

FINAL REPORT

Better at Home

West End Community Consultation

November 2012 - February 2013

Prepared by: Sherri Brown
Dr. Sherri Brown (Ph.D.)
Lead Research Consultant
Tel: 604-789-8676
Email: sabrownresearch@gmail.com

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ACKNOWLEDGEMENTS

Acknowledgements

An effective community consultation relies on a dedicated team of researchers and volunteers, who focus their efforts on designing and managing a thoughtful, inclusive, and rigorous approach to data collection and analysis. In qualitative research, we regularly utilize semi-structured or flexible methods as our population or inquiry of study are frequently people and communities who contribute through their voices and participation in processes such as the *Better at Home* community consultation in the West End. In this regard, the community consultation process is a very effective vehicle for holistically surveying and assessing existing and anticipated needs and perspectives of diverse groups of community members and stakeholders. Therefore, our first, and most significant debt of gratitude is to the community members, stakeholders, and service providers who graciously donated their time and insights to the consultation process. We have been fortunate that the West End is home to such a wonderful group of people who joined the consultation process to contribute their perspectives, but also their ideas and recommendations for moving forward. Furthermore, we thank the local community organizations that generously distributed recruitment and meeting announcement notices and those who donated space for hosting focus groups or community meetings. These contributions are invaluable to this process. We also would like to extend our thanks to Ms. Eirikka Brandson and Ms. Christien Kaaij of the United Way for their excellent support throughout this process. Finally, I would like to thank co-collaborators Ms. Ana Maria Bustamante and Darren Beck (volunteer) from Gordon Neighbourhood House and Ms. Julia Lemieux for their outstanding work on this project. We hope that you read this report with interest and we welcome any questions or comments at any time in the future.

Sincerely,



Sherri Brown, Ph.D.

Lead Research Consultant

Better at Home Community Consultation

West End Community, Vancouver, BC

February 15, 2013

Introduction

1.1 *Better at Home* program introduction

Better at Home is a program that helps seniors with simple day-to-day tasks so that 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

Dr. Sherri Brown, a resident of the West End community, was contracted as community developer (through Gordon Neighbourhood House) 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.

1.2 Description of local community development approach

The community developer, Dr. Sherri Brown, and Gordon Neighbourhood House, understand that seniors are an important and growing part of our communities. We also know that many seniors have specific needs related to the aging process. They need support to remain independent and have an active role in the community. Over the last four years, Gordon House has been closely involved with seniors in the West End, including carrying out Community Asset Mapping, hosting focus groups and conducting community-based research. Gordon House has also been creating partnerships with local stakeholders and has built community capacity by bringing community members, organizations, and stakeholders together in community conversations and dialogues. The Gordon Neighbourhood House supports policy and community dialogue processes for seniors, including hosting the Seniors Community Planning Table and needs assessment work in the community. It also provides an array of services for seniors including a seniors lounge (3 days/week) where seniors meet and socialize, support groups for different ethnic groups prevalent in the West End, seniors' nutritious lunches, computer skills training, yoga, free haircuts, and day trips to local points of interest (<http://www.gnh.vcn.bc.ca>).

Dr. Brown is a qualitative research methodologist with training and experience in conducting community-based research with diverse populations to support community and policy development, particularly for vulnerable and marginalized populations. She has also been involved in community outreach events and research dissemination strategies, both inside and outside the university community, and strongly believes in community consultative and participatory approaches for informing policy and program development. Accordingly, Dr. Brown focused her efforts in this process on comprehensive community asset-mapping and broad outreach and participation to ensure that the process findings contained in this report are representative of the assets, needs, and priorities of the West End community. This research and community development partnership between Dr. Brown and Gordon House ultimately ensured a methodologically rigorous, socio-culturally sensitive and representative, and committed approach to developing and strengthening seniors' home support services in our community.

1.3 Methodology and data sources

Key community development and research consultation activities:

- Outreach strategy development to promote the *Better at Home* consultation process with local seniors and invite participation in the process and/or remain informed of the process and its outcomes.
- Enumeration and development of community-based asset guide for West End Seniors. The guides (a web-based, a hard copy of a short and long version) are available at Gordon House. The web-based guide is included in this the report and the short and long versions are provided under separate cover to the report.
- Ten (10) interviews with local stakeholders and service providers. Interviewees were often in leadership roles within their organizations and possessed detailed knowledge and insights on seniors' programming and home support needs and priorities.
- Seven (7) focus groups representing 5 ethnic/linguistic communities
- A community meeting held on December 5, 2012, to provide information on the '*Better at Home*' consultation process in the West End. This meeting helped identify key stakeholders and potential participants for the consultative process.
- A community meeting held on February 8, 2013 to present the findings of the consultation process and provide a final opportunity for seniors, service providers, and stakeholders to contribute to the process.

Key Data Sources Employed in the Consultation Process and Summary Report:

1. **Environmental scan and documentation analysis:** We scanned the local environment and relevant documentation (websites, government and stakeholder reports, data, and other literature) to compile a comprehensive list of community programs, services, and stakeholders relevant to seniors' home and social support needs.
2. **Focus groups:** We first established a semi-structured focus group guide (see Appendix A) in line with the research priorities established by the *Better at Home* consultation and utilized this guide to prompt and guide discussion among participants. The focus groups were conducted by a trained moderator (Dr. Brown) and supported by note-takers and language interpreters (for groups whose mother tongue was a language other than English). The data for each group was coded and recorded according to

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group code. The analysis of the data relied on two coders (Dr. Brown and Ms. Julia Lemieux) who independently coded and analyzed notes and transcripts to examine for 1) themes, 2) trends and agreement on home support priorities, and 3) lead agency criteria and recommendations.

The coders then evaluated “intercoder agreement” (Saldana, 2013) or how similar/dissimilar their interpretations were.

Finally, we collapsed the themes into 3 major categories, which are presented in Section 2.3.

3. Stakeholder and Service provider interviews: Dr. Brown exclusively conducted one-on-one or telephone interviews. The interviews were primarily held with leadership staff from stakeholder and service provider organizations, which helped to ensure that the consultation obtained comprehensive and detailed information on seniors’ services, programs, and needs and priorities for the West End.

4. Final Community Meeting and Participatory Approaches: On February 8, 2013, the *Better at Home* consultation for the West End invited all community members, stakeholders, and service providers to participate in a community meeting. This community meeting, held in the gymnasium at Central Presbyterian Church (1155 Thurlow Street, Vancouver) provided information on the program and the consultation process, including findings collected. This meeting also solicited the insights and perspectives of the participants through breakout group discussions and a ‘dotmocracy’ exercise. Dotmocracy is a participatory tool for assessing levels of

agreement around specific issues or topics among large groups of people.

Participants at the meeting

discussed three questions: 1) what home support services/programs are working well in the community? 2) What is not working well? and 3) what are the key criteria for selecting a Lead Agency for *Better at Home*? Participants were asked to record the



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major themes emerging from these breakout group discussions and to use the provided 'dots' (stickers) to indicate their individual preferences/priorities for home support services in the West End. The dotmocracy exercise allowed participants to anonymously record their priorities and to have their needs represented visually as dots were later placed on flipchart paper visible to the entire room. These participatory approaches provided both a final opportunity for contribution to the consultation process and a collective forum for assessing popular support for home support service priorities in the West End.

Better at Home Consultation Participants: Data Collection Demographics and Profile

DEMOGRAPHICS/ DATA COLLECTION	INTERVIEWS	FOCUS GROUPS
Total Number of Participants	10	51
Group Categories and Participants	2: Stakeholders (6) & Service Providers (4)	3: Seniors (39), Caregivers and Peer Counsellors (12)
Number of Languages	1 (English)	5 (English, Farsi, Spanish, Eastern European Languages, Sign Language)
Male Participants	5	6
Female Participants	5	45
Age Range	N/A	55-85 years
Housing Status	N/A	Renters (50), Homeowners (1)
Venue(s)	3 (Gordon House, Barclay Manor, telephone)	3 (Gordon House, Barclay Manor, Western Institute for the Deaf and Hard of Hearing)
Moderator(s) and Research Assistants	Sherri Brown	Sherri Brown, Julia Lemieux, Nil Alt
Interpreters	N/A	6 (Required for 5 groups)

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Focus Group Data Coding

FOCUS GROUP Number	GROUP POPULATION
FG1	Seniors, English Speakers
FG2	Seniors, Farsi Speakers
FG3	Caregivers, English Speakers, West End Seniors Network
FG4	Seniors, Russian/Eastern European Speaking
FG5	Seniors, Sign Language
FG6	Seniors, Spanish Speakers
FG7	Seniors, English Speakers

Community Profile

2.1 Description of the local seniors' population

The West End community, containing 7.4% of Vancouver's total population (City of Vancouver, 2012) is a vibrant, diverse, and densely populated¹ community. The West End boasts extensive green space with its close proximity to Stanley Park, and shared geographic location on the peninsula with Vancouver's downtown core. The West End's boundaries include Burrard Street and Stanley Park, to the east and west, respectively, and Beach Avenue and Georgia Street, to the South and North, respectively. This section of the report will address the West End community's demographic, language and cultural, socio-economic, and housing profile, with a specific focus on the 55+ population.

Demographic and Households Profile

The West End community contains a large number of seniors relative to other Vancouver communities. Indeed, it is fourth in terms of the top communities (total population over 65 years of age), following Renfrew-Collingwood, Kensington-Cedar Cottage, and Hastings-Sunrise (Kloppenborg, 2010). However, the downtown area has experienced a more than 100% increase in its seniors population, which represents the highest growth rate for seniors in all of Vancouver proper (ibid.). As of 2011, 13% of the West End's total 44,560 residents were aged 65 and over which constitutes the second highest population age group in the community (City of Vancouver, 2012). The largest proportions of seniors, however, in the Vancouver Centre electoral district are between 55-59 (27%) and 60-64 years of age (24%). Older seniors (85 years and up) constitute 12% of the total senior population in the West End (ibid.).

¹ The West End is the fourth most densely populated community with 217 persons/hectare (City of Vancouver, 2012).

² The population age group with the highest proportion among the total population in the West End is the group between 20-39 years of age at 48% (City of Vancouver, 2012).

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Age Distribution of seniors in Vancouver Centre, 2011³

Age Group	Percentage of Total Population
55-59	27%
60-64	24%
65-69	17%
70-74	11%
75-79	8%
80-84	7%
85 years and over	6%

The West End community has a fairly stable age profile, in that population age category proportions have not changed significantly over the past 30 years. This reality of this stable age profile is that it indicates a more transitory community where the total population changes every five years. The West End has also not experienced strong overall growth in its total population over the years; indeed with 19% growth between 1971-2011, its aggregate growth rate is significantly lower than the rest of Vancouver (42% growth over the same period) (City of Vancouver, 2012).

In terms of its households, the average household size in the West End is small, and smaller than the rest of Vancouver at an average 1.5 persons per household (City of Vancouver, 2012). In total, 59.1% of households are single person households, which is considerably higher than the rest of Vancouver. This translates to over half (57%) of all seniors living alone in the West End (Kloppenborg, 2010). Living alone impacts seniors' economic security with increased vulnerability to poverty and homelessness, but also can result in social isolation and attendant social, physical and mental health challenges.

³ This table was tabulated using data from the 2011 Census (Statistics Canada, 2011) for Vancouver Centre – the Federal Electoral District of which the West End is subsumed. We were unable to break down census data any more specifically to the West End boundaries.

⁴ Author calculation (2900/5100 seniors in the West End live alone as of the 2006 Census).

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Language and Culture

The West End is well known for its diversity, and in fact frequently serves as the “landing pad” (City of Vancouver, 2012) for new Vancouverites. The West End, despite being home to 7.4% of the city’s total population receives 14% of all new Vancouverites (ibid.). Although the West End has a high proportion of English speakers (61.3%) (ibid.), the other 39% of its residents speak an array of languages, including Spanish, Korean, Japanese, Chinese, French, and ‘other’. As English is predominantly spoken in the West End Community, there are often significant challenges for seniors who either do not speak English or have English as a Second Language. Focus groups with non English-speaking participants underscored the importance of accessibility and inclusion in services and programs in the city of Vancouver, and within the West End community.

Socio-Economic Profile

The West End has a sizeable proportion (~33%) (City of Vancouver, 2012) of its population who live in low-income households. Furthermore, the median household income/annum in this community is \$38,581, nearly \$10,000 *lower* than the median for the city of Vancouver. The West End also has a high proportion of low-income seniors (Kloppenborg, 2010). Data collected from focus groups reflect these trends; a very high proportion of seniors indicated that they live at, *or below*, the West End’s median household income.

Housing Profile

Perhaps one of the most striking features in terms of housing in the West End is its large numbers of tall high-rise buildings with relatively few single-family dwellings. In fact, nearly 80% of all apartment buildings in the community are high-rises (City of Vancouver, 2012). These high-rises are home to many of the community residents; 80% of whom are renters; a figure significantly higher than the rest of the city, where an average of 52% of city residents are renters (ibid.). The West End also has significantly more seniors who rent (68%) than Vancouver as a whole (34%) (West End Mayor’s Advisory Committee, 2011). In the focus groups, this figure was 98%; 50/51 participants were renters. The renter profile in the West End is one of a low-income renter; whose median household income (\$34,922) is nearly \$23,000 lower than homeowners in the community (ibid.). This figure, coupled with higher-than-average (in Vancouver) rents, a low vacancy rate (0.6%) presents serious affordability challenges; approximately 47% of renters in the West End are spending over 30% of their income on housing (City of Vancouver, 2012). These housing challenges and economic

security vulnerabilities are further exacerbated by an alarming trend in ‘renovictions’ in the West End whereby landlords are evicting tenants who are commonly long-time residents (thus paying lower rents) in order to renovate suites or buildings with the expectation of attracting significantly higher rents from new tenants. Seniors are particularly vulnerable when targeted by these practices (United Way of the Lower Mainland, 2011) as fixed and/or low incomes may prevent them from locating new housing in the West End’s rental market.

Summary

The West End community is a densely populated, low-growth, predominantly rental, and demographically and ethnically diverse community. It has a large number and proportion of seniors, who are often living in small or single-person households. These households tend to be located predominantly in rental housing units, with many seniors spending a significant proportion of their incomes on housing costs. This is further exacerbated by the fact that nearly one-third of live in low-income households. The West End is also home to multiple ethnic/linguistic communities with approximately 39% of residents with a mother tongue language other than English. Furthermore, although the West End often serves as the “landing pad” for new Vancouverites, declining numbers of seniors (-21.1% between 1996-2006) (Kloppenborg, 2010) and a stable age profile suggest that affordability and other challenges may present barriers to stable residency patterns and/or conceivably drive residents out. These considerations and the community profile data have informed the consultation process as efforts to reach a representative sample for focus groups and interviews formed an important aspect of the research and recruitment strategy.

2.2 Summary of the community assets

The West End is a geographically small, yet densely populated, community with a distinctive sense of community. Seniors who participated in the consultation process were able to identify multiple community assets, including local community centres, Gordon Neighbourhood House, the Joe Fortes Library, West End Seniors Network, Kay’s Place, and other local organizations and points of interest that offer seniors’ programs and services. However, many of the seniors further explained that they do not often make consistent use of these community assets or frequently did not have sufficient understanding or information of the specific range of programs and services offered by these assets or other public and private local organizations. There was a critical information and awareness deficit shared by many participants. Participants also indicated that they were aware of

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many homebound friends, family members, or neighbours who faced serious social isolation challenges and were unable to participate in any programs and services beyond those offered through the public health care system. A key takeaway message is that seniors have a strong desire to broaden their understanding and participation in community programs and services. They are also eager to assist in expanding social outreach and awareness around these and other issues of concern to seniors. The challenge for *Better at Home* and other programs and services will be to develop and/or strengthen their outreach capacity to promote inclusive, welcoming, and supportive community development.

2.3. Seniors' needs related to non-medical home support services

The data collection and analyses that inform this section on seniors' home support needs is based on interviews with stakeholders and service providers, seven focus groups, and two community meetings. A summary of individual focus groups (organized thematically) is available in Appendix B. The data generated three primary themes:

THEMES	
THEME 1	Identifying Priority Home Care Services
THEME 2	Key Barriers to Services Access
THEME 3	Lead agency Criteria & Recommendations

Theme 1: Identifying Priority Home Care Services

The data presented here and in Appendix B for priority home care services is presented both aggregately; combining data from interviews, focus groups, and community meetings, and at the participant/group level. This enables us to understand the community's popular support for key priorities as well as differences among participants who may have unique needs that a *Better at Home* program will need to attempt to address.

Community Home Support Priorities (Ranking)

1. Transportation
2. Housekeeping
3. Grocery Shopping
4. Friendly Visiting
5. Home Repair
6. Yard work/Shoveling

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Transportation emerged as a strongly favoured home support service, and was identified as either a primary or secondary priority in all of the focus groups and ranked 1st in the dotmocracy exercise at the community meeting. Despite the fact that the West End is considered a ‘walkable’ community and is serviced by Translink, Handi-Dart (eligible residents), taxis, and Skytrain, a consensus emerged that seniors felt that these options each had considerable shortcomings. See Table below.

Transportation option	Concerns/Challenges
Walking	<ul style="list-style-type: none"> • The West End is a relatively small and dense community, but its hills and slopes can make it difficult to navigate for seniors. • A lack of public benches was noted among focus group and two interview participants.
Translink	<ul style="list-style-type: none"> • Buses do not access the interior ‘core’ of the West End but rather service the main corridors (Robson, Davie, etc) which makes it difficult to access local organizations, friends, other services, and so forth • Difficulty of using public transportation if a senior is ill or injured • Difficulty of access with scooters, walkers, or other mobility assistive devices; some rudeness/impatience among Translink staff cited. • Cramped buses and concerns with pushing, falls, etc.
Handi-Dart	<ul style="list-style-type: none"> • Too time consuming- pickup/drop-off timelines are too long • Challenges with advance (3 day) booking requirements • Expense of using Handi-Dart if a companion is required on the trip (becomes a \$11.00 round trip expense) • Limited boundaries of Handi-Dart
Skytrain	<ul style="list-style-type: none"> • Skytrain stations may be inaccessible depending on where seniors live in the West End.
Taxis	<ul style="list-style-type: none"> • Very expensive and not realistic as a regular transportation option for most seniors who participated in the focus group process

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Housekeeping was listed as a primary or secondary priority in four of the seven focus groups and was ranked 2nd in the dotmocracy exercise. Seniors agreed that increasing physical limitations associated with the aging process necessitated home support services to help seniors remain in their homes. However, few seniors in the focus groups currently use housekeeping services despite their stated needs for supports. These participants noted that they would be interested in obtaining these services, but that currently the cost of services was prohibitive. The issue of 'hoarding' was also mentioned multiple times as a problem among seniors. At minimum, however, participants stressed that they need light housekeeping home support services.

Grocery Shopping: There was a strong consensus among participants that grocery-shopping services were very important to seniors' ability to remain independent and live at home. Seniors cited challenges with lifting heavy groceries, difficulty carting groceries back to their homes, as well as the expense *and/or* inexperience with existing grocery shopping delivery programs and services. For the former, seniors regularly cited the additional expense of the Safeway Store delivery fee (\$5.00) coupled with higher prices (than other community grocery stores) for goods at Safeway. With respect to the latter, participants who were not current clients with the West End Seniors Network Grocery shopping program, had very little awareness of the program or were confused as to how the program operated. Ultimately, many seniors in the focus groups could anticipate a future need for grocery shopping services but most do their own shopping with occasional reliance on commercial delivery services. This could also explain why grocery shopping was ranked fifth out of six for priority home support services in the Dotmocracy exercise at the final meeting.

Friendly visiting and companionship programs will form an important component of a home support program for West End residents. Given the high proportion of seniors living alone in this community, coupled with transportation challenges cited earlier, make these services integral to promoting greater connectedness among seniors. The themes of 'isolation', 'pervasive loneliness', the need for 'social and emotional support' strongly presented in the focus groups and interviews. However, the challenge for the *Better at Home* program in the West End will be to develop and/or strengthen programs that address these key social and emotional supports and connectedness needs. Although these needs presented in all focus groups, this did not necessarily translate into enhanced 'friendly visitor' or 'companion' programs. In fact, seniors called for more support groups, new social opportunities/events, outreach programs and transportation support for homebound or

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isolated seniors, and ‘telephone trees’ among seniors as a way to ‘check-in’ with one another. Few seniors indicated that they would be willing, at this point in time, to have a friendly visitor come to their home, and preferred new social event programming and transportation services to better connect them with their community. It is an important caveat to mention that a potential explanation as to why friendly visiting did not present as a top priority was that seniors who participated in focus groups might be more engaged and mobile than homebound seniors, who might benefit more from these services.

Home repairs did not present as a major priority in any of the data collection stages, although during the dotmocracy exercise, it ranked higher than grocery shopping at fourth out of the six *Better at Home* support services. Home repairs, although certainly necessary for seniors who are living for long periods of times in their homes, are typically offered by landlords and building management companies in this predominantly ‘renter’ community. The key challenge for home repairs for the West End’s *Better at Home* program will be to distinguish between landlords’ obligations under the law and repairs that fall outside of their purview and decide on how to best address these needs. For example, if a senior’s curtain rod has fallen down or needs replacing, the *Better at Home* program will need to assess whose responsibility that falls to (landlord or senior tenant) and whether or not these types of minor home repairs will be included under the *Better at Home* program.

Yardwork/Snowshovelling was ranked last/sixth consistently throughout the consultation process given the high proportion of renters among West End seniors.

Theme 2: Accessibility Barriers

In the consultation process, we asked participants if they were currently using home support services, and if not, what barriers existed that might prevent them from accessing services. We wanted to develop an understanding as to the potential challenges that the Lead Agency might encounter in implementing the *Better at Home* program. The top (non-ranked) three challenges that emerged from all data sources include the following:

1. Language and cultural barriers
2. Financial barriers
3. Information/referral barriers

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Participants cited **language and cultural barriers** frequently as a serious barrier to accessing home and other support services. Among the Deaf and Hard of Hearing (sign language) and Russian, Farsi, and Spanish-speaking focus groups, participants agreed that communication barriers were formidable and curtailed both their involvement in social events and programs and their ability to access home support services. Most participants from these groups had either no or little ability to communicate in a language other than their mother tongue or sign language (for the deaf and hard of hearing participants) and therefore had challenges with contacting and communicating with fellow residents, local organizations, and service providers. These participants rely on human or technological interpretation services (video relay services for the deaf population) to make appointments, communicate with providers, or otherwise engage with non-English speaking community members. This poses enormous challenges for enhancing programs and services access for these and other marginalized groups, and will require the Lead Agency to consider how to expand outreach and communication with non-English speaking community members.

The expense of home support services presents many **financial barriers**. With a high proportion of low-income and single person households in the community, there is an anticipated high demand for subsidized services under the *Better at Home* program.

Finally, although **information and referral** is discussed as an accessibility barrier, indeed, these challenges could have served as their own seventh priority service under the *Better at Home* program. The principal questions that seniors asked revolved around the questions of *what, who, where, and how*- represented in the figure below. Many participants felt overwhelmed by the fragmentation, lack of coordination, and complexity of the array of public, private, and non-profit services available and felt disappointed in the outreach efforts. Seniors were very interested in learning more about their rights, entitlements, and the range of programs and services offered in their community, province, and federally. They often were not aware of information and referral options, including 211, Kay's Place, or the Gordon House services programs and services guide for seniors. This will be a critical challenge, not just for the *Better at Home* Lead Agency, but other local stakeholders and service providers, to ensure that they work collaboratively to develop improved outreach, and coordination strategies to expand access to programs and services. It cannot be emphasized enough that seniors feel a strong urgency to have improved coordination and outreach capacity among local stakeholders as a means of reducing accessibility barriers.

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Seniors' Information and Referral Concerns and Questions

What

- What medical and non-medical services are available?
- Lack of clear understanding of rights, entitlement , and services

Where

- Where can we access information ?
- Fragmentation of information sources (doctors, internet, newspaper, 211, local organizations)

Who

- Who offers these services?
- Are service providers trustworthy?
- Are service providers volunteers or paid ?

How

- How do we pay/not pay for services?
- How do we access services if we do not speak English?
- How can we reach more seniors?

Theme 3: Lead agency Criteria & Recommendations

The consultation process sought participants' views on both the range of criteria that were important in selecting a Lead Agency, as well as specific recommendations and/or experiences with local non-profit organizations.

Lead Agency Criteria

1. **Inclusive**- Possess or develop capacity to serve ethnic, linguistic, and LGBTQ groups.
2. **Outreach-oriented**- devote considerable efforts to reaching all seniors including targeted efforts to reach marginalized, vulnerable, and otherwise unengaged seniors.
3. **Innovative**- be willing to develop new social programming and events; be willing to build on or shed status quo approaches and learn from others.
4. **Warm and Welcoming**- Ensure that the staff and facilities are warm, open, and inviting to all seniors. Seniors stressed that staff, as the first point of contact, need to be appropriately selected with warm, kind, and helpful attitudes.

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5. **Volunteer and/or Service Provider Management Strategy**- Ensure that volunteers or service providers are adequately screened, trained, and trustworthy.
6. **Streamlined Intake Procedures**- Avoid fragmentation and coordination challenges by developing a 'one-stop-shop' approach for intake and information and referral. Seniors want and need the Better at Home program to be easily accessible and navigable.
7. **Collaborative**- The Lead Agency must to be willing to collaborate or partner with other local stakeholders to both improve service and information/referral coordination and to expand access and outreach to seniors.
8. **Financial and infrastructural capacity**- Organization needs to have a sense of 'permanency' in the community with solid human and financial resources, including a screened and trained volunteers base.

Proposed Lead Agencies

1. West End Seniors Network
2. Gordon Neighbourhood House

The West End Seniors Network (WESN) emerged as the strongest candidate for the Lead Agency role in the West End community. A sizeable proportion of participants were familiar with WESN and its programming; indeed many seniors were current and active members. When participants were questioned about potential Lead Agencies, many pointed to WESN as the "logical choice" given its existing role(s) in the community and its stable financial and human resources capacity.

As the second strongest potential candidate for the Lead Agency role, Gordon Neighbourhood House was discussed throughout the consultation process, particularly by seniors whose first language was not English (Farsi, Russian/Eastern European, Spanish speakers), *and* by older seniors. Thus, many of the more marginalized and isolated seniors had little or no familiarity with WESN, and mentioned that they felt that Gordon House had developed a meaningful outreach capacity for their communities. They also indicated that Gordon House's explicit multicultural and inclusive mandate made them feel 'welcome' and included in their community programs and services.

2.4 Suggested opportunities for service integration/coordination

There are several opportunities for service integration and coordination among non-profit, for-profit, and social enterprise organizations in Vancouver that may be supportive of the needs and objectives of the Better at Home Program.

Public and Non-Profit Organizations

Many of the non-profit or public assets/organizations identified in this consultation process indicated interest and willingness to support the needs and objectives of the *Better at Home* program. The Lead Agency is advised to ensure that the coordinator for the program reaches out to local organizations to expand awareness around the program. The Red Cross indicated that it has a very large volunteer base and would be willing to support the *Better at Home* program in any manner that was established through future discussions with the Lead Agency. Three Bridges Community Health Centre is also open to promoting the *Better at Home* program and connecting its client base with non-medical home support services.

The Gordon Neighbourhood House is a valuable community asset and has an important role to play in supporting seniors who are among the most isolated and/or marginalized in the West End community. The non-English speaking focus group participants and public health stakeholders identified Gordon House as an inclusive, outreach-oriented, and multicultural community asset for seniors. Accordingly, although Gordon House was contracted to conduct this community consultation and therefore cannot assume a Lead Agency role in the *Better at Home* program, it was proposed that Gordon House offer service integration and program awareness support. Service integration may be possible by leveraging Gordon House's existing transportation assets (two buses) and its large base of seniors who currently participate in its programs to develop and deliver a shuttle bus service in the West End. As transportation was strongly favoured as a priority home support service, this partnership between Better at Home and Gordon House could offer an important means of addressing transportation priorities. Further discussions between Gordon House and the Lead Agency will take place as the program unfolds in the West End.

Private, For-Profit Organizations

I interviewed several private service provider organizations that are currently offering home support services in the West End. These organizations (see Appendix C) indicated willingness and interest in working with the selected Lead Agency to deliver home support

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services. Each of the organizations offer at least four of the six home support needs identified in the Better at Home program model. The fee scales for each organization are relatively similar and each has long histories of service in Vancouver and/or the West End. Plum Living Health, however, is the only organization based in the West End and currently offers five of the six *Better at Home* services for its growing clientele base. Other organizations, such as Bayshore Health have a large staff base and offer home support services to clients across the Lower Mainland and are well positioned to expand services as necessary in the West End.

Social Enterprise Organizations

The Better at Home program model in the West End is somewhat unique in that the Jewish Family Services Agency (www.jfsa.ca) was previously identified as a potential partner agency to a prospective Lead Agency for the West End. The JFSA operates as a social enterprise that provides both medical and non-medical home support services. Following a donation from a private family foundation, JFSA will be able to expand its non-medical home support services to the non-Jewish community in Vancouver. Accordingly, it will partner with the West End Lead Agency to deliver housekeeping services for seniors on a sliding scale fee model. Seniors, under the *Better at Home* program will be able to access housekeeping services delivered by JFSA, but will pay according to the sliding scale model (\$0-21.00 per hour) established between these partner organizations. Partnership arrangements will be discussed between JFSA and the Lead Agency, particularly with respect to intake and service delivery structures.

Community Readiness

3.1 Explanation of community readiness

The consultation and the analyses following the process produced these key conclusions: the West End is a critical, complex, yet highly capable site for a *Better at Home* program. The consultation revealed there are 5100 seniors in the West End, many of whom live alone, and may feel isolated and/or disconnected from non-medical support services. There are also many seniors that are in need of free and/or subsidized home support services to allow them to remain living independently in their homes, and to enhance their social connectedness within their community. There is also a very large, and active seniors community in the West End who are devoted volunteers and neighbours, and have received the news of a potential *Better at Home* program with great interest and enthusiasm. Local community assets, including the West End Seniors Network, Gordon House, Community Centres, and other organizations have worked hard to expand their membership base, outreach, and programming activities. With the support from the *Better at Home* program, seniors will now have an additional critical resource to draw upon for much needed home support services. The selection of the West End Seniors Network, with its existing infrastructure, large membership, volunteer, and programs and services base, is expected to capably and energetically deliver this important program. The Executive Director, Mr. Eric Kowalski and his dedicated staff, are excited to have been selected for this role and eager to develop ideas and strategies for program implementation.

The West End is a critical, complex, yet highly capable site for a Better at Home program.

3.2 Potential risks going forward

1. Lack of capacity, or proactivity to develop capacity, for serving the needs of the West End's most marginalized and isolated seniors. This includes homebound, ethnic/linguistic communities, LGBTQ, and older seniors.
2. Failure to develop a strong outreach program to promote the *Better at Home* program, in multiple languages.
3. Collaboration/communication breakdown between local organizations or service providers and the Lead Agency.
4. Failure to implement a streamlined, navigable intake and assessment process.

Local Better at Home Program Details

4.1 List of preferred services from the *Better at Home* program

1. **Transportation-** a potential shuttle bus service, servicing multiple points of interest on a regular schedule (Denman Mall, Barclay Manor, Gordon House, West End Community Centre, Roundhouse Community Centre, grocery stores, other).
2. **Housekeeping-** Light housekeeping services to be provided by JFSA in partnership with the Lead Agency
3. **Grocery Shopping-** Continuation and potential strengthening/expansion of WESN Grocery shopping program
4. **Friendly Visiting/Companionship-** Strengthening/expansion of WESN programs. Development of new innovative approaches among seniors such as ‘telephone trees’, new social support groups, and other social connectedness programming.
5. **Home Repairs-** Preparation of a list of adequately screened, trained, and trustworthy home repairs service providers to be made available to all local organizations. The Lead Agency will evaluate which specific home repair services will be included under the *Better at Home* program.
6. **Yardwork/Snowshovelling-** Not a priority service at this time.

4.2 Proposed Lead Agency Identification Process

The identification of the Lead Agency involved all aspects of the consultation process: community-asset mapping, service provider and stakeholder interviews, focus groups, and community meetings. Throughout the process, participants were informed that the outcome of the consultation, should the West End be deemed ready to develop at *Better at Home* program, would involve the selection of a Lead Agency. Participants were therefore invited to share their insights and perspectives on criteria for this selection process and to help identify potential organizations that might be well positioned to assume this role. The top two candidates that emerged were the West End Seniors Network and Gordon House. Gordon House, by assuming the community developer role in this process, took itself out of consideration for a Lead Agency role given the potential conflict of interest. Ultimately, though, the West End Seniors Network emerged as the strongest candidate based on the proposed selection criteria. It was recommended that these organizations work collaboratively to ensure a role for Gordon House, particularly given its importance among

LOCAL BETTER AT HOME PROGRAM DETAILS

multicultural and more marginalized groups in the West End. This potential partnership will be discussed as the Lead Agency moves into its new role in the coming months.

4.3 Proposed Lead Agency:

THE WEST END SENIORS NETWORK

The WESN has a long-standing history and high visibility in the community, and currently provides a range of priority services for seniors, including grocery shopping, senior peer counselling, information and referral services, friendly visitor and telephone programs, accompaniment to medical appointments, and a large range of social and event programming (See: www.wesn.ca). WESN also has a large (over 700) membership and volunteer base. It operates out of three West End facilities: Kay's Place, Clothes and Collectibles Store (Denman Mall), and Barclay Manor.

STAFF:

Executive Director: Mr. Eric Kowalski, executivedirector@wesn.ca

Manager of Programs: Ms. Bianca Wallace, programs@wesn.ca

Manager of Volunteer Resources: Ms. Melanie Morris, volunteers@wesn.ca

Life Unlimited Coordinator: Ms. Wanda Cottrell, lifeunlimited@wesn.ca

LOCATIONS:

Barclay Manor	Kay's Place	Clothes & Collectibles
1447 Barclay Manor Vancouver, BC, V6G 1J6 Tel: 604-669-5051	1030 Denman (Denman Mall) Vancouver, BC 604-669-7339	1030 Denman (Denman Mall) Vancouver, BC 604-682-0327

RECOMMENDATIONS AND NEXT STEPS

Recommendations and Next Steps

Lead Agency Selection and Application- The West End Seniors Network will formally apply to the United Way of the Lower Mainland to serve as the Lead Agency for the West End *Better at Home* site.

Program Development and Consultation – If the application by the West End Seniors Network is approved, WESN will begin working on program development ideas, strategies, and identification of short- and long-term timelines and goals and objectives. This program development phase will employ Lead Agency staff/leadership resources and planning as well as a consultative role for the Advisory Committee. The Advisory Committee will be convened with the expectation of advising and supporting program development. Consultation will also take place between the two community partners, the Jewish Family Services Agency, and Gordon Neighbourhood House, to formally develop partnership development models and guidelines for each organization with the Lead Agency.

Program Implementation and Delivery- Per the guidelines and timelines established during the program development and consultation phase, the Lead Agency will begin delivering home support services and programs. Program implementation should also coincide with proactive and strategic outreach activities. The Lead Agency will be responsible for managing partnerships and will convene meetings/consultations with partners and the Advisory committee on an agreed-upon schedule.

Program Evaluation – The Lead Agency is advised to select a third party program evaluation consultant at the first anniversary of *Better at Home* program delivery. The consultant will conduct an evaluation based on several indicators including, but not limited to: 1) effectiveness of outreach activities, 2) program effectiveness- intake/assessment, scope and range of services, staffing, etc. 3) quality of service and client satisfaction, and 4) partnership roles, successes, and remaining challenges.

Program Modification- Based on the findings and recommendations from the evaluation, convene Advisory committee and partners to develop strategies, goals and objectives as the *Better at Home* program moves into its second year. Repeat process at end of year 2.

Program Sustainability- In years 2 and 3, work with funder and partners to develop strategies for sustaining *Better at Home* program beyond its three year initial period.

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Appendices

PROVIDED UNDER SEPARATE COVER

- A. Focus Group Overview/Semi-structured Guide**
- B. Summary notes from consultations (meetings, interviews, focus groups)**
- C. List of community assets including both stakeholders and relevant services for seniors**
- D. Proposed Advisory Committee members**
- E. Documentation of Media Coverage**