Healthy Aging CORE Canada

[Healthy Aging CORE Canada](#) is the national knowledge hub connecting organizations that support and advance independent living for older Canadians, helping them to remain active, connected, and engaged in their homes, and in community.

We encourage you to join CORE Canada, participate in groups, and [sign up for the newsletter](#) with others who work and/or volunteer to support older adults to age in place.

### 10.3.4 Biennial Provincial Better at Home Meetup

A province-wide biennial meeting for Better at Home (BH) Program Coordinators from Lead Organizations and sub-contracted agencies is held in the Lower Mainland in the fall, every two years, and may be combined with larger provincial gatherings, such as the biennial Provincial Summit on Aging.

Provincial Meetups focus on exchanging ideas, problem-solving, and cultivating a strong provincial Community of Practice (CoP) with BH staff from across the province. Typical agenda items include provincial updates from the Healthy Aging team, concurrent training sessions on topics of relevance, peer mentoring panels, and lots of time to mingle and network.

***It is expected*** that every program participates in the Better at Home Meetup, as stipulated by United Way British Columbia (UWBC) and as a condition of your funding agreement.

See resources from the 2022 Better at Home Provincial Meetup on [Healthy Aging CORE](#).

### 10.3.5 Biennial Provincial Summit on Aging

The biennial Provincial Summit on Aging brings together Community-Based Seniors' Services (CBSS) organizations, older adults, family and friend caregivers, academia, and government representatives to discuss and collaborate on current issues and innovations in Healthy Aging.

All programs are ***strongly encouraged*** to participate in the Provincial Summit on Aging.

See information about the 2022 Provincial Summit on Aging on [Healthy Aging CORE](#)

## 11. Better at Home Communications

**NOTE:** Please refer to the minimum requirements as specified in your program's Letter of Agreement (LOA). Consult with Lead Organization's Executive Director regarding the specifics within the LOA. Find templates, communications and outreach materials in the [Better at Home Group Resources](#) on Healthy Aging CORE.

See [Appendix H](#) for further information about program promotion and recognition information.

### 11.1 Messaging

It is a challenge to keep people informed about the services available. Using multifaceted approaches to communication is helpful, for example, community message boards, libraries, presentations at seniors' centers, information stands at community events, online websites and social media, postal mail, phone calls, and word of mouth. There are key messages to consider when promoting Better at Home (BH), as follows:

#### **Better at Home:**

- Is a program that helps seniors British Columbia (BC) live in their own homes longer
- Is funded by the Government of BC and managed by United Way British Columbia (UWBC)
- Was created based on the success of a five-site pilot project named CASI (Community Action for Seniors' Independence)
- Is operational in over 260 communities throughout the province, across all health regions with 92 core programs (as of 2023)
- Provides simple non-medical services delivered by local non-profit organizations
- Basket of services includes: friendly visiting, light housekeeping, light yard work, minor home repairs, snow removal, grocery shopping, prepared meal services, prescription pickup/delivery, transportation, group activities, and other services
- Services are offered by a mixture of paid staff, contractors and volunteers:
  - Services are different in each community. Service needs are identified in consultation with community experts and seniors themselves
- Fees for service are on a sliding scale based on income (some services may be free)
- Communities appoint an optional Advisory Committee/Reference Group for guidance

#### **Better at Home:**

- **IS NOT** a substitution for – nor does it replace – critically needed home support services provided by community health workers in local health authorities. The goal of Better at Home program is to assist seniors who do not have simple day-to-day support available through other means.
- **DOES NOT** provide seniors with personal hygiene assistance, such as bathing and grooming, helping with medical needs or physical mobility, or meal preparation.

## 11.2 Impact Stories, Photographs, and Quotes

UWBC encourages programs to provide impact stories of how your local BH program has influenced the lives of seniors, volunteers and/or the general community, including photos, anecdotes and quotations to showcase and highlight your program! Your program will share the impact stories and photographs in your Annual Report – UWBC may use your stories/images/quotes in public and internal marketing activities and future publications, which will be shared with other programs in the [Better at Home group](#).

**NOTE:** UWBC can only accept photos/quotes that your program has received consent to share publicly. Individual and group photo release forms are found in [Better at Home Marketing, Messaging and Communications Resources](#).

## 11.3 The Media

The media is an important ally in sharing information about your Better at Home (BH) program and provides you with access to a range of potential volunteers and participants. When working to get your message to the media, there are some points to keep in mind. The media is interested in:

- **Information** about your BH program (What services are you offering? Who are your participants?)
- **Confirmation** of facts (Can you confirm how many people you are serving?)
- **Reaction** (e.g., to some comment that has been made about the program)

When asked to provide information, remember to check the facts and get back to the media person when you feel ready with the details. It is important to **never** do an interview without preparing. Also, keep in mind that everything you say is “on the record.”

UWBC will provide training and guidance regarding working with the media. Please let your Regional Community Developer (RCD) know about media calls you receive or interviews you do regarding BH.

## 11.4 Better at Home Website

The Better at Home (BH) website – [www.betterathome.ca](http://www.betterathome.ca) – provides an overview of BH and links to Lead Organizations who provide Better at Home services. Lead Organizations have the option to develop their own BH website, or develop a page on their organization’s website that provides an explanation of their local BH program, or provide UWBC with a short description of their local BH services. The information together with the contact information of the Lead Organization will be made available on [www.betterathome.ca](http://www.betterathome.ca).

It is the responsibility of the Lead Organization to ensure that their RCD is notified of any changes to the program services, staff or contact information.



## 11.5 Print Materials

UWBC has developed several templates that support local Better at Home (BH) program promotion. If your organization develops additional material that markets BH services, the material should include the BH logo in its entirety, including the line:

**Better at Home is funded by the Government of B.C. and managed by the United Way.**

The Lead Organization is encouraged to use its own organizational logo next to the BH logo to ensure local recognition. Graphics and usage guidelines are available at [Better at Home Marketing, Messaging and Communications Resources](#).

Please send all modified material to UWBC, by way of your RCD, for vetting and approval.

## 11.6 Translation of Better at Home Materials

It is important that the Better at Home (BH) program is accessible to all groups, cultures and languages. The standard brochure is translated in 11 languages and is available through the [BH website](#). If you require translation of your own communication materials, please follow the guidelines below:

- **'Better at Home', 'United Way' and 'United Way British Columbia'** on any of your outreach or marketing materials must remain in English
- BH logos cannot be modified or translated. However, part of the text below the logo can be translated
- In the BH logo, the italicized text in '*United Way helping seniors remain independent*', may be translated, not 'United Way'
- In the body of your text, the italicized text '*Better at Home is funded by the Government of B.C. and managed by the United Way*' may be translated, except for 'Better at Home' and 'United Way'.

## 11.7 Identification of your Local Better at Home Program

You are required to identify your own program by using the service location and the phrase "Better at Home"; i.e., *Anytown* Better at Home. The Better at Home (BH) logo cannot be altered. For example, the program location **must not** be added to the BH logo. However, you can identify partnerships or initiatives in print, or label social media as below, and use the unaltered logo in your promotional materials:

- Friends of (or in partnership with) *Anytown* Better at Home

We ask that you keep your RCD informed of any relationships that may have an impact beyond your local program.



## 12. Other Resources

It is important that Better at Home (BH) program builds upon community assets. Assets vary per community, but some assets are regional or provincial. A few of the most common assets are described below.

### 12.1 811 Healthlink BC Information Line

The 8-1-1 service in British Columbia is a health information phone line operated by HealthLink BC, which is a part of the Ministry of Health. By calling 8-1-1, participants can speak to a health services representative, who can connect them with a registered nurse, registered dietitian, or a pharmacist. HealthLink BC will be referencing [www.betterathome.ca](http://www.betterathome.ca) for the contact details of your program as they become available. Please make sure your RCD has your most current contact information.

### 12.2 bc211

bc211 is a province-wide three-digit telephone number (2-1-1) that provides free, confidential, multilingual information and referral to a full range of community, social, and government services. Twenty four hours a day, seven days a week, Information and Referral Specialists link callers to the services and support they need. Resources are also available online at [www.bc211.ca](http://www.bc211.ca).

bc211 will direct seniors to the relevant Better at Home program. Each Lead Organization in bc211's catchment area needs to provide bc211 with contact information, program information, and the program delivery start date by emailing: [updates@bc211.ca](mailto:updates@bc211.ca).

### 12.3 Community Response Networks (CRNs)

Community Response Networks (CRNs) facilitate a coordinated community response to the abuse, neglect, and self-neglect of vulnerable adults. CRNs connect service providers who are working to keep adults safe. In addition, they organize educational workshops, for example, around signs that adult abuse or neglect may be happening and what to do if you think an adult is being abused financially, physically, sexually or psychologically.

Program Coordinators are invited to join a CRN and consider that CRN coordinators might be excellent Advisory Committee/Reference Group members.

## 12.4 Divisions of Family Practice

Divisions of Family Practice are groups of physicians organized at a local level who work to address common health care goals. They work in partnership with the Health Authority and Ministry of Health services. Many physicians deal with vulnerable seniors. Divisions of Family Practice can provide a collective voice of local physicians – possibly at an Advisory Committee or Reference Group – and can support in raising awareness of the Better at Home program.



### Resources

- BC211: <http://www.bc211.ca/>
- BC Association of Community Response Networks (CRNs): <http://www.bccrns.ca>
- Divisions of Family Practice: <https://divisionsbc.ca>
- 811 HealthLink BC Online Directory: <https://www.healthlinkbc.ca/health-services/search-services-your-area>



## Appendix A: Better at Home Grant Criteria

### Funding Goal

To support seniors to live in their own homes and stay connected with their community by providing help with day-to-day tasks through the establishment of a local Better at Home program of community-based non-medical home support services for seniors.

### Funding Summary

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

United Way British Columbia (UWBC) supports seniors to age with dignity, and, with funding provided by the B.C. government, manages the Better at Home program in 92 communities<sup>7</sup> (as of 2023) across B.C. Better at Home assists seniors with simple day-to-day tasks, thereby helping seniors maintain their independence and stay connected with their community. Better at Home is an inclusive program made available to all seniors, who generally age 65 or older.

Non-profit organizations identified through the Better at Home community engagement process<sup>8</sup> as potential lead organizations of Better at Home program are invited to apply for a Better at Home grant from UWBC. Grants will support local Better at Home programs in offering services that have been identified through the Better at Home community engagement process and fall within the services described in the 'Funding Criteria' section below.

The Better at Home program aims to achieve these long-term impacts:

- Seniors remain independent in their own homes
- Seniors remain connected to their communities
- Seniors increase their resilience for aging in place

Local Better at Home programs will be guided by these principles:

- **Seniors planning for and with seniors:** Seniors will be engaged in the planning and governance of local programs.

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<sup>7</sup> Better at Home communities were selected with the help of regional experts, for example people from seniors' organizations and the Regional Health Authorities. They were asked to identify communities with a high number of vulnerable seniors who would benefit from these services. Other community criteria such as demographics of seniors, contributing determinants of health, and community readiness, also inform the Better at Home community selection process.

<sup>8</sup> Communities selected as a Better at Home program site participated in a community engagement process to help assess readiness to implement a Better at Home program. This included consultations with a range of community stakeholders, especially seniors, to identify existing community assets/strengths, identify the kinds of non-medical home support services most needed, support the selection of a lead organization, and identify potential local advisory committee members.

- **Seniors centered:** Local programs are designed with the needs, priorities, and changing circumstances of seniors taken into consideration.
- **Community driven:** Built by the community for the community and will involve coordination of services with various organizations and partners.
- **Prevention oriented:** Built on the primary assumption that preservation of independence, dignity, health, and the delay of functional decline are worthwhile investments.
- **Evidence informed:** Built on the learning and evidence developed through the evaluation of the CASI model<sup>9</sup> and a desire to enhance that model through additional learning and research.
- **Independence focused:** Foster self-sufficiency and independence by: offering services that assist seniors to live independently; helping to promote health literacy and support self-care; promoting social inclusion, and enabling community connectedness.
- **Simple and understandable:** Incorporate clear and accessible information, ease of access, and the least amount of official procedure needed to maintain standards of safety, privacy and quality.
- **Based on need:** Respond to seniors' needs for service and ability to contribute to the cost of providing those services.
- **Integrated:** Developed in partnership with seniors and other key stakeholders and will be integrated where feasible and, by design, complementary to other services and supports.
- **A non-governmental program:** Managed by UWBC and will be identified as a non-profit sector project funded by government, which does not replace existing government programs

## Funding Parameters

Applications will be considered from qualified organizations who have been identified as potential lead agencies through the Better at Home community development process, and who have subsequently been invited to apply by UWBC.

Organizations applying for a Better at Home grant must:

- At all times be recognized as a qualified donee as stipulated in Canada Revenue Guidelines. The term “qualified donee” as defined, includes a list of entities such as registered charities, government bodies (i.e., municipalities) and certain other specific entities. First Nations Bands or other Aboriginal-based entities not considered a qualified donee must be recognized as a public service body performing a function of government in Canada.
  - **NOTE:** If a lead BH organization **IS NOT** a qualified donee (as above), they may still be contracted with for program and service delivery. Please reach out to the UWBC Regional Community Developer (RCD) for the region in question to find out more information about agency granting qualification.

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<sup>9</sup> In 2009, United Way and the Ministry of Healthy Living and Sport undertook a three-year pilot in five BC communities known as CASI (Community Action for Seniors Independence). CASI was a community-based approach to providing non-medical home supports to older adults.



- Comply with all Federal, Provincial and Municipal laws, including laws concerning labour, employment, and human rights standards.
- Demonstrate community accountability through strong volunteer governance and leadership.
- Demonstrate effective human resources, program and financial management, and deliver programs and services in an effective and efficient manner.
- Be recommended/identified as a potential candidate to offer a Better at Home program as a result of the Better at Home community engagement process (described above).

From the inception of the program and during its implementation period, the program lead agency and/or governing body is expected to broaden and deepen other sources of funding and in-kind donations, as well as program revenues, to enhance long-term sustainability.

Better at Home Grants are awarded on a one-year term: **April 1 – March 31**. Annual outcome reporting is typically due in early May of the following fiscal year.

### **Funding Criteria**

Better at Home is an inclusive program made available to all seniors. Seniors are generally people aged 65 or older. The range of Better at Home services provided by lead organizations will vary from community to community, depending on the specific needs of local seniors, and will be chosen from services within the Better at Home program.

**Better at Home services include: friendly visiting, transportation to appointments, snow shoveling, light yard work, minor home repairs, grocery shopping, prepared meal services, prescription pickup and delivery, light housekeeping, and group activities.** Better at Home grants do not support the provision of medical-related care or services such as wound dressing care, assistance with oxygen support or other equipment, personal hygiene assistance (e.g., bathing or grooming) etc. The program is not intended to provide medically necessary support. Please refer to [Appendix B](#) for more information about BH services.

### **Organizations awarded Better at Home grants will:**

1. Convene an Advisory Committee or Reference Group to provide strategic advice and recommendations on the implementation and sustainability of local Better at Home programs. The Advisory Committee will include representation of community stakeholders and local seniors as identified through the Better at Home community engagement process.
2. Implement a standard sliding scale fee for services based on household income and regional differences. For more detail, see [2023 Better at Home Sliding Scale](#).
3. Employ one or more paid coordinator(s) to implement a local Better at Home program/services.
4. Deliver non-medical home support services within the Better at Home basket (as listed above).



5. Endeavour to enhance their local Better at Home program by implementing activities and strategies to maximize reach and impact (e.g., engage volunteers, secure in-kind supports, apply for grants, etc.)
6. Undertake activities such as outreach, marketing, and/or public awareness to reach out to isolated or vulnerable seniors to ensure that Better at Home is made accessible to all seniors, especially those who would significantly benefit from non-medical home supports.
7. Provide training and resources to support volunteers involved in Better at Home programs; volunteers must successfully complete a criminal record check. An exception can be made in group situations, for example a onetime yard cleanup. In these types of situations only the supervisor must have successfully completed a criminal record check.
8. Define the geographic boundary/catchment area that the lead organization offering the Better at Home program will service.
9. Meet the reporting and information sharing requirements of Better at Home. UWBC is committed to evaluation and learning in order to supporting ongoing quality improvement and demonstrate impact and accountability to our many stakeholders. See [‘Better at Home – Learning and Quality Assurance’](#) document.
10. Appropriately recognize and promote United Way and Better at Home in the organization’s communication materials and ensure adherence to the branding usage guidelines.
11. Commit to sharing knowledge and information amongst Better at Home stakeholders – locally and in other communities – by actively participating in the Better at Home Community of Practice (CoP). CoP members share information about ‘best or promising practices’ and engage in learning to support ongoing quality improvement at the local and provincial level. See [‘Better at Home – Monitoring, Evaluation, and Learning’](#) document.

**Grant Application Deadline and Procedures**

- Submit the completed application form and documentation via the online portal.
- To expedite the process, make use of support from the Regional Community Developer while developing the implementation plan and budget.
- UWBC will disburse funds upon receipt of a signed Letter of Agreement between UWBC and the lead agency.
- The grant application deadline is:

Application Deadline	Grant Cycle
<b>March 10 (annually)</b>	<b>April 1 – March 31 (annually)</b>

- Late applications, without prior written warning, **will not be accepted** and could result in a funding delay of one quarter.
- UWBC will disburse funds in bi-annual installments as per the distribution schedule in Letter of Agreement (LOA).

## Appendix B: Better at Home Basket of Services

**NOTE:** Definitions below are generalized and not comprehensive. Frequency, exceptions, and mode(s) of service delivery vary by local Better at Home program, within reason, budget, and capacity, and depending on the local agency and needs of seniors in the community. **Programs are responsible for administering and monitoring all insurance and/or liability considerations, depending on the service(s) provided.**

CURRENT DEFINITION	EXAMPLES	VARIATIONS	OUT OF SCOPE
<b>Primary Services</b>			
<b>FRIENDLY VISITING (IN-PERSON, PHONE, VIRTUAL)</b>			
<p>Friendly visiting services provide older adults opportunity to talk and connect with someone, providing essential social and community supports. Friendly visiting is often the first line of sight into a senior’s well-being, health, and safety.</p> <p>Friendly visiting services typically last <b>for more than 15 minutes</b> and are typically delivered by <b>volunteers</b>.</p>	<ul style="list-style-type: none"> <li>• One-on-one support at home</li> <li>• One-on-one support in a public space</li> </ul>		<ul style="list-style-type: none"> <li>• Meal preparation at home</li> <li>• Personal care at home</li> <li>• Group friendly visiting (<b>see Group Activities</b>)</li> </ul>
<b>LIGHT HOUSEKEEPING</b>			
<p>Light housekeeping services include light cleaning of areas of a senior’s home and/or living space – typically the kitchen, living room, bathroom, and/or bedroom(s).</p> <p>Light housekeeping services are typically delivered by <b>contractors and/or paid staff</b>.</p>	<p><b>EXAMPLES</b></p> <ul style="list-style-type: none"> <li>• Vacuuming</li> <li>• Dusting</li> <li>• Sweeping</li> <li>• Surface cleaning of floors, kitchens, and bathrooms</li> <li>• Cleaning and organizing the fridge</li> <li>• Emptying the garbage/ recycle/compost</li> <li>• Emptying the dishwasher</li> <li>• Making the bed</li> </ul>	<p><b>VARIATIONS</b></p> <ul style="list-style-type: none"> <li>• Indoor window washing</li> <li>• Laundry services</li> </ul>	<p><b>OUT OF SCOPE</b></p> <ul style="list-style-type: none"> <li>• Heavy-duty housekeeping (i.e. spring cleaning)</li> <li>• Carpet cleaning</li> <li>• Moving furniture</li> <li>• Cleaning ceilings/ windows/high areas</li> <li>• Medical equipment cleaning</li> <li>• Cleaning the exterior of the home</li> <li>• Gutter cleaning</li> <li>• Use of serious chemicals for cleaning</li> </ul>

			<ul style="list-style-type: none"> <li>• Cleaning inside the oven</li> <li>• Pet cleanup</li> <li>• Bedding or toileting/biological waste cleanup</li> <li>• Any unsafe cleaning practices and/or materials as determined by the program staff, volunteers, or contractors</li> </ul>
LIGHT YARD WORK	EXAMPLES	VARIATIONS	OUT OF SCOPE
<p>Light yard work services involve maintaining and cleaning the external areas of the seniors' home, particularly the yard/lawn.</p> <p>Light yard work services are typically delivered by <b>contractors and/or paid staff</b> who generally set yard work fees by the hour, or by the size of the job to be done (e.g., set fee for large vs. small yard).</p>	<ul style="list-style-type: none"> <li>• Lawn mowing</li> <li>• Raking leaves</li> <li>• Clearing pathways</li> </ul>	<ul style="list-style-type: none"> <li>• Wood cutting, delivery, and stacking</li> </ul>	<ul style="list-style-type: none"> <li>• Landscaping</li> <li>• Rodent removal</li> </ul>
MINOR HOME REPAIRS	EXAMPLES	VARIATIONS	OUT OF SCOPE
<p>Minor home repair services involve maintaining and fixing small areas of the interior and/or exterior of a seniors' home.</p> <p>Minor home repair services are typically delivered by <b>volunteers, contractors and/or paid staff</b>, who determine the mode of service depending on the size/scale of the job.</p>	<ul style="list-style-type: none"> <li>• Touching up paint</li> <li>• Minor wall repairs</li> <li>• Replacing light bulbs, screws</li> <li>• Fixing minor leaks</li> <li>• Fixing weather stripping</li> <li>• Replacing toilet seals/seats</li> <li>• Adjusting/replacing curtain rods, showerheads and/or grab bars</li> </ul>	<ul style="list-style-type: none"> <li>• Fire and smoke alarm checking and battery replacement</li> </ul>	<ul style="list-style-type: none"> <li>• Fixing roofs or any other major repairs requiring a skilled and licensed trades person, and which poses high risk to the service provider(s)</li> <li>• Cleaning windows, floors, siding</li> <li>• Pressure washing</li> </ul>

	<ul style="list-style-type: none"> <li>Fixing shelves and closing mechanisms like doorknobs, drawers, etc.</li> </ul>		<ul style="list-style-type: none"> <li>Removing mold</li> </ul>
<b>SNOW REMOVAL</b>	<b>EXAMPLES</b>	<b>VARIATIONS</b>	<b>OUT OF SCOPE</b>
<p>Snow removal provides snow clearing services to older adults to help maintain access and ensure safety outside of their home after a snowstorm.</p> <p>Snow removal services are typically delivered by <b>volunteers, and/or paid staff</b> who determine whether snow removal fees are <b>by the hour or by the size of the workload/driveway.</b></p>	<ul style="list-style-type: none"> <li>Shoveling or plowing driveway, walkways and/or windrows</li> <li>Shoveling sidewalks immediately in front of home</li> </ul>	<ul style="list-style-type: none"> <li>Shoveling roofs</li> </ul>	
<b>GROCERY SERVICES</b>	<b>EXAMPLES</b>	<b>VARIATIONS</b>	<b>OUT OF SCOPE</b>
<p>Grocery shopping services provide older adults with access to nutritious, quality, and culturally appropriate foods delivered to their home.</p> <p>Grocery services are typically delivered by <b>volunteers, and/or paid staff</b>, and depend on each participant's needs, capacity of the program, and/or range of grocery shopping and delivery services available.</p>	<ul style="list-style-type: none"> <li>Shopping <u>with</u> older adult(s): <ul style="list-style-type: none"> <li>Driving one (or several) older adult(s) to the store, shopping together, then returning them home</li> </ul> </li> <li>Shopping <u>for</u> older adult(s): <ul style="list-style-type: none"> <li>A participant may provide a list and groceries are delivered to the senior's home</li> </ul> </li> <li>Shopping by phone/online directly with a grocery store</li> </ul>	<ul style="list-style-type: none"> <li>Putting groceries away in the home</li> </ul>	<ul style="list-style-type: none"> <li>Meal preparation inside of the home</li> </ul>
<b>PREPARED MEAL SERVICES</b>	<b>EXAMPLES</b>	<b>VARIATIONS</b>	<b>OUT OF SCOPE</b>
<p>Prepared meal services include delivery of already prepared meals/packages to a seniors' home. Local BH programs may, for example, partner with home-delivered meal programs (e.g. Meals on Wheels) to ensure participants receive nutritious, quality, and culturally appropriate prepared meals delivered to their home.</p>	<ul style="list-style-type: none"> <li><u>Delivery of</u> frozen or hot meals and/or food hampers to a seniors' home</li> </ul>		<ul style="list-style-type: none"> <li>Purchase of food or meal(s) for delivery</li> <li>Contracting with meal preparation programs for the purchase of food</li> </ul>

<p>Prepared meal services are typically delivered by <b>volunteers, and/or paid staff.</b></p>			<p>ingredients to prepare meal(s)</p> <ul style="list-style-type: none"> <li>• Meal preparation inside the senior's home</li> </ul>
<p><b>PRESCRIPTION PICKUP/DELIVERY</b></p>	<p><b>EXAMPLES</b></p>	<p><b>VARIATIONS</b></p>	<p><b>OUT OF SCOPE</b></p>
<p>Prescription pickup/delivery services enable older adults to receive prescription medications delivered to their homes.</p> <p>Prescription pickup/delivery services are typically delivered by <b>volunteers, and/or paid staff.</b></p>	<ul style="list-style-type: none"> <li>• Pickup and delivery of prescribed medications</li> </ul>		<ul style="list-style-type: none"> <li>• Sorting, tracking, or administration of prescription medication</li> </ul>
<p><b>TRANSPORTATION (MEDICAL &amp; NON-MEDICAL)</b></p>	<p><b>EXAMPLES</b></p>	<p><b>VARIATIONS</b></p>	<p><b>OUT OF SCOPE</b></p>
<p>Transportation services provide rides for seniors to/from appointments (medical and non-medical) and/or to other social activities in the community.</p> <p>Transportation services are typically delivered by <b>volunteers, and/or paid staff</b>, and each service includes <b>one (1) return service (back and forth)</b> by car, truck, or other personal or program-approved vehicle. Programs determine <b>acceptable distance travelled</b> (within the boundaries identified by the local program), <b>acceptable time allotted</b> for travel, and the <b>individual's physical ability</b> for transportation services within the capacity constraints of the program.</p>	<ul style="list-style-type: none"> <li>• Rides to/from medical or non-medical appointments</li> <li>• Rides to visits with family, friends, colleagues, etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Transportation for older adults who use light mobility aids such as canes and/or light weight folding walkers</li> <li>• Transportation for older adults with heavier equipment such as wheelchairs, heavy walkers, or other difficult or awkward mobility devices</li> </ul>	<ul style="list-style-type: none"> <li>• Emergency transportation</li> <li>• Post-surgery discharge transportation</li> </ul>



Secondary Services			
GROUP ACTIVITIES	EXAMPLES	VARIATIONS	OUT OF SCOPE
<p>Group activities involve connecting older adults within a community in a social engagement, helping to enhance their well-being and social connectedness.</p> <p>Group activities are typically delivered by <b>volunteers, and/or paid staff.</b></p>	<ul style="list-style-type: none"> <li>• Group socials</li> <li>• Morning group activities</li> <li>• Walking clubs</li> <li>• Shopping shuttle/trips</li> </ul>		
OTHER SERVICES (services outside Better at Home’s standard ‘basket of services’)			
<p>Services offered under this heading could include:</p> <ul style="list-style-type: none"> <li>• Library book pickup and return</li> <li>• Digital literacy (computer and/or phone tutorials, etc.)</li> <li>• Technical support</li> <li>• Information &amp; referral services</li> </ul> <p><b>Please Note:</b> Before offering ‘Other’ services, please contact your Regional Community Developer (RCD).</p>			

## Appendix C: Transition of Better at Home-Type Services

### Transition of pre-existing services/clients and related administrative data to Better at Home

#### Introduction

Programs may be transitioning Better at Home (BH)-type programs/services (that they have offered prior to becoming a BH program) to the BH model (e.g., sliding scale). These programs will likely have been collecting their own administrative and demographic data based on their own standards/needs throughout the course of offering their programs/services.

As programs transition their programs/services to the new BH model, standardized way of accounting for and managing the transition of administrative and demographic data into BH will be based on the data set out by UWBC for the BH grant. The definitions below lay out our standardized approach and is meant to be used by BH programs for reference throughout this data collection/management transition.

#### Definitions

For the purpose of this document and this data management transition, the following definitions or descriptions are applied:

#### 1. *What program is defined as a Better at Home program?*

- a. Once a program has both (1) received BH funding, AND (2) integrated/adapted all BH criteria (e.g., basket of services, sliding scale, etc. – see [grant criteria](#)) into their program.

#### 2. *What defines a participant as being in a Better at Home program?*

- a. When a participant either (1) is administratively enrolled into a BH program (based on the definition of 'Better at Home program' described above), and/or (2) when the participant begins using a BH service.
- b. Note that clients in other programs will NOT be automatically 'grandfathered' into the BH program. In other words, if a program previously had 100 seniors being enrolled and accessing services, those seniors, their demographic and administrative data are NOT automatically transferred into the BH data set. Instead, enrollment into and required data collection for BH will only occur based on 2a above.

#### 3. *How do we determine/define an 'active' participant, within the Better at Home program context?*

- a. A participant within the BH program context will be considered 'active' if one or both of the following apply:
  - i. The BH program has the participant scheduled to receive a BH service in future.
  - ii. The participant may not have used a BH service yet; however, they have a pattern of service utilization and the BH program has every reason to believe that the participant will continue with that (or similar) service utilization pattern.

## Data Management/Transition

The following describes expectations/processes of managing required BH intake/utilization data as former CASI and non-CASI programs transition to BH programs.

### Programs may choose to either:

- A. Collect/enter the required BH intake and utilization data *as individual participants enroll or schedule a BH service, or*
- B. Identify participants in former programs that they anticipate meeting the descriptions/definitions of an 'active' participant within the new BH program (as described in 3a above) and *transfer the required data for that group of participants as data set based on a defined timeline period.*

Option A, above, is preferred; however, we recognize that option A may not be the most operationally feasible approach for some programs, thus, programs may choose whatever approach works best from their perspective. The most important factor is to ensure that the BH databases are not filled with data on seniors who are not likely to ever use a BH service (e.g., old data based on former programs – the senior has moved, passed away, or no longer has access to services)

### Questions?

If you are a program that is transitioning services and unclear of the data collection requirements specified above, please contact Jean Rikhof, Provincial Coordinator, Data & Reporting, at [jeanr@uwbc.ca](mailto:jeanr@uwbc.ca). We are committed to providing ongoing support to all programs in their data collection and reporting requirements to ensure data integrity and a smooth process for all involved.

## Appendix D: Background Information on the Sliding Scale

In 2023, United Way British Columbia (UWBC) introduced two sliding scales. Directed by the Provincial Government, the sliding scales were adjusted to take into account the changes in amounts of the Guaranteed Income Supplement (GIS) for low-income older adults in British Columbia.

Agencies may choose which scale is most relevant to their local senior population. Some communities represent larger populations of individuals over the age of 75, while others have larger populations of seniors who are 65 and over. Please choose the sliding scale which represents your communities' demographics.

For more information, visit [2023 Better at Home Sliding Scale](#) on Healthy Aging CORE.

## Appendix E: 2023-24 Learning and Quality Assurance (LQA)

**NOTE: The following is included in each Letter of Agreement (LOA) between the lead organization and UWBC.**

Organizations and their partners (where applicable) play a key role in enabling United Way British Columbia's (UWBC) learning approaches and helping to continuously improve our programs on local, regional, and provincial levels. Our Learning and Quality Assurance (LQA) work will continue to respond to our initiatives' evolutions as they are implemented in communities across B.C.

Support for, and participation in the LQA is an expected deliverable. Expectations from organizations are also described in this document. Updated versions of this documents will be shared, as necessary.

The specifics of the LQA is available at [2023-24 Learning and Quality Assurance](#) on Healthy Aging CORE.

## Appendix F: Annual Report Template (updated annually)

Annual reports must be submitted electronically in [iUnite](#). United Way British Columbia (UWBC) uses the information from the annual reports to track progress and support the evaluation of Better at Home. The feedback, including learning and quality assurance (LQA) and financial information, is also taken into consideration when reviewing future applications from your organization for Better at Home program.

The annual report template is available here: [2022-23 Better at Home Annual Report Template](#).

For further guide on filling out and submitting the annual outcome report, for the reporting period from April 1, 2022 - March 31, 2023, please visit [2022-23 Better at Home Annual Outcome Report Video Guide](#).

## Appendix G: Complaint/Grievance Policies & Protocols

**Disclaimer:** *The policies and protocols outlined below are not comprehensive of any potential actions taken, and will evolve as we learn from the successes and challenges of Better at Home Coordinators, staff, volunteers, contractors and participants directly involved in service delivery. There is no one-size-fits-all approach to addressing and resolving complaints. Each situation will be addressed in context, taking into consideration the unique needs of the participants and staff, and other factors that may influence the complaint. **The Better at Home Provincial Office does not assume any liability in the standardization of the policies and/or how, when, if they are used in accordance with the provincial recommendations.***

Handling complaints and grievances in the charitable and voluntary sector requires successful management and monitoring of the policies and protocols established to protect and defend the organization, its staff and affiliates, alongside with participants, caregivers and families. At the local level, Better at Home program is managed and delivered by the charitable/volunteer sector and employs a mixture of staff, volunteers and contractors whose contractual agreements are managed by local Better at Home lead organizations. Better at Home strives to address the needs of participants, staff, volunteers and/or contractors, and other stakeholders through best practices reflecting fairness, respect, community values and due diligence. Complaint/grievance resolutions will be determined in partnership with Better at Home participants, their family and/or caregivers, volunteers, contractors, and, where relevant, other lead organization partners and/or health care professionals.

### Reporting and Escalation Protocol/Process

The Better at Home complaint/grievance reporting process and escalation protocol will follow the same matrix as the reporting relationships that guide local service delivery and administration. As with the existing chain of administration, the complaint/grievance reporting matrix will be as follows:

**Better at Home Program Coordinators → Executive Directors/Senior Managers of Lead Organizations → RCDs → UWBC Provincial Director**

If the Provincial office receives a complaint/grievance, the subsequent chain of administration will be as follows:

**Better at Home Provincial Office → RCDs → Better at Home Program Coordinators → Executive Directors/Senior Managers of Lead Organizations**

Each personnel in the chain above will use the escalation protocol outlined below:

1. **Inquiry:** Ask specific and clarifying questions to all parties involved
2. **Assessment and Investigation:** Review each report as presented and examine the facts
3. **Planning:** Determine a course of action
4. **Response:** Communicate and implement the course of action
5. **Closure/Debrief:** Gather feedback and gain approval of the response
6. **Review/Follow up:** Ameliorate process and anticipate future complaints/grievances.

Better at Home Program Coordinators are the first point of contact for all matters related to complaints. In some cases, a complainant<sup>10</sup> may bypass this initial step and directly contact the Provincial office. If this happens, the complainant will be referred to the local Better at Home program to work together to address the complaint, before it is addressed at the provincial level. This process may be adjusted depending on the level of risk and gravity of the case.

At the local level, the Program Coordinator should conduct a risk assessment of the situation and identify whether the situation is at low, medium, high or extreme risk. The complainant should then complete a complaint procedure form that lists the contact information of the participant (and/or family and/or caregiver) and the local program, together with other information about the incident including date, time, incident details and persons involved. The Coordinator will acknowledge the complaint with plans to inquire further into the situation, following the escalation protocol steps outlined above. Post-inquiry and investigation, the Coordinator will develop and implement a resolution plan with the complainant's input. **Ensure all meetings, interactions, actions and resolutions are documented in an issue tracking log.**

Executive Directors (EDs)/Senior Managers of lead organizations will be involved where a resolution is not reached with the coordinator. **Please note:** The Better at Home Provincial Office respects the decisions made by local Coordinators and Executive Directors that align with their organization's policies and procedures in addressing complaints/grievances.

Where a matter escalates beyond the local program, Coordinators/EDs hold a duty of care to report to the RCD to seek remedies to help deescalate the situation. RCDs will do their best to respond **within 2-3 business days** of being notified by the program (response time may be delayed if the complaint/grievance occurs over weekends, holidays, business travel, days off, and other administrative factors). The RCD will go through escalation process listed above to investigate and respond to the complainant by mirroring the messaging of the local program. RCDs will work with local programs to decide on the appropriate response to the incident and to each party involved.

In the event the situation needs to be escalated past the RCD, the report will be addressed to the Provincial Director of Healthy Aging at United Way BC – from the RCD him/herself or from the program in conjunction with the RCD. Response time of the Provincial Director can be expected **within 5 business days** of receiving the complaint. **Please note:** The Provincial Director will only respond to complaints backed up by substantial evidence reasonably related to the facts of the case and/or where grievances are considered high or extreme risk. For example, hearsay is not substantial evidence and will be verified by a thorough investigation process by the RCD prior to escalation to the Provincial Director.

The ultimate goal of Better at Home program is to encourage seniors to age with dignity in their homes and communities and balance this objective with the duty to protect the rights of lead organization staff, volunteers, and contractors who support this larger vision. Should the actions and decisions of personnel from the local and provincial Better at Home levels remain unsatisfactory, the Better at Home Provincial Office will conduct a

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<sup>10</sup> **Complainant:** Could be either a participant, caregiver, family, member, staff, volunteer, contractor or other members of the community registered and/or involved with the local Better at Home program.



review process where the complainant provides an analysis of the protocol steps performed to date, specific and clear reasoning for the requested review and evidence to substantiate that the issue remains unresolved.

### **Examples of Potential Action to Take in Various Situations**

Examples of local policies and procedures regarding conflict, concerns and/or emergency procedures are below<sup>11</sup>:

- **Emergency Procedures – When and Who to Call:**

Each Health Authority has a system in place for emergency procedures with participants. Keep participant records of who to call in each anticipated type of emergency – for example, if the participant is on the floor and needs an ambulance, the phone number of which hospital they would like called should be listed, or of course, call 911. Many organizations and programs may have these protocols in place already.

- **Health Concerns of Participants and/or Members**

Staff, volunteers and/or contracts with any concerns about the physical or emotional well-being of a participant should approach their direct Better at Home Program Coordinator. The Coordinator, in conjunction with lead organization decision-makers will make appropriate decision on if and when to refer the participant, which could include connecting with local Health Authorities, other service providers, seeking information through the Better at Home Community of Practice and/or [Healthy Aging CORE](#), or seeking guidance from the Provincial Office.

- **Incident Reporting and Debriefing with Program Staff**

Incident reporting and debriefing must be done in an efficient manner using an Incident Form, and a clear and compassionate debriefing process. Any incident, even if deemed non-urgent, must be reported in writing to Program Coordinator and or lead organization staff. Please follow the “better safe than sorry” example... if in doubt, report it.

**Important considerations:** Where participants choose to include multiple staff members in a case with the goal of eliciting a faster response or a different end, the lines of communication will be streamlined to 2-3 key contacts, with at least one from the local Better at Home program and the other from the Better at Home Provincial Office.

Although the Better at Home Provincial Office does not supervise staff or volunteers working for/with local lead organizations, nor does it currently provide provincial conflict and emergency policies and procedures, it is important to note:

- Better at Home contractual agreements require lead organizations ensure all enlisted Better at Home volunteers undergo a criminal records check.
- The Provincial Office encourages organizations to train their volunteers and staff in key areas such as falls prevention, volunteer management, elder abuse, suicide prevention, risk management, communication skills and boundaries, etc.

<sup>11</sup> Excerpts from local volunteer and contractor manuals/handbooks

- Resources for training, capacity development and orientation are provided to local Program Coordinators through webinars, in-person trainings, 1:1 support and through local investments in capacity building.
- Communities of Practice (CoPs) are developed at the community level and are considered an important asset for programs to discuss more efficient and fair ways to deal with challenges, complaints and concerns.
- The [Better at Home group on Healthy Aging CORE B.C.](#) allows Coordinators to share program successes and challenges. The Provincial Office provides leadership in this area and gives guidance to programs where necessary and appropriate.
- If United Way BC receives a complaint on behalf of a Better at Home program, it is immediately reviewed and managed through the escalation processes stated above.

## Appendix H: Better at Home Promotion and Recognition

**NOTE:** The following is included in each Letter of Agreement (LOA) between the lead organization and UWBC.

### I. Marks and Logos

Appropriate recognition and promotion of Better at Home in the Organization's communication materials is required.

1. Better at Home branding guidelines must be followed and can be found in the "[Better at Home Marketing, Messaging and Communications Resources](#)" post on [Healthy Aging CORE](#). All graphic elements, including the Better at Home logo for inclusion in marketing and communications materials can be found in the "[Updated UWBC/Healthy Aging Logos and Branding Guidelines](#)" post.
2. Place the Better at Home logo in a highly visible location within the Organization (e.g., program site, agency reception, or other high traffic area).
3. Place the Better at Home logo on the Organization's website with a hyperlink to [www.betterathome.ca](http://www.betterathome.ca) and [www.uwbc.ca/healthyaging](http://www.uwbc.ca/healthyaging).
4. If using Twitter, Instagram or other social media platforms for Better at Home events, blogs, news releases, etc., use hashtag [#betterathome](#) and [#healthyaging](#), and handle [@UnitedWay\\_BC](#).

### II. Use of the name "Better at Home"

Better at Home is a "branded" program of United Way of the Lower Mainland, funded by the Government of BC.

UWBC may enter in the future into provincial or regional partnerships. We want to avoid confusion about local relationships and these provincial or regional ones. These guidelines are meant to help in local partnerships, sponsorships, fundraising and local Better at Home program sites, as well.

Each local site is asked to use the name and brand "Better at Home" to identify and promote the program. Use of the Better at Home logo has very specific guidelines and these should be followed at all times. Local sites **must identify** their own program by using the site or service location and the words "Better at Home". *For example: Anytown Better at Home.*

**The Better at Home logo cannot be altered. For example, the site location must not be added to the Better at Home logo.** However, local site can identify partnerships or initiatives in print, or label social media as below, and use the unaltered logo in their promotional materials:

- Friends of *Anytown* Better at Home
- ABC Company in partnership with *Anytown* Better at Home
- Visit *Anytown* Better at Home on Facebook

Sites are asked to keep in mind that Better at Home is province-wide and UWBC may enter into partnerships with a regional or provincial scope. **We ask that you keep your Regional Community Developer (RCD) informed of any relationships that may have impact beyond your local program.** An example might be a relationship with a local branch of a larger company, where the company expresses interest in a relationship with more than one Better at Home site. In turn, we will keep you informed of provincial-level initiatives that might impact your local relationships.