

# 2019-2020 Better at Home Annual Report Template

This document includes the questions asked in the 2019-2020 Better at Home Annual Report. This report must be submitted electronically in eAccess at: <http://eaccess.uwlm.ca/>. Please refer back to your approved 2019-20 BH application in eAccess and the 2019-20 BH Grant Criteria found on the HUB here: <http://hub.betterathome.ca/page/data-and-reports>.

United Way uses this information to track progress and support the evaluation of Better at Home. The information is also considered when reviewing any future applications from your organization for Better at Home funding.

**You are encouraged to complete optional sections, if possible.** We look forward to hearing what you are able to share.

If you have any questions please contact your United Way Regional Community Developer (RCD):

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## **REPORTING SCHEDULE**

Reporting and Granting Requirements	Deadline	Reporting Period
Grant Application Deadline	<b>March 13, 2020</b>	
Annual Report and Financials	<b>June 30, 2020</b>	April 1, 2019 – March 31, 2020

## **ANNUAL REPORT TEMPLATE – Reporting Period: **April 1, 2019 – March 31, 2020****

### **SECTION 1.0 – BETTER AT HOME ANNUAL DATA**

#### **1.1. NEW SENIORS ENROLLED**

How many seniors did you newly enroll into your Better at Home program during the **April 1, 2019 – March 31, 2020** reporting period?

#### **1.2. HOW DID SENIORS HEAR ABOUT BETTER AT HOME?**

Of the seniors enrolled from **April 1, 2019 – March 31, 2020**, how many seniors learned about Better at Home from the following (total number should equal the number of new seniors enrolled):

- Advertisement
- Friend/Family
- Doctor/GP
- Community Health Worker/Nurse
- Host organization of local Better at Home program
- Other

#### **1.3. ACTIVE PARTICIPANT COUNT**

How many seniors (unique participants) accessed Better at Home services during the **April 1, 2019 – March 31, 2020** reporting period (i.e. received at least one service)?

#### **Demographics of Active Participants**

Provide a breakdown (**specific number of participants**) of select information for active participants during the **April 1, 2019 – March 31, 2020** reporting period. Select information is listed below and categories are listed in the parentheses:

- a. Does senior live alone? (Living Alone, Do Not Live Alone, Prefer not to disclose)
- b. Age Range (<54, 55-64, 65-74, 75-84, 85+, Prefer not to disclose)
- c. Gender (Male, Female, Trans, Other, Prefer not to disclose)
- d. Primary language spoken/used at home (English, Arabic, Cantonese, Mandarin, Dutch, French, German, Hindi, Italian, Japanese, Korean, Persian/Farsi, Polish, Portuguese, Punjabi, Russian, Spanish, Vietnamese, Other, Sign Language, Prefer not to disclose)
- e. Other sociocultural information (White, Chinese, South Asian, Black, Filipino, Latin American, Southeast Asian, Arab, West Asian, Korean, Japanese, Aboriginal/First Nation/Metis/Inuit, Other, Prefer not to disclose)
- f. Receiving other publicly funded home supports. (i.e. how many seniors – who are/have ever received a Better at Home service – are also receiving other publicly funded home support services?)
  - i. Veteran’s Affairs Canada (VAC)
  - ii. Health Authority/Home Support Services
  - iii. Other (please specify)
- g. Assessed and applied fee subsidy categories (full subsidy, <50 - <100% subsidy, >0 – 50% subsidy, No subsidy)

#### **1.4. SERVICE INFO**

How many services were provided during the **April 1, 2019 – March 31, 2020** reporting period?

How many unique participants accessed each service?

Of the total number of services provided during the **April 1, 2019 – March 31, 2020** reporting period, what types of service provider provided each service?

	Total # of services provided	# of unique participants accessing service	* Number of Services provided by:			
			*Volunteer	*Staff	*External Contractor	*Other (pls. specify)
Friendly Visiting						
Transportation						
Light Housekeeping						
Grocery Shopping						
Light Yard Work						
Minor Home Repairs						
Snow Shoveling						

**SECTION 2.0: SLIDING SCALE**

**SLIDING SCALE (attach document)**

Please attach a copy of your sliding scale(s) showing the various levels of cost for each service.

**SECTION 3.0: POPULATION(S) SERVED**

This section focuses on the population of seniors that your program served during the **April 1, 2019 – March 31, 2020** reporting period. Please refer to the target population section of your Better at Home application, and, if available, any relevant research related to your community before completing this section.

3a. How successful were you in serving vulnerable and marginalized seniors? (please answer only one). In your responses, describe or highlight any particular groups of seniors that you were trying to target/engage.

- Not successful    Somewhat successful    Very successful

- a) Why were you not successful/somewhat successful/very successful?  
 b) If you selected ‘not successful’ or ‘somewhat successful’, what would you do differently?  
 c) If very successful, why were very successful? (i.e. what led to the success?)

3b. Do you have any seniors enrolled with specific inclusion supports required for:

- a) Deaf and Hard of Hearing (HoH) seniors?    Yes    No  
     a. If yes, please describe and estimate number of seniors:  
 b) Specific language needs?    Yes    No  
     a. If yes, please describe and estimate number of seniors:

3c. What kinds of outreach, marketing, and/or public awareness activities did you undertake to reach out to seniors to ensure your Better at Home program was accessible, especially to those who would significantly benefit from non-medical home support services? Below is a list of marketing activities, check all that apply:

- Info booth and or networking at community events  
 Local media coverage – print, radio, televised  
 Paid advertisement

- Presentations at seniors' events/organizations
- Presentations or meetings with community partnerships
- Presentations or meetings with Health Authorities
- Host organization newsletters, websites, social media, etc.
- Distributing brochures, flyers and posters at organizations frequented by seniors
- Listings in resource guides (in print or online)
- Other (please describe)

#### **SECTION 4.0: VOLUNTEERS**

- 4a. Approximately how many volunteers provided Better at Home services to seniors through your program during the previous fiscal year (e.g. volunteer drivers, friendly visitors, etc.)?
- 4b. Of the volunteers in 4a, what percentage would you estimate are seniors?
- 4c. Of the volunteers in 4a, how many volunteers have specific inclusion skills? Describe the types of inclusion skills and estimate the number of volunteers who provide services using these skills (e.g., sign language, Chinese speaking, etc.).
- 4d. Approximately how many volunteer hours are dedicated to delivering Better at Home services and/or other Better at Home program supports?
- 4e. Did all the volunteers who provided Better at Home services to seniors through your program successfully complete a criminal record check?
- Yes       No      If no, please explain.
- 4f. Approximately how many volunteers are providing services other than direct services (e.g., volunteers that do administrative work)?
- 4g. Briefly describe the kinds of training and resources you offered to the volunteers providing Better at Home services to seniors through your program:
- 4h. Below is a list of training and resources for volunteers, check all that apply to your program.
- Orientation
  - Ongoing skills development support, workshops, etc. on the following topics (check all that apply):
    - Setting and Maintaining and boundaries
    - Mental health training, including dementia
    - Elder abuse
    - Falls prevention
    - Dealing with boundaries
    - Communicating and working with seniors
    - First Aid
    - Cultural sensitivity

- Other (please describe)
- Other (please describe)

## **SECTION 5.0: WAITLISTS**

5a. During the **April 1, 2019 – March 31, 2020** reporting period, how many seniors were waitlisted due to the following reasons (provide the **number of seniors** for each reason – the total number should equal the number of seniors on your waitlist):

- waiting for intake
- not enough volunteers
- looking for specific volunteer
- no contractor available
- waiting for a subsidized place
- service not yet provided by organization
- other (please specify)

5b. During the **April 1, 2019 – March 31, 2020** reporting period, how many seniors were waitlisted for the following services (provide the **number of seniors** waiting for each service – the total number should equal the number of seniors on your waitlist):

- Friendly Visiting
- Transportation to Appointments
- Snow Shoveling
- Light Yard Work
- Minor Home Repairs
- Grocery Shopping
- Light Housekeeping
- Group Activities
- Other (please specify)

5c. During the **April 1, 2019 – March 31, 2020** reporting period, what are the reasons for being waitlisted?

- Waiting for intake
- Not enough volunteers
- Looking for specific volunteer
- No contractor available
- Waiting for a subsidized place
- Service not yet provided by organization
- Other reason (please specify)

## **SECTION 6.0: BUILDING ON OTHER COMMUNITY ASSETS – Optional**

**\*You are encouraged to complete optional sections, if possible.** We look forward to hearing what you are able to share.

A key principle of Better at Home is about building on community assets and ensuring that Better at Home programs are complementary to, or where feasible and appropriate, integrated with other existing services and supports in the community.

- 6a. During the **April 1, 2019 – March 31, 2020** reporting period, did you offer any group activities/initiatives that support your Better at Home basket of services (e.g. walking clubs, other group activities, etc.)?
- 6b. If yes to the above, please describe the group activities you offered.
- 6c. Briefly describe how your Better at Home program is building upon or integrating with other local community assets. For example, describe collaborations or partnerships established (for what, with who), or other local resources you are connecting with to improve or enhance your Better at Home program in order to meet the non-medical home support needs of seniors in your community:
- 6d. Recognizing that collaboration with other stakeholders is important to the success of your Better at Home program, please describe any successes your program has had with key stakeholders in your community (e.g. Health Authorities, other service providers, private sector, etc.).
- 6e. Please describe a challenge your program has faced with a key stakeholder. If yes, what was the challenge and how did you overcome it?

## **SECTION 7.0: EVALUATION/LEARNING/CAPACITY BUILDING – Optional**

**\*You are encouraged to complete optional sections, if possible.** We look forward to hearing what you are able to share.

- 7a. During the **April 1, 2019 – March 31, 2020** reporting period, describe any trainings and/or other learnings your program has been involved in, including updates to capacity building initiatives through your program's Capacity Building/Training funds.
- 7b. During the **April 1, 2019 – March 31, 2020** reporting period, describe any key learnings you have taken away from participating in your Better at Home Regional Community of Practice (COP):
- 7c. During the **April 1, 2019 – March 31, 2020** reporting period, did you gather feedback from seniors enrolled in your program?

### **7.1 Evaluation/Measurement Tools – Optional**

Please share evaluation or measurement tools/templates that were used to gather feedback on your program. Examples could include questionnaires distributed to seniors enrolled in your program.

## **SECTION 8.0: SUCCESS AND CHALLENGES – Optional**

**\*You are encouraged to complete optional sections, if possible.** We look forward to hearing what you are able to share.

- 8a. Overall, what were your main successes during the **April 1, 2019 – March 31, 2020** reporting period?
- 8b. What do you attribute these successes to?
- 8c. Overall, what were your main challenges during the **April 1, 2019 – March 31, 2020** reporting period?

8d. What did you do to overcome or deal with these challenges?

**SECTION 9.0: FINANCIALS**

**BUDGET TEMPLATES**

The following two budget forms (Use of UWLM funds and Total Program) are filled out **two times a year**:

- Better at Home Application – **Proposed Budget** (submitted in Application)
- Annual Report Financial – **Final Actuals** (submitted in Annual Report due **June 30, 2020**)

**USE OF UWLM FUNDS (report on UWLM funds only)**

Line	Description	Value	Side
50	Amount Requested from UWLM		Income
55	Capacity Building/Training		Income
99	UWLM funds remaining from prior year ( <b>any amount above 10% allowable carryover – copy from line 99 in Total Program Budget (if applicable)</b> )		Income
150	Administration ( <b>cannot exceed 10% of line 50</b> )		Expense
200	Salaries/Benefits		Expense
300	Volunteers (eg. Recognition, training, etc.)		Expense
400	Contract Fees		Expense
500	Office/Program Supplies ( <b>cannot include capital costs</b> )		Expense
600	Travel – Staff		Expense
601	Travel – Other (eg. Mileage reimbursement for transportation)		Expense
610	Marketing/Public Awareness		Expense
620	Capacity Building/Training		Expense
630	Hospitality Costs (eg. food for meetings, room rental, etc.)		Expense
700	Other Expenses ( <b>list all other examples with amounts in Comments section below</b> )		Expense
	<b>Total</b>		
<b>Surplus/Deficit</b>			

**NOTE:** If a surplus exists in your USE OF UWLM FUNDS actuals submitted in your Annual Report, 10% carryover of this amount will be allowed, however, any amount **over the 10% allowable carryover** will be removed from your 2020-21 Annual Grant amount, unless prior special approval has been granted from Healthy Aging by United Way.

**TOTAL PROGRAM FUNDS (incl. other income sources)**

Line	Description	Value	Side
50	Amount Requested from UWLM		Income
55	Capacity Building/Training		Income
102	UWLM funds remaining from prior year ( <b>cannot exceed 10% of line 50 – this is your allowable carryover</b> )		Income
99	UWLM funds remaining from prior year ( <b>any amount above 10% allowable carryover</b> )		Income
105	Other Revenue Sources ( <b>list all revenue sources with amounts in Comments area below, and provide details in Budget Details section</b> )		Income
110	In-kind Amounts ( <b>all non-currency items - describe details in Comments area below</b> )		Income
150	Administration		Expense
200	Salaries/Benefits		Expense
300	Volunteers (eg. Recognition, training, etc.)		Expense
400	Contract Fees		Expense
500	Office/Program Supplies ( <b>cannot include capital costs</b> )		Expense

600	Travel – Staff		Expense
601	Travel – Other (eg. Mileage reimbursement for transportation)		Expense
610	Marketing/Public Awareness		Expense
620	Capacity Building/Training		Expense
630	Hospitality Costs (eg. food for meetings, room rental, etc.)		Expense
700	Other Expenses ( <b>list all other examples with amounts in Comments section below</b> )		Expense
	<b>Total</b>		
			<b>Surplus/Deficit</b>

## **BUDGET DETAILS**

### **Salaries/Benefits**

- **Program Administration Staff.** Please provide details on the rates and hours of staff salaries and benefits. (e.g: Program Coordinator (0.5FTE) @\$20.00/hour x 40hours/week + \$200 Benefits)
- **Service Providers** (hired as staff). Please provide details on the rates and hours of staff salaries and benefits. (e.g: Housekeeper (0.5FTE) @\$20.00/hour x 40hours/week + \$200 Benefits)

### **Contract Fees**

If you use contractors for any of the below services, please provide details on rates and total amount (sum should equal figure in budget line item 400):

- **Light Housekeeping**
  - Light Housekeeping Total
  - Light Housekeeping Rate
- **Transportation to Appointments**
  - Transportation to Appointments Total
  - Transportation to Appointments Rate
- **Friendly Visiting**
  - Friendly Visiting Total
  - Friendly Visiting Rate
- **Grocery Shopping**
  - Grocery Shopping Total
  - Grocery Shopping Rate
- **Light Yard Work**
  - Light Yard Work Total
  - Light Yard Work Rate
- **Minor Home Repairs**
  - Minor Home Repairs Total
  - Minor Home Repairs Rate
- **Snow Shoveling**
  - Snow Shoveling Total
  - Snow Shoveling Rate
- **Other**

### **Other Revenue**

If you have reported any income (including fundraising) in line 105 (“Other Revenue Sources”) in your Total Program Budget, describe how you were able to secure this additional funding, including any strategies for managing fundraising initiatives and/or procuring additional grants:



## **SECTION 10.0: IMPACT STORIES – Optional**

**\*You are encouraged to complete optional sections, if possible.** We look forward to hearing what you are able to share.

Please share at least one impact story on how your local Better at Home program has impacted the lives of seniors, volunteers and/or the general community during the **April 1, 2019 – March 31, 2020** reporting period. Please include stories, anecdotes, quotes, etc. and attach pictures **with consent to share publicly among Better at Home and/or United Way media channels** (you can attach files in the next section).

You may also use this section to share how your program responded to the COVID-19 crisis in the last month of 2019-2020: programmatic adjustments, how staff, volunteers, sub-contractors were impacted, what it was like to pivot so quickly (emergency response for seniors), and any other learnings.

### **11.1 Impact Story Attachments – Optional**

If you have any supporting documents you wish to attach to your impact story, please include them here. Please only include photos / quotes **which you have received written consent to share publicly** as these items may be used in Better at Home and/or United Way media channels.

## **SECTION 11.0: CLOSING COMMENTS – Optional**

**\*You are encouraged to complete optional sections, if possible.** We look forward to hearing what you are able to share.

Do you have any other comments you would like to share about your experience of implementing a Better at Home program during the **April 1, 2019 – March 31, 2020** reporting period in your local community?