ESCC – Seniors Home Support Program

Evaluation and Research 2021

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Introduction

The Edmonton Seniors Coordinating Council (ESCC) has been the backbone organization for the collaborative *Seniors Home Support Program* (SHSP) since 2016. The SHSP helps older Edmontonians to age in place by providing them with referrals to service providers from a curated list. Private sector and voluntary providers are recruited, screened and maintained to provide supports in six key categories of service: *Snow removal, Yard maintenance, Home repairs and maintenance, Housekeeping, Moving help* and *Personal services.*

The program has an open-boundary design and does not employ any means-testing for eligibility. Any older adult is eligible to participate. However, the collaborative is aware that the senior population is not monolithic, and different sub-populations experience needs differently. As part of better understanding such variability, SHSP coordinators track information regarding vulnerability factors such as age, gender, poverty, and risk of isolation (i.e. living alone). In the summer of 2021, SHSP engaged with its evaluator partner, KRD Consulting Group, to design and implement an evaluation and research project to understand any effects of demographic vulnerability factors on seniors' participation in the program and outcomes they experience.

Key Questions and Methodology

Based on a pre-evaluation data analysis, we found that SHSP clientele experiences multi-factor or intersecting vulnerabilities. For instance, SHSP has continuously seen the oldest generation of seniors over-represented (80-99 y.o. are consistently the largest segment of the user base, both for intakes and referrals, 43% of total in 2020), and overwhelmingly utilized by females (roughly 75% of both intakes and referrals each year). Intersectionally, we have found that 59% of female clients report living alone, and 43% of females who live alone are also low-income. These intersections are hypothesized to impact the way service users interact with the service all the way through the stages of engagement: initial contact, referral utilization, and impact of referrals. In order to better understand how seniors in Edmonton relate to the service, we structured the evaluation along the following three cohorts and respective questions:

(1) Past Clients – Impact of Service

These clients were engaged in a focus group discussion with the following questions:

- What was your highest need when calling Seniors' Home Supports?

- Why did you decide to call?

- What has been different for you as a result of the Home Supports program?

(2) Past Clients – Barriers to Service Utilization

These clients were engaged in one-on-one phone calls with the following questions:

- What was your highest need when calling Seniors Home Supports?

- What did you expect to happen after you called?

- What actually happened? Was anything unexpected or surprising?

- What could go better next time?

(3) Potential Clients – Unmet needs

These clients were engaged in one-on-one phone calls with the following questions:

- When you think about supports that would be helpful to stay in your home, what comes to mind?

- What would make these easy to access and utilize?

- What would make them difficult to access and utilize?

A total of 24 individuals were engaged in the study. The results were summarized then interpreted by the KRD research team. Key themes are presented in the following section.

Results

I.   Impact

For this group, clients were chosen based on two eligibility criteria: they were successful service users (i.e. they actually engaged one of the service providers referred by SHSP coordinators) and they were repeat SHSP users (i.e. they re-engaged for at least one referral call after the initial

service was completed, and also engaged one of the service providers in the second attempt). These criteria were used to generate a better understanding of the impacts in a "best case" scenario – when SHSP works as designed, what improvements happen in the lives of seniors?

Participants in focus groups identified a variety of needs that led them to utilizing SHSP, which we have grouped into three core themes. The first is a **commitment to age in place**. Seniors spoke of wanting to stay in their homes, the comfort of knowing their area, and their connection to and love of their community. The underlying logic is one of belonging vs. isolation – moving from home in order to age represents a severing of social ties and a significant depletion of social capital. The second is **frailty-related challenges in home-maintenance tasks.** Specific examples ranged from basic things like tightening a doorhandle that had come loose or even changing a lightbulb to more sophisticated tasks like home-repairs. This need is directly related to the first – the more significant the challenges from age-related frailty, the more supports are needed to be able to remain in one's home. Thirdly, participants spoke of **challenges with safety** when conducting more physically challenging tasks like snow or ice removal, or home maintenance tasks that had elements of heights. This need is also deeply related to the first two, and often acts in causal interaction with the second – for instance, a task too small to request formal supports for like changing a lightbulb creates an unsafe situation when a senior has to navigate a dark hallway or room.

The older adults in this group realized the impact of SHSP services in a primarily **preventative** manner. The presence of SHSP allowed them to stabilize small age-related needs in time, before the multiple needs grew and conglomerated to create significant barriers to daily living and to social participation. Older adults who have a history and habits of self-advocacy will be able to navigate the multiple stages of engagement with SHSP and appropriately compare the multiple referrals provided to individually select the best fit. They are able to utilize their natural supports (i.e. family and community) in balance with formal supports (accessed through SHSP) and therefore do not feel they are overburdening their natural supports. For this segment of clients, SHSP acts as a **stabilizing force to absorb the shocks of age-related change** and **increase client**

resiliency, allowing them to age in place safely for a longer period of time. They identified the personal connection component of SHSP service design as a key success factor: "there's a lot online and with social media, but it doesn't have that neighbourhood feel." The ability to call back and speak to the same person they connected with previously, and one who is specialized in working with seniors, was cited as a factor leading to trust in the program and willingness to utilize it.

II.   Barriers to Utilization

Clients in this group were chosen based on the criteria of having received a set of referrals but ultimately not using any of them. Although this is a minority group (typically 67-70% of clients who receive referrals use the services of one), it is significant enough to gain an understanding of what barriers exist for those who are unable to complete their engagement with the service. This was the largest segment of the research, as it was conducted by phone interviews and was not subject to pandemic-related restrictions or concerns.

The many responses from participants in the interviews can be grouped into three key themes: **financial concerns**, **inaccurate expectations** and **challenges navigating the system**.

Interestingly, the key theme of financial concerns showed up for participants who were classified as low-income as well as those who were not. A key concern in this area that can help to explain this is not with prices per se, but rather with the business model of many providers. Many providers work on a subscription model and require ongoing supports. While this may be a fit for seasonal services like Snow Removal and Yard Maintenance, it quickly becomes a barrier when it comes to the "quick and easy" one-time tasks which many find themselves in need of support with. Another concern was the wide range of costs for the same service that some service providers have. One participant noted that of her referrals, one charged exactly double what another one did. This raised questions of quality and contributed to confusion, leading some clients to give up on the process. Finally in this theme, actual unaffordability of service was

certainly a factor for many. As a participant said, "service providers don't understand the reality of fixed income and needing to balance food and medical with these services."

Another key theme that led to clients giving up on the service was a set of inaccurate expectations about what SHSP actually provided. Some thought the program provided direct services rather than referrals, with a subset expecting that these services were free; others held inaccurate beliefs ranging from "they'll pay my daughter to help me" to veteran-specific services. Many of these individuals cited word-of-mouth as the source of their information, which can understandably become distorted as information moves through multiple stages. However, putting this in context with their other responses, we also found that people in this segment pointed to an understanding of more **acute state of vulnerability** than those describable by demographic factors like gender and socio-economics. Many individuals reported calling during times of crisis – immediately after being discharged from hospital, shortly after losing a spouse, while coping with a spouse receiving a life-altering diagnosis, for example. During crisis situations, people are more likely to reach out in more directions without critically assessing them for fit ahead of time. What they require may be more flexible than what exists.

Finally, several participants noted that they became confused when trying to navigate the system and simply gave up. This barrier is a related one to the first two – confusion with multiple business models or a lack of an accurate understanding of what the program provides can lead to challenges navigating the system as a whole. Some participants also noted that calling multiple numbers in a row and performing a comparison felt overwhelming. This can lead to a consideration of a population segment that is experiencing more significant impacts of age-related frailty and isolation, and has already seen a decrease in self-efficacy and an increase in isolation (i.e. social system isolation). For these clients, preventative or stabilizing impacts may not be sufficient, and a more direct, more standardized service delivery model may be more effective. While they seem to represent a very small minority of callers and clients, their perspective is worth understanding.

III.   Barriers to access

For this segment, we attempted to contact seniors in Edmonton who may experience vulnerability factors and need supports to age in place, but have never contacted SHSP yet. From this group, presumably unaware of the existence of the service, we sought to find out what kinds of supports they might need (to test for fit of service) and where they typically learn about available programs (to test for fit of awareness-building strategies). Due to time limitations and COVID-related restrictions, this was the smallest segment of the research participants.

For **most participants in this group, SHSP was a strong fit**. They cited needs like "looking for a trusted service that specialized in senior services" and "needing help with small tasks around the house or the yard." At the completion of our research engagement, we provided these individuals with phone numbers for SHSP, as the fit was quite strong. The biggest barrier to access in this case was lack of awareness or lack of information.

An additional barrier for a smaller sub-group was with service design. People living in more isolated geographies or more complex situations, such as mobile homes, might still need supports to remain in their homes longer, but would require a different set of considerations. In these cases, particularly where **poverty is more of a long-term condition** (rather than an age-related phenomenon of fixed-income), the homes may need significant amounts of work to remain livable, in direct contrast to the amount of financial resources available to the home owner. Other unmet needs include things like appliance replacement, which are insufficiently addressed by provincial financial supports (ASB – researcher note).

Participants were split on their interpretation of **online accessibility**. While some pointed out that internet access and internet savvy cannot be assumed for large segments of the older adult population, others noted that the comparison interactions required to work with multiple referrals are more easily handled online than via telephone (e.g. by email). Some noted that themselves and their families utilized social media platforms to learn about what was available, others noted that the trust element in these remains quite low. Those living with more significant impacts of social isolation may require a level of personal outreach that is not attainable through

online methods. Overall, it seems apparent that no single communication strategy will reach all those who may benefit from the service, and an **iterative population segmentation** in alignment with strategic communication goals will continue to be required.

Summary and Recommendations

This research has confirmed that **SHSP continues to be an effective resource** for the needs for which it was designed (aging in place, safety and social inclusion) and is able to create positive impact across a variety of demographic vulnerabilities for Edmonton's seniors. A key new finding of this research is the **situational and acute nature of age-related vulnerabilities**, as detailed in segment 2 above. The combination of clarity and flexibility needed to support those experiencing crisis or navigating post-crisis may be served by a direct service component rather than a series of referrals. Such a direct service may be provided by internally absorbed resources or by a dedicated partner provider. The former approach (internally resourced service provision) would represent a radical departure from SHSP's current operating model and may not be feasible or desirable. However, the latter approach may represent a more evolutionary change and gain feasibility. For instance, we can envision a "tiered" approach to recruited service providers, with a tier for closer partnerships and a tier for looser referral-making. This may also help with price standardization, leading to decreased confusion and more successful referrals.

An additional new finding is the gap between small-scale yet meaningful needs and the subscription-based business model of many providers. Even in the absence of subscriptions, it is challenging to build a business model that can dispatch a home visit to change a light bulb while keeping the price scaled to the task. **Specifically subsidized or community-integrated services** may be helpful here, whether or not they are feasible through the framework of SHSP. Specific subsidies may fit well with the tiered approach mentioned above. Community-integrated service provision can be piloted through an integration with Community Development initiatives, partnerships with Community Leagues, as in the example of time banks (see an example from Nova Scotia here: https://www.cbc.ca/news/canada/nova-scotia/cape-breton-north-shore-

time-bank-1.4397035). Such efforts point to a middle ground between formal and natural supports.

Finally, continuing to refine both the service and its communication strategies will enable SHSP to continue to meet the needs of the population even as it changes. The networked and partnered approach (service delivery though geographically distributed districts) continues to be noted as a success factor (e.g. "that community feeling"), while the presence of a backbone organization allows for the ongoing refinement to include multiple perspectives and be centralized for decision-making. **This model has proven its strength** through a pilot phase, a mature program phase, and most recently through the onset of a global pandemic. It is likely to be the right model to allow for future adaptation to continue supporting Edmonton's seniors through pandemic recovery and the subsequent social rebuilding.