2013

# Prince George Better at Home United Way of Northern BC Public Report


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## 1. INTRODUCTION

*Better at Home* is a program that helps seniors with simple day-to-day tasks so they can continue to live independently in their own homes and remain connected to their communities. The program is funded by the Government of British Columbia and managed by the United Way of the Lower Mainland, with services delivered by a local non-profit organization. The *Better at Home* program is designed to address the specific needs of local seniors, allowing communities to choose from the following basket of services:

- friendly visiting
- transportation to appointments
- snow shoveling
- light yard work
- simple home repairs
- grocery shopping
- light housekeeping

Prince George has been identified as a potential *Better at Home* site. Sarah L. Cunningham Consulting was contracted as community developer: to assess community readiness; identify seniors' assets, needs and priorities in regards to the basket of services, and; help identify a potential lead organization best suited in the community to deliver the *Better at Home* program.

This report reflects the findings of the community developer and will be used by the lead organization to design an appropriate local *Better at Home* program that meets community needs.

**The community development approach** was designed to build upon the *Instrumental Activities of Daily Living* (IADL) research previously completed in Prince George. Through that work three priority needs for seniors were identified; light housekeeping, transportation, and friendly visiting. Partly, the approach taken for *Better at Home* was designed to determine if the needs were similar for all older adults in Prince George. In addition, the community development approach selected was also used to explore the other potential needs, access barriers, community assets, and qualities deemed beneficial for the Lead Agency. The approach included three main steps:

Individual and Group Interviews: 20 interviews involving a total of 54 people were undertaken. Group interviewers were completed at two senior centres, the Métis Housing Society, CNIB, and Hadih House. Individual interviews were completed with stakeholders representing diverse groups

including Aboriginal people, new Canadians, and people with disabilities as well as other service providers such as Health Authority staff, the We Care private service provider, and handyDART.

The interviews supported a comprehensive, iterative, exploration of high priority needs and the gathering of information regarding existing transportation, housekeeping, and friendly visiting assets as well as other community assets. Data collected through these in-person interviews was supplemented by additional telephone and internet research. Overall, the approach generated awareness that unique access barriers are experienced by different individuals and groups as they attempt to address their non-medical needs.

Community Meeting: A half-day community meeting was implemented. To promote the meeting, posters were distributed to service providers and senior's centers around Prince George. Participants were provided with the opportunity to contribute input regarding the non-medical needs of Prince George seniors, to identify important lead agency qualities, and to hear a summary of the results of the information gathering phase. The Community Developer presented the information gathered Presentations by four potential lead agencies organizations were made and participants were able to ask questions of these groups.

Meeting evaluation results indicate that people felt very good about the process with 90% reported that it had *considerable* or *extensive value.* The vast majority of people (87%) reported that they were able to provide input about the non-medical needs of older adults in Prince George and that the qualities of a lead agency were identified (90%). Comments highlighted a deep appreciation of the willingness of potential lead agencies to collaborate and partner. (See Appendix A for Summary of Feedback)

Stakeholder Meeting: The day after the Community Meeting, a two-hour Stakeholder Meeting was held. This meeting was attended by 17 people, including the three potential Lead Agencies who were still being considered, six community non-profit agencies, three Health Authority representatives, the local MLA and her executive assistant, a provincial *Better at Home* Advisory Committee member, two United Way representatives, the Community Developer and the *Better at Home* Field Coordinator. The meeting used a discussion format. It built on the results of the earlier community meeting and resulted in the identification of both a Lead Agency and the next steps.

## 2. COMMUNITY PROFILE

### DESCRIPTION OF THE LOCAL SENIORS' POPULATION

The 2011 population in Greater Prince George was 84,232[1]; of that, 9740 people were age 65 or older (additionally, 11,350 were between 55 and 64 years of age). The data reflects slightly more males in the group between 65 and 79 years of age (3935) then females (3795). Of the population over aged 80, there were 28% more women (1160) then men (835). The vast majority (95%) of people 65 or over are reported to live in private households and of these, 6075 live with a partner of some kind. Of the remaining 3155, 2525 live alone, just over 400 live with relatives, and 220 live with non-relatives.

Based on Stakeholder input it is evident that many diverse groups of seniors exist in Prince George including; seniors of all income levels; Aboriginal and Métis seniors; seniors impacted by physical and/or mental limitations including visual impairments, diabetes, Alzheimer's, arthritis, temporary lack of function, and so on; seniors for whom English is a second language and for whom language is a barrier to service, and; seniors who are new to Prince George including some who are moving into town from the surrounding rural areas. All of these groups have unique needs. As *Better at Home* gets underway it will be critical to track the demographic data of those seeking services. This will contribute important information about non-medical needs by age, sex, income levels, and other demographic characteristics which, over time, will allow for service refinements and improvements.

There are five Senior Centres in Prince George located in the different geographic parts of the city. Taken together, these centres have a total of 1769 members[2] (although we understand that some people hold multiple memberships)

### SUMMARY OF THE COMMUNITY ASSETS

Prince George has extensive programs and services for older adults. In addition to the active Senior Centres, mentioned above, there are a range of additional assets associated with transportation (including PG Public Transit, Taxis, and handyDART), light housekeeping services (including We Care and private housekeepers), grocery shopping/meal preparation (some in-store supports, and

[1] Taken from the Statistics Canada Website, 2011 Census data, the numbers included here reflect the Census Agglomeration data.
[2] Figures provided by the Prince George Council of Seniors and were as of October 2012

Meals on Wheels), friendly-visiting programs and services (including the PG Council of Seniors and many others), and home repairs services (such as are supported by Veteran's affairs or the Intersect Community Services program). These are described in more detail in Appendix B.

### SENIORS NEEDS RELATED TO NON-MEDICAL HOME SUPPORT SERVICES

The specific non-medical supports needed by seniors in Prince George appear fairly consistent with the overall *Better at Home* basket of services. For example, the supports as identified by the IADL research (i.e. transportation, light housekeeping, and friendly visiting), were further verified during the interviews. However, it was also apparent that other supports, such as grocery shopping were also identified as significant. Furthermore, friendly visiting (and the need for a relationship with someone who could provide general assistance) is understood to be a key component of all of the needs; transportation, grocery shopping, and light housekeeping.

Although the existing array of Prince George services has the potential to help seniors and older adults to address many of their non-medical needs, a wide range of barriers were identified. The main needs limiting the capacity of seniors to access the non-medical supports include:

- **Lack of knowledge and/or awareness of available options,**
- **Personal mobility issues,**
- **Lack of capacity to self-advocate, and/or**
- **Lack of money** (the most frequently cited access barrier and one that applied to all services);

These service access challenges/barriers are described in more detail in Appendix C, as are other barriers, specific to accessing particular services.

### SUGGESTED OPPORTUNITIES FOR SERVICE INTEGRATION/COORDINATION

The community processes revealed that the greatest opportunity for the Prince George *Better at Home* service to build service integration will be to build on the strong commitment to collaboration and partnership. There was a feeling and understanding that the implementation of *Better at Home* has the potential to transform local service infrastructure in permanent ways, such that seniors are much more able to access needed services. People suggested that the development of both a stronger, one-window point of contact for seniors AND the development of connections between the

more specialized or targeted resources and services and the one-window can cause these needed, permanent changes.

All of the potential lead agencies were recognized for their collaborative and partnership capacities and there was recognition that no single agency could be responsible for meeting all the needs that would emerge through the implementation of *Better at Home*. There was an acknowledgment that a very wide array of services already exist and it was evident that a key responsibility of the Lead Agency and the Coordinator will be to leverage (and continue to build) their extensive community knowledge in order to mobilize the needed resources and/or services on behalf of each person.

The over-arching opportunity for service coordination is to ensure the service attains a focus on each person and his/her unique situation. In some cases seniors seeking assistance will be well supported by relationships with other service providers or family members; such individuals will likely come to the *Better at Home* coordinator with specific needs in mind (needs that will often arise because of a lack of money). In those cases the *Better at Home* Coordinator, using the sliding scale, can ascertain quite readily if, and for what, the individual may be qualified.

In other cases however, the individual will not have those positive, relationship-based supports. For these seniors, the Coordinator will need to take the time to get to know him/her; building a relationship and develop an understanding of his/her unique needs. For example, one person may present their need as 'housekeeping' when in fact they want someone to visit with them while completing some housekeeping; another might say 'transportation' when what they really want is someone to drive them to a supermarket, shop with them, take them home, and put away the groceries; a third could be the person who says, 'I am lonely' but who may also be a little overwhelmed and needing someone in the house a few hours a week to talk over personal issues, assist with paper work, or provide help to clean out some clutter.

Other opportunities for service integration and coordination are detailed, by service, in Appendix D.

## 3. COMMUNITY READINESS

EXPLANATION OF COMMUNITY READINESS THAT REFLECTS COMMUNITY CONSULTATIONS AND MEETINGS (I.E., EXISTING INFRASTRUCTURE, VOLUNTEER BASE, WILLINGNESS)

There is a high level of community readiness for the *Better at Home* project. Wide-spread agreement exists regarding the non-medical services that are needed if Prince George seniors are to retain their independence and sustain a positive quality life. There is extensive agreement and willingness amongst the senior-serving agencies that they need to work together to meet senior needs. The volunteers needed to support *Better at Home* are also available. Prince George has very high rates of volunteerism, according to the most recent Volunteer PG data. Many of the agencies that offered to take the role of Lead Agency have developed pools of over 100 volunteers each. This capacity will be leveraged to develop the volunteer component of *Better at Home*.

Of concern to many however is sustainability: how will the linkages and services developed under *Better at Home* be sustained over the long-term? To address this, participants in both meetings explored strategies for ensuring *Better at Home* has a lasting impact. It became evident that above all, the *Better at Home* program, with the support of a coordinator, offers Prince George senior-serving agencies an excellent opportunity to build the critical relationships that will outlast any program funding. This was felt to address at least some of the sustainability concerns.

### 3.1. Potential Risks

The main risk going forward is that the PG Council of Seniors is unable to fulfil their role, as the 'go to' service provider for seniors. In particular, if, as some report, they are operating with insufficient staff, with limited funds, and with unstable short-term funding contracts this may be more responsibility then they can manage. While it is generous of the PG Native Friendship Centre to agree to take on not only the *Better at Home* contract but the additional task of supporting the Council of Seniors to build their capacity, this may not be enough to overcome the existing limitations. To mitigate this risk, clear contracting expectations which give the Friendship Centre the authority and the responsibility overall, for ensuring service is provided, is needed.

A second major risk is that the *Better at Home* budget will not support the hiring of a skilled coordinator; one with the needed skills, knowledge, and ability to implement *Better at Home* in ways that support a full integration with existing community services. This may result in still more duplication of services and a failure to leverage resources which overall, will severely limit the benefits that can otherwise be available. To mitigate this risk the focus above all for *Better at Home* implementation needs to be coordination. This means the coordinator needs to spend time on coordination activities including becoming knowledgeable about the services and building

relationships critical to leveraging resources on behalf of individual clients. Establishing clear links and client flow with other service providers including the relevant Northern Health departments, the PG Council of Seniors, the senior activity centres, the community service providers and so on, will be very important.

A third risk is that the provision of *Better at Home* services for two years will, on the positive side, support the development of infrastructure that enhances access by seniors to needed services but that, on the negative side, creates a trust and a set of expectations that these services will be there over the long haul, and that may not be the case. In order to mitigate those negative impacts, the real focus needs to be on building the relationships amongst service providers that build overall capacity to leverage existing resources. These relationships will not be lost just because funding ends. These are the sustainable components that can be fully developed during the funding period.

A fourth risk will be the tendency to try and 'standardize' (with checklists, criteria etc) what *Better at Home* can offer. It often appears that great efficiencies can be attained through standardization however as community members have made abundantly clear, the need is above all, for personalized service. To mitigate this risk, developing the capacity to provide this personalized service needs to be front and centre for the *Better at Home* Lead Agency and Coordinator.

A final risk is that if *Better at Home* is successful, it may attract more people than can be served by one coordinator and with the available funds. This risk cannot be mitigated however it can be managed and documented. Tracking service uptake details (who, when, what need, and the short-term outcomes and longer-term outputs re independence and quality of life) will generate the evidence needed by the Lead Agency to ultimately determine to what extent these services are needed, how they impact the community, and so on.

## 4. LOCAL *BETTER AT HOME* PROGRAM DETAILS

### PREFERRED *BETTER AT HOME* SERVICES

Interviewees and community meeting participants stressed that the WAY services and supports are provided will be as important as any specific service. This included stressing the need for **culturally appropriate, person-centered,** non-medical services where (as one interviewee stated) *the real 'higher need' is any combination of services the individual senior believes they need.* Also stressed

was the need for a **relationship** within which the holistic needs of the Elder are considered and supports are arranged.

The input indicates that all seven *Better at Home* services are needed. At the Community Meeting participants were given an opportunity to indicate their top priorities resulting in the following lists:

1. Transportation
2. Grocery Shopping
3. Friendly-visiting
4. Light Housekeeping
5. Minor Home Repairs
6. Snow Shovelling
7. Light Yard Work

In addition, what is needed to facilitate access is overall **navigator assistance.** This was repeatedly highlighted. It was identified that some seniors, for a variety of reasons, are unable to negotiate the various systems to meet their non-medical needs. The navigator role would help these people by providing needs assessment, referrals, general advocacy, and help to understand and access government services and available funding.

Other needs and activities that received considerable mention and that can potentially be integrated into the *Better at Home* basket of services include:

- Laundry and Other Homemaking Assistance**:** in addition to light housekeeping, people mentioned the need for help with laundry, help moving large items, help organizing and de-cluttering, and other general homemaking assistance such as ways to cope/tricks for remembering and help with medical appointments/medication reminders. It may be easy to incorporate this in the 'light housekeeping' category.
- Week-end Support/Respite Care: were both mentioned. Respite care was noted to be very important non-medical need for senior caregivers. Northern Health supports some respite care but this was deemed to be inadequate by some seniors and/or not accessed by others who may be eligible. Navigation support may be all that is needed by some to get the respite care they need. The need for 'week-end support' (which we think is

referring to friendly-visiting or some other socializing) is an example of an area where service innovations may be needed.

- Socializing: Further to the need for friendly-visiting, is the need for social connections/recreation; this was mentioned by several people. A general need for more social events and gatherings was mentioned however this may be more an issue of access i.e. lack of transportation rather than not enough opportunities, which suggests it is a need that fits the *Better at Home* basket.

Taken together, it appears that *Better at Home* resources will best be used to pay for a competent and qualified coordinator whose main role will be to understand the service requirements of each individual and to facilitate access to existing community resources wherever possible. Additionally:

- It appears that the at least some of the existing transportation needs can be met by sharing information about options and by enabling access to the best option. This will include helping people to accessing the considerable financial supports that already exist. We suggest there will be some limited financial implications for *Better at Home* in relation to individual transportation costs.
- Grocery shopping is a hard-to-understand need. For example, the need some people present for grocery shopping might be more about suitable transportation, or it might be about help in the actual supermarket, or help putting groceries away. It may link nicely with friendly-visiting. As a result, clearly understanding the real need will be the first step, after which needed resources can potentially be mobilized. In our view, it does not appear that this will have a huge cost for *Better at Home*, beyond coordinating and leveraging the few supports that are available i.e. in-store support, and occasionally, paid support.
- Friendly-visiting needs to be supported by volunteers. However, *Better at Home* resources will be needed to pay for the critical role of Volunteer Coordinator. That person needs to be working very closely with the coordinator and will need to be very strongly supported and directed by the Red Cross, the YMCA, and the PGNFC. The focus needs to be on building the Volunteer Management capacity of the PGCoS; ensuring their volunteers are effectively recruited, trained, supported, and retained. In addition, the PGCoS can perhaps be asked to identify their own needs related to developing their volunteer management capacity with input and suggestions provided by the other more established organizations.

- Light housekeeping will more frequently need to be financially supported by *Better at Home*, however, by pre-screening available housekeepers (and making that list available to people who can pay for the service) and by working closing with Northern Health to ensure their patients are being supported for medically-required housekeeping supports, some of these housekeeping costs can be kept down.
- The remaining services in the *Better at Home* basket (light yard work, handyman services and snow shovelling) although reported less frequently then those discussed in the preceding bullets, are nevertheless also expected to emerge. The same approach as described above will be useful; ensure the individuals' real needs are fully understood and focus on supporting the individual to meet their need using existing resources and/or by leveraging existing services. In other words, and for example, Intersect Community Service program can provide assistance with yard work; maximize the uptake of this option by building the needed linkages between the *Better at Home* and PGCoS and Intersect. Help people take advantage of the BC Housing Agency Renovation program. Consider using volunteers for smaller tasks. Consider the approach used in Terrace (described in Appendix D under *Handyman Services*).

### KEY LEAD ORGANIZATION CRITERIA IDENTIFIED BY THE COMMUNITY

Key Lead Agency criteria were explored during the interviews and solidified during the community meeting. During the community meeting participants were invited to identify up to seven Lead Agency qualities that they felt were important. The worksheets were collected and the input analyzed. The results are listed here from *most frequently mentioned* qualities to those that were *less frequently mentioned*, but still noteworthy):

1. **Culturally competent; Welcoming; Respectful of diversity.** This was the overall top priority, mentioned by 66% of respondents,
2. **Be senior-focused** where *Better at Home* fits logically with the organization, and the organizational vision (57%)
3. **Experienced with managing volunteers** and HR experience in general (57%)
4. **Demonstrated capacity to partner and collaborate** (49%)
5. **Well-established** (and local) **organization** (42%)
6. **Financial management experience and capacity** (for the sliding scale fee-for-service etc) (39%)

7. **Flexibility, openness, and able to change** (36%)
8. **Overall management experience** (including experience with risk management) (33%)
9. **Capacity to support overall program sustainability** especially in the face of potential loss of funds (33%)
10. **Knowledgeable,** including knowledgeable about other services and other community service providers as well as about government resources (21%)

## 5. RECOMMENDATIONS AND NEXT STEPS

### PROPOSED LEAD ORGANIZATION

Consensus was reached during the Stakeholder Meeting regarding which organization was best positioned to take on the role of lead organization. From the original pool of 6 potential Lead Agencies, the Prince George Native Friendship Center emerged as best positioned to take the lead. As the largest Friendship Centre in Canada and with over 40 years operating in PG, the PGNFC has the leadership capacity and the volunteer, human resource, and financial management capacity to take on the *Better at Home* project. In addition, it has the overall capacity to, as tasked by the community, support the Prince George Council of Seniors as it grows and develops as **the** place to go for information about senior services in Prince George. The remaining potential lead agencies each made it clear that they were fully prepared to work collaboratively with the Lead Agency. Participants contributed observations that it was very clear that this collaborative approach was the only reasonable way of moving forward. They explored and identified community expectations for the Lead Agency, especially in relation to working collaboratively to meet all the diverse community needs associated with *Better at Home*.

## 6. Recommendations and next steps

Five final recommendations are offered to support the lead agency and the partners as they move forward:

1. **Build on stakeholder observations about collaboration** and take it beyond 'just' collaboration with service providers. Collaboration can be the overall watchword at every level including: at the individual level, where the client can make a contribution of some kind; at the family member level, where the family's contributions are acknowledged and valued, and; at the agency level and/or between agencies where the respective mandates are

understood, the particular organizational challenges respected, and where solutions are developed to overcome any gaps.

2. **Focus on building stronger connections and stronger relationships** between service providers and agencies. It was evident to all participants that sometimes seniors don't access needed services because the connections between some services and service providers are not strong enough. These can be strengthened with the involvement of the *Better at Home* Coordinator and Advisory Group.
3. **Develop a full cohort of *Better at Home* Senior (and some non-senior) Volunteers**. Promote the idea of a volunteer cohort and pull these volunteers from diverse populations of seniors around PG. Provide a package of training. Northern Health (Tom MacLeod) for example, said NH would provide free volunteer training to encourage 'service augmentation'. Calculate the dollar value of volunteer contributions and use the data generated to build a genuine understanding of this *Better at Home* 'cost'.
4. **Support sustainability wherever possible**. For example, as it relates to the service of 'friendly-visiting', seek and find ways to help seniors to build personal capacity to access existing social opportunities out in the community. Use the friendly-visiting option to include activities that help individual seniors to socialize by accompanying them on their first few visits to the senior centres or to senior events. Help them meet people during the event. Problem-solve barriers like transportation, lack of a suitable outfit, general fear of the unknown, and so on.
5. **Consider three principles** for Prince George *Better at Home*;
    - We respect the diverse and unique needs of individuals
    - We provide services in the contexts of relationships, and;
    - In our efforts to help people meet their needs, we 'shake the tree' of existing resources and services wherever possible

## APPENDIX A - SUMMARY OF COMMUNITY MEETING FEEDBACK

A small Feedback Survey was completed by 30 of the 38 meeting participants, upon completion of the Community Meeting. The results for each of the three questions are summarized here.

1. W*ere you able to provide input about the non-medical needs of older adults in PG? (*Rank response using a 1 – 5 scale where #1 means *not at all* and #5 means *extensively)*

   **The majority of respondents (87%) reported that they were able to provide input either *quite a bit* (16 responses) or *extensively* (10 responses).** The remaining four respondents selected a *little bit* (1 person) or *somewhat (*3 people).

2. *Were the qualities needed by the successful Better at Home lead Agency identified?* (Rank response using the 1 – 5 scale where #1 means *not at all* and 5 means *extensively)*

   **The majority of respondents (90%) reported that the qualities needed by the successful lead agency were identified either *quite a bit* (13) or *extensively* (14).** No-one selected ranking of 1 or 2. The remaining three respondents selected *somewhat.*

3. *Overall how would you rank the value of this community development process?* (Rank response using a 1-5 scale where #1 means *no value* and #5 means *extensive value*)

   **Again, the majority of respondents (90%) ranked the value of this community development process as having either *extensive value (57%) or considerable value (33%).*** Of the remaining respondents one indicated that the process had *a little value* and two indicated *some value.*

Summary of Other Comments

Respondents added 22 additional comments. Of these, 15 expressed positive perceptions about the overall process. Most frequently mentioned was the value of seeing the collaboration between the potential lead agencies; *it was wonderful to see the potential (and ongoing) collaboration by PG agencies to better the lives of community seniors.* The value of the overall meeting process was also mentioned, as in the following comments; *facilitation was excellent*; *the process informative*; it was a *great way to get input/feedback*, and; it was *excellent, concise work*. One person noted that there was *great inclusion of diverse groups*. Three people offered additional observations. For example, one suggested that *making Cree, Chilcotin, Carrier, and dialect-specific interpretation services is important*. Another noted that *it might work better to compile a list of services and resources available and share these lists with community partners*. Finally, one person found the meeting *a little long* while another said *more time should have been given for the Lead Agency Presentations*.

## APPENDIX B – LIST OF COMMUNITY ASSETS

Note: For the purpose of this report, the focus here is on describing those assets that relate to addressing the *Better at Home* non-medical needs. If the reader wants more information about Prince George Community Resources for any group, including seniors, the single, most comprehensive source of information is the **Community Resource Directory** published by the Crisis Centre for Northern BC. Call their business line to order (250-564-5736).

### DETAILED DESCRIPTION OF COMMUNITY ASSETS

**Transportation Services:** Transportation options and costs include:

- 7 day per week public transit: running between about 7:00 a.m. and 10:00 p.m. (with no service on Statutory Holidays). Purchase options include monthly passes, punch cards, and for those who quality, an annual pass at a cost of $47 annually
- 7 day per week handyDART service, running between about 7:00 am and 6:00 pm (with no service on Statutory Holidays) at a cost of $2. per trip
- Taxi Service – available 24/7 with about 35 to 40 cars per day by the main taxi service, and for those who qualify for financial support, access can be subsidized with Taxi Saver coupons
- Targeted transportation:
    - The Freemasons provide transportation free of charge to people in cancer treatment accessing medical appointments.
    - Treasure Cove Casino provides a free shuttle to and from the Pine Centre PG Transit bus stop, which supplements city bus service
- Target group-specific transportation
    - IMSS provides free bus passes to seniors accessing ESL or computer training
    - CNIB provides CNIB Vision Volunteers provides some transportation support. Many rely on friends for transportation and other supports
    - The PGNFC has a bus which they use for their own activities
    - The PGCOS has a vehicle, but it is not currently on the road
- Some of these transportation services target people 55 and older (the definition used by the PG Council of Seniors) while others required people to be 60 or 65 to access.

**Grocery Shopping/Meal Preparation:** Options for grocery shopping and meal preparation include:

- Big Al's was the only grocery delivery service we found. This is a grocery store located on the Hart Highway near Austin Road. They will deliver orders of more than $50 in the area around their store. We were told that Northern Health provides information about dial-a grocery service but were unable to confirm this information.
- Save-On Foods (which operates four large supermarkets around PG) reported a definite willingness to accommodate individuals upon request, by providing shopping assistance in the store e.g. taking items off the shelf, bagging fresh produce, and/or loading the groceries into a vehicle.
- We Care Home Health Services offers a meal preparation service
- Meal services are available, such as Meals on Wheels (available in the bowl area, reaching roughly half of the population of Prince George) and as provided by the Hart Pioneer Centre. Meals can also be purchased at the Senior Activity Centres. Both options are, apparently, relatively inexpensive. Some organizations such as the PG Native Friendship Centre provide a monthly meal at no cost to Elders in Prince George; ALL older adults are welcome. Hadih House in the Carney Hill Neighbourhood provides a monthly meal at no cost to anyone in the neighbourhood, including seniors and older adults. Goode's Catering and We Care each are reported to provide a 'batch cooking' service.

**Friendly-Visiting Services:** Existing options for friendly visiting include:

- Several volunteer-based friendly-visiting services that range from brief daily telephone calls (safety checks by PG Victims' Services), to check in-type calls every few days (PG Council of Seniors), to more extensive one-on-one in-person options such as those also provided by the PG Council of Seniors or others including the PG Native Friendship Centre, Immigrant and Multicultural Services (IMSS) Settlement Outreach Workers (of whom there are three targeting Punjabi, Latino and Chinese seniors), Canadian Mental Health Association, Community Policing, (CPAC) or some of the Senior Activity Centres.
- Additional services such as the PG Council of Seniors peer support program, the PG Native Friendship Centre supports the Healthy Elders Circle, an all nations inclusive offering, and the Advocacy services offered by Hadih House, the Carney Hill Neighbourhood Centre
- Paid staff options for friendly visiting in an individual's home include;
    - We Care Home Health Care, which offers companion services
    - Northern Health has various Home and Community Care and Elder Services Lifeskill staff who may be providing what people experience as friendly visiting (especially if they take 15 minutes to have a cup of tea and just chat)

- A variety of socializing opportunities exist; through the five senior centres, at Immigrant and Multicultural Settlement Services, at the Prince George Native Friendship Centre (PGNFC) (i.e. an inclusive monthly Elder's luncheon), at Hadih House in the Carney Hill neighbourhood (where a variety of options to gather are offered), and at the PG Alzheimer's branch where weekly "Minds in Motion' sessions are offered.

**Light Housekeeping:** Options for housekeeping include:

- We Care Home Health Care Services, provide a range of non-medical services (in addition to their medical services) which includes homemaking/cleaning, at a cost of $23 per hour
- Private Housekeeping has been supported by the Council of Seniors (i.e. during the IADL pilot project) where they sought interested housekeepers, completed reference ad criminal record checks and subsequently provided that list to individuals needing that service. Housekeepers determined their own hourly rates which ranged from $15 to $30 per hour. Note: the list is due for updating
- Private Housekeepers (six) as listed in the phone book. I spoke to one. She noted that four of her senior clients get housekeeping costs covered by Veteran's Affairs. She also said she charges a price that is customized to the specific situation. She keeps it affordable. The other housekeeping services, as listed in the phone could be similarly contacted by the coordinator.) Another service was also brought to our attention although we were unable to make direct contact (Wendy's Compassionate Care said to provide non-medical supports.)

**Handy Man/Minor Repair Services:** Although very limited, a few options exist for support with home repairs:

- Community Service, as supported by Intersect, a youth-serving organization. The work can include chopping firewood and completing light yard work
- Métis Housing Society offers some elder-specific supports linked to their housing program
- Family or friends address many of these needs or, as was reported, were not being addressed at all. It is not clear if renters are having these problems or if it is homeowners. It is also not clear if these needs are more problematic for women, or for newly-widowed spouses, or other particular groups.
- Veterans Affairs was the only funding option mentioned. They provide eligible people with an allocation of money designated to cover a number of services including snow shoveling,

yard work, gutter cleaning. The recipient needs to make it last and 'work' for their particular situation.

- BC Housing Home Adaptation for Independence Program is a new program targeting low income seniors with permanent disabilities or diminished abilities[3].

[3] *BC Housing may ask that a qualified person verify the permanent disability or diminished ability and confirm that the adaptations requested are needed to ensure the resident can continue to live in the home. Qualified people may include a doctor, nurse, home care worker, social worker, or occupational therapist.

APPENDIX C – DETAILED DESCRIPTION OF SERVICE ACCESS CHALLENGES/BARRIERS

**Transportation Access Challenges**:

- Unreliability of handyDART: Although a few people were very happy with handyDART many more reported that handyDART is not reliable enough. Our understanding is on 'social events' days, handyDART is extremely busy and therefore limits individual access. Similarly, because getting to medical appointments is a priority there is greater reliability associated with them whereas people seeking general transportation, e.g. for shopping, it is not reliable enough to meet their needs. Waits of an hour or longer and instances of being completely forgotten were reported. This lack of reliability and inefficiency is costly, in terms of time, for some individuals. Furthermore, for people with specific medical needs (i.e. those that require them to get home to manage health needs or take medication) the handyDART service is not viable.
- Lack of a telephone: Was reported to block access to handyDART as customers are required to notify handyDART by phone 24 hours in advance of their need.
- PG Transit routes are very roundabout: One group reported that PG Transit is horrible because it takes so long to get where you want to go, you end up walking [with the implication that transit needs go un-met for those who can't manage the walking.]
- Winter transportation: Was described as a particular challenge, with people reporting traveling *for an hour to go 10 minutes to avoid the cold*. We also heard about the challenges of walking in snowy or icy conditions.
- General difficulty getting around: For example, a few people described moving into town from more rural areas and trying to find safe, affordable housing without any knowledge about the neighbourhoods, stores etc. This lack of knowledge means that existing transportation options don't help them as they don't know where to go etc. Similarly, visually impaired people noted they experience particular challenges when a partner dies and this also contributes to difficulties getting around.

**Grocery/Meal Access Barriers**

- Lack of funds appears to limiting access to healthy food.
- Lack of knowledge or awareness may impact meal planning and preparation
- There are virtually no grocery delivery services
- *Meals on Wheels* is not available in the College Heights area. For those who do have access, the type of food does not always meet cultural needs. Similarly, some meals provided by community services i.e. at the senior activity centres, although affordable; do not always meet the needs and interests of diverse cultural groups.

- Physical limitations blocked some people from completing preliminary food preparation, such as washing vegetables or packaging meat for single-serving freezing or chopping/cutting food.

**Friendly Visit Access Issues**

- Lack of sufficient infrastructure such as paid, full-time volunteer coordinators who have the capacity to oversee the recruitment, training, and management of sufficient numbers of volunteers.
- Lack of access due to narrow definitions of what can be considered 'friendly visiting'. Because 'friendly-visiting' is narrowly defined confusion and frustration can arise between the client and the volunteer regarding expectations about what is needed and what can be provided.
- Seasonal needs for friendly visiting lead to unpredictability and a lack of fit. This dynamic arises as a result of changing demands and volunteer availability. For example, there can be a greater need for friendly visits in the winter (greater seasonal isolation) but volunteers may travel during this time and then, when the demand for friendly visitors goes down in the summer, more volunteers are back in town and available.
- People can have very personal reasons for being unable to access needed social opportunities i.e. as provided by the Senior Activity Centres. *There could be lots of reasons i.e. don't have the right shoes, depression, etc*.

**Housekeeping Access Issues**

- Cost was reported to be a barrier
- Difficulties finding a suitable housekeeper as experienced by some people
- Limits to what services are included in 'housekeeping'; some housekeepers can do some laundry but others cannot. Similarly, some are restricted from meeting the people for more general help.

**Minor Home Repairs Access Issues**

- Lack of funds
- Figuring out what is needed and finding someone who can be trusted to complete the repairs competently

**General Access Issues**

- Lack of sufficient connection and linkages between some of the agencies and service providers
- Client-centered aspect of identifying needs is overlooked**.** We heard from one group that, in their experience, a focus on labeling the client need as a single (isolated) need created

frustration and problems for volunteers and clients. Non-medical needs are more organic and overlapping then medical needs. Each client has unique needs.

- Language barriers
- People experiencing medical care may have a need for more non-medical supports then they are able to access through Northern Health.

Additional assess challenges discussed during the community meeting. These included:

- The negative impact of services being providing in piecemeal fashions i.e. chop wood but don`t gather the wood, deliver the wood or stack the wood in an accessible place
- Lack of familiarity or affiliation by some seniors with the organization tasked with providing a service.
- Some seniors smoke; it was reported that northern health in-home workers won't go into a home if client smokes or drinks. Confirming exactly how these behaviors may impact service access may be helpful, as will confirming how these seniors can obtain the services they need.

**Transportation Coordination**

One of the biggest needs is to help individuals make the best of the existing transportation options. Start by ensuring those with lower incomes access the very inexpensive annual bus pass, if eligible. Ensure those who are eligible complete the steps to qualify for handyDART services. Ensure people access Taxi Saver coupons. Meanwhile, work with handyDART and the City of PG to address issues of unreliability.

Clarify the need; when people say they need transportation, maybe explore 'for what' i.e. pharmacies will deliver medication; some service providers will provide transportation support; is the transportation believed to be part of 'friendly visiting' (which changes the need); and so on. Build connections with service providers to share information about client transportation needs, leveraging existing supports where possible. Help clients schedule appointments and activities in ways that make the accessing of transportation less of a challenge.

**Housekeeping Coordination**

The best option for coordinating housekeeping services is for the *Better at Home* coordinator to work with each person to fully understand the individual 'housekeeping' need. Based on the research, it appears that people with medically-based housekeeping needs may be falling through the cracks. When housekeeping is needed, as a result of medical conditions, it is our understanding is that Northern Health will pay for these services (as provided by We Care). The opportunity for service coordination in relation to housekeeping therefore, is to develop excellent working relationships with those key Northern Health staff responsible for these decisions, thereby ensuring that those who are qualified get the supports they are entitled to.

For those individuals with non-medical reasons for housekeeping support, options exist to meet these needs. For example, private housecleaners and We Care are both available. These services can be funded using the sliding scale option. Although 'challenges finding a housekeeper' was not specifically identified as a big access barrier it may still be productive to re-invigorate the Housekeeper List, as developed by the PG Council of Seniors. Completing the necessary screening and criminal record checks is a good service to seniors and enhances their capacity to hire a housekeeper directly.

**Grocery Shopping/Meal Preparation Coordination**

We learned that Batch Cooking is available in PG through Goode Catering and other agencies. This could likely be accessed by more people. Greater integration of meal preparation in conjunction with either light housekeeping or friendly visiting services may also be feasible.

**Handyperson/Minor Home Repairs Coordination**

We cannot suggest any ideas for integrating 'home repair services' as it does not appear that these type of service are currently offered by anyone in PG. We Care indicated that they do not currently offer a handyman service but noted that Terrace has an ingenious handy man program: *If the senior has a problem, one or two retired guys help the senior; to confirm their needs, to shop for quotes, and ultimately to select a contract.* Another suggestion was that a list of qualified tradespeople be developed, similar to the Housekeeper list (however there could be numerous problems i.e. liability, insurance safety etc with this)

It may be worthwhile to connect with housing service providers (such as the Prince George Métis Housing Society, which manages a large number of housing units or the local BC Housing Agency) in order to identify common needs.

**Friendly-Visiting**

As noted elsewhere it may be that the best opportunity for coordinating friendly visiting is to link it with the provision of other services. Promote and adopt a cultural whereby any service provider that is in the home of a senior takes the time to really see the person, and to interact in a social manner; have a cup of tea, pass a bit of time etc.

To make filling this need more sustainable, it may be effective to look forward, and consider if and how individual seniors can be assisted to move from in-home friendly visiting and socializing to more taking advantage of the community–based socializing opportunities available all over PG i.e. through a senior's centre, the PG Friendship Centre, IMSS, the Métis Society, Hadih House and so on.