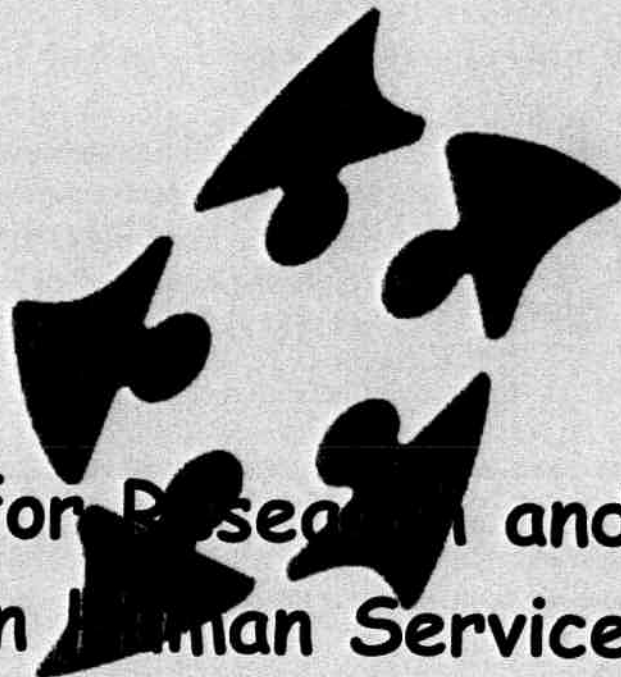


# Peel Senior Link

Report of an Evaluation  
of 16 & 24 Hour Care

August, 1999



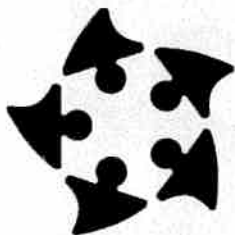
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*Building Bridges Within Communities*

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## **Review of 16 and 24 Hour Support at Peel Senior Link:**

### *Executive Summary and Recommendations*

#### **Purpose of the Study**

Peel Senior Link has recently expanded the on-site supportive housing services available at four sites from 12 hours per day to 16 (and in one case 24) hours per day. This evaluation project was undertaken in order to identify the impact of this shift, and to consider the implications of moving all four sites to the 24 hour model. It was completed by the Centre for Research and Education in Human Services.

#### **Methods Used**

Between March and June of 1999, researchers interviewed 12 clients, 12 front-line staff members, 4 coordinators, and managers from both Peel Senior Link and the Victorian Order of Nurses. Data collection was divided into two phases. Peel Senior Link reviewed preliminary findings and suggested additional issues to explore after the first phase.

#### **Findings of the Report**

##### *Changes in the Program*

- Staff members can use available time more effectively by spreading their workload more evenly across a shift.
- Staff members are able to visit clients more frequently (often for shorter periods of time) throughout the day.
- Staff members are able to respond more flexibly to the changing needs of clients.
- Staff members are able to provide some types of service - particularly social support and informal relationship building - more frequently than before.
- Staff members are sometimes able to provide completely new services such as mending and cooking meals ahead during the night shift.

- Clients are able to access the services they want and need at more convenient and appropriate times of the day.
- Staff and clients feel that they have developed closer, more trusting relationships.

##### *Impact of These Changes:*

- Staff report decreased stress levels and good job satisfaction, but feel contact with coworkers has diminished. They worry that their workloads may increase as clients age in place.
- Clients appear to have developed healthier eating habits. They also report more social support from staff, reduced loneliness, and an increased sense of security since the switch. As a result of these impacts, interviewees felt some clients are healthier, and that institutionalization has been delayed.

#### **Recommendations**

- That care be taken to ensure that each client is prepared for the transition to extended hours.
- That a more formal process for seeking client feedback on all aspects of the program be considered.
- That PSL develop strategies to ensure front-line staff fully understand the intentions and implications of extended service hours.
- That front-line staff be given more frequent opportunities to meet and reflect on their practice.
- That all staff reflect on their implementation of key concepts like independence and freedom of risk.
- That shift changes be coordinated to allow more overlap and opportunities for communication.
- That PSL consider strategies to educate families better about the services they provide.



## **Preface and Acknowledgements**

We are pleased to present this report on our evaluation of the 16 and 24 hour care programs at Peel Senior Link. By conducting in-depth interviews with a wide variety of clients, staff members and partners, we feel we have developed a comprehensive and balanced picture of the on-site support program. Our findings suggest that PSL has once again been successful in its efforts to adapt its services to the changing needs of seniors in the region. The 16 and 24 hour models meet an important need, and appear to do so in an efficient and high quality way. In the process of making this transition, much has been learned about managing this kind of change. Staff and clients continue to show the critical insight and willingness to learn and change that have been hallmarks of Peel Senior Link throughout its history. Many of our recommendations deal with the importance of finding ways to sustain and extend this organizational culture of open communication and critical reflection, because we believe that quality is something that can only be achieved through ongoing reflection and dialogue.

We would like to thank the staff and clients of Peel Senior Link for their willingness to talk with us honestly and at length. We would also like to thank Barb Zupko for her important role as a member of our research team, and the rest of our colleagues at the Centre for Research and Education in Human Services.

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The Centre for Research and Education in Human Services



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## Introduction

*"I've always been so independent so to have [staff] do those ordinary things... I thought I would feel awkward, but they make you feel comfortable"*

76 year-old Peel Senior Link client

Peel Senior Link (PSL) was established in 1991. Since then, the agency has evolved and grown continuously, developing an ever deeper understanding of how to respond effectively to the needs of seniors in Peel Region. In its early years, it offered an adult day program and helped to pioneer the service coordination model of supportive housing. By 1996, it was offering this service in 14 buildings throughout the region. 1996 also saw Peel Senior Link move into 12 hour on-site support services in two buildings. This model has since expanded to four buildings. Services are now available at these sites 16 or 24 hours a day.

Peel Senior Link, throughout these transitions, has remained a highly principle-driven organization with a strong commitment to the provision of caring and personal service that maintains the independence and control of vulnerable older adults. One of the reasons why this vision has remained clear is a tradition of ongoing critical reflection. This report describes the third formal program evaluation undertaken by Peel Senior Link in 9 years.

This evaluation project was designed to assess the impact of extending hours of service from 12 to 16 or (at one site) 24 each day. Overall, it appears that the shift in service has led to an increase in the quality and appropriateness of services provided. Much has been learned about how to manage transitions like this effectively, and Peel Senior Link staff remain committed to the value of this new model as an effective way to fulfill Peel Senior Link's mandate.

This report begins with a brief introduction to Peel Senior Link, and an explanation of how this evaluation was conducted. In the remainder of the report, our findings are divided into three main categories. First, we review *how services have changed*. This section describes in some detail exactly how the service is different as a result of the change. The second major section deals with *how people have experienced the change*. It explores the reactions of staff and clients to the transition, and identifies some ways in which this information may be useful to Peel Senior Link in the future. The third and largest group of findings itemize *the impact of the change* on staff, clients, family members and the organization as a whole. Recommendations are made throughout the report, and summarized in a conclusion section at the end.



## Describing Peel Senior Link

Peel Senior Link provides a number of services to older adults living in non-profit housing complexes across the Region of Peel. All of these services are aimed at helping seniors to stay healthy and to remain safely in their homes for as long and as safely possible. At present, Peel Senior Link offers two basic types of service. The day program coordinators spend one or two days a week at each of six buildings, offering all seniors in these buildings information and referral, advocacy, social support and practical assistance with such things as doctor's visits, financial management or family conflict.

The focus of this evaluation is Peel Senior Link's second major program. The on-site 16 and 24 hour support program is currently run in 4 buildings, with plans underway to open an additional two buildings. Front line workers in Peel Senior Link 16 and 24 hour programs are provided through contract with the Victorian Order of Nurses (VON). They are VON employees, trained to offer homemaking and personal support in private homes. The VON also contributes supervisory support and after-hours consultation for their staff members around medical issues, as well as weekly visits from a nurse to oversee the supervision of medications.

Each site has a coordinator who is a Peel Senior Link (PSL) staff member. The coordinator provides direct supervision for the VON staff on site, and after-hours consultation around non-medical issues. The Coordinator also manages intake and assessment for her building, and continues to offer consultation and support to other residents of the building who are not PSL clients (in much the same way that PSL day program staff do). The two agencies (VON and PSL) work closely together in delivering this service, and coordinators also take responsibility for maintaining contact with the VON supervisor. PSL Coordinators are supervised by a director of programs and services and an executive director.

The on-site supportive housing program offers clients a variety of services. The homemakers and personal support workers provide:

- homemaking and meal preparation,
- other forms of practical support, including grocery shopping and minor mending of clothes
- personal care (bathing, showering, getting dressed),
- grocery shopping,
- short outings (e.g., walks during warmer weather),
- monitoring of medication through access to a nurse

As well as supervising VON staff, Peel Senior Link coordinators also offer the following direct services:

- advocacy (e.g., with other community services or family members),
- information and referral





- social support and problem solving

In addition to these activities, all staff are in a position to engage with clients in friendly and supportive social interactions during the course of their other duties, as well as during slower periods of the day.

## **Describing the Evaluation**

A recent directive from the Ministry of Health specified that Peel Senior Link will have until January 2000 to implement 24-hour care at each of its sites. In order to ensure the effective implementation of this directive, PSL managers used the initial monies allocated for this purpose to initiate a staged implementation of extended hours. They shifted one of four sites (Hillside) to 24hrs, then used remaining dollars and hours to extend the time from 8 am to midnight at the three remaining sites (King, Stavebank, and Turtle Creek). These decisions were based on caseload and need. In the coming months, the other 3 sites will be shifted to 24-hour care, with 2 new sites coming 'on-line' at 24 hours each. Once these changes have been fully implemented, Peel Senior Link will have 6 sites with 24-hour care each along with 4 day sites. The present evaluation was undertaken in order to generate information that would be useful to program planners as they prepare for these upcoming changes.

### **Purposes**

The purpose of the evaluation was two-fold. Our first purpose was to determine whether the change from 12 to 16 and 24 hour client support at four sites has made a difference in the services offered by Peel Senior Link. Our second purpose was to determine whether the program should continue to offer 16 and 24 hour support or move to a format of 24 hour support alone.

The main *objective* of this evaluation was to assess the impact of these changes on three groups of stakeholders:

- program staff
- clients
- the agency

A related objective was to develop a sense of the impact of these changes on other key stakeholders in the community, including family members and partner agencies.

In addition to assessing the impact of these changes, we also sought to identify, with respect to both the clients and the system, the following features of these changes:





- Benefits
- Unanticipated negative outcomes
- Unanticipated positive outcomes
- Challenges that these changes pose at various levels

## Methods

We spoke with:

- 12 clients (ten women and two men, ranging in age from 57 to 91, plus one husband who participated informally)
- 3 managers (two from Peel Senior Link and one from the Victorian Order of Nurses(the VON))
- 4 Peel Senior Link coordinators
- 12 front-line staff members (including personal support workers, health care aids, and homemakers)

Our data collection methods included:

- Informal, face-to-face interviews with management personnel from Peel Senior Link (PSL) and a manager from Victorian Order of Nurses.
- Focus group interviews (supplemented by informal interviews) with PSL coordinators and front-line staff from each of the four pilot sites (Hillside, King, Stavebank, and Turtle Creek)
- Individual, face-to-face interviews with three clients from each of the four sites.

Overall, 5 focus groups and 14 interviews were conducted between April and June of 1999. Data collection comprised two stages:

- Stage 1: 'Looking Back at Program Activities', which consisted of individual interviews with clients and focus group interviews with front-line staff. This stage ran during the month of April, 1999.
- Stage 2: 'Looking Ahead to Program Planning', which consisted of individual interviews with PSL and VON managers and a focus group interview with site coordinators. This stage ran from May to June, 1999.

Interviews with program clients were conducted using an open-ended questionnaire (Appendix A). Focus group interviews with program coordinators were based on an open-ended question guide focusing on their experiences and perceptions (Appendix B). Interviews with managers were conducted informally, with some questions being based on a preliminary analysis of interview and focus group data. All interviewees were given written information about the project before participating and provided informed consent



The data collected during Stage 1 were analysed and a preliminary report was prepared by the end of April, 1999. These findings were then used in the development of the questions and probes used during the individual interviews with program managers and the focus group interview with program coordinators. The data were analysed qualitatively for corroborative and contradictory themes, experiences, and recommendations. Our findings are summarized below under headings that reflect the purpose of the study and the perspectives of various stakeholder groups.



## Findings

### How services have changed

Before exploring the impact of the switch to 16 and 24 hour care, we spent considerable time talking with people about how they had experienced the change, in order to better understand how things were different now. In this section, we highlight some of the changes in program functioning that were mentioned frequently by study participants.

- **Staff can use available time more effectively**

Staff reported that the switch to more hours of service has led to a more even distribution<sup>AL</sup> of labour-intensive tasks through the day. As a result, more time has become available in which to engage with clients on an interpersonal level. This allows both parties more time to get to know one another. There are now more opportunities for workers to provide social support to clients, as well as to conduct unobtrusive observations of client health and safety.

*"Now I have time to just be 1:1 with the client. I don't have to rush out."*

Although more time has become available for service activities throughout the day, the morning shift at both the 16- and 24-hour sites continue to have the busiest rotation.

- **Services are available at more appropriate, convenient times**

Care givers are now able to schedule service activities in ways that are more convenient for both the workers and their clients. Types of activities that can now be performed at more convenient times, according to both clients and staff, include:

- Bedtimes
- Mealtimes
- Timing of medication
- Bathing
- Walks and outings

In each case, staff felt that they could schedule each of these activities in such a way as to manage their workloads more effectively and better meet the needs and the preferences of their clients.

*"We have more flexibility, like scheduling a bath for a client if she doesn't feel well or an earlier meal to enable them to play bridge"*  
(staff)



This change is more than a matter of convenience. For example, Some Peel Senior Link clients are monitored by staff whenever they take daily medication. Under the old 12-hour system, prescriptions designed to be taken at (for example) regular 8-hour intervals were often taken at inappropriate times in order to ensure that staff could be present when they were taken. Sixteen hour or 24 hour service enables staff to offer services at times which promote the health and well-being of clients.

*"The change to 16 hrs has meant more time in the evening so that I can give people more attention and don't have to rush. For example, I can take one particular client for walks around the building between 11:30 and midnight – she likes not having to change out of her night gown, and there're fewer people around at that time. There's also more time to talk to clients – a lot of them are lonely and need moral support. The last one I see is at around 11:30 unless there's an emergency."*  
(staff)

- **There is more flexibility in the program**

In addition to being able to schedule regular activities at times that are more convenient to clients, the new hours permit staff to respond more flexibly to such unforeseen circumstances as illness, accidents, and other events that may cause them to spend more time than usual with one client. The enhanced flexibility was identified as being most beneficial in enabling workers to cope with such time-consuming tasks as meal preparation & clean up, bathing, and assisting clients with medication.

*"There are little things I can do now, like sewing, ironing, drapes sewn, cooking lasagna. Such things can be warmed up. In the day time there is no time to cook such meals."*

- **Staff are able to do many small visits throughout the day**

As a result of the extended hours, there are more and better opportunities to do client observations throughout day. This increases the opportunities for early detection of health or safety problems. Greater frequency and opportunities for interaction at a greater variety of times and circumstances throughout the day helps to foster better relationships between staff and clients, leading to enhanced trust, communication and mutual understanding.

*"There is now more time and flexibility, like, for giving baths in evening; more time to talk to them allowing them to get used to you more, and allowing you to do more for them."*  
(staff)



Staff are also better able to fit their work around family visits or other important events in the client's day. These differences were identified by the people we spoke with as having an impact on client wellbeing.

- **New services are available, and previously sporadic services may become more available**

Workers report that they are now more able to help clients with such incidental things as their hair, and selecting clothes for the day. Sometimes, the night staff member is able to prepare more time consuming meals and freeze them, providing clients with greater variety of foods and enhanced nutrition. Staff and clients told us that these small gestures are more important than they seem, because they can give a client's day a more positive complexion. In the larger scheme of things, workers see this as helping them to form relationships with clients and better meet client likes and dislikes.

However, the ability of staff to offer these additional services depends on the level of client need on a particular day. Mornings are still considered by staff to be busy periods. Some workers have suggested that, should the level of client need increase, through an aging client population and/or the intake of more needy clients, the level and duration of services may suffer. Another contributing factor may be less redundancy in the number of staff present during any particular period. For example, although there are now more staff on duty per site, there are fewer hours during which staff overlap at any one site. In at least one context, this has led to a slight impairment in the ability of staff to take clients on short outings,

*"We used to take groups outside during nice weather, but now, with fewer overlapping shift hours, it may be more difficult to do this, though we can still be contacted by pager if we're outside"*  
(staff)

- **The number of daily opportunities for staff-client interaction have increased**

The ability of staff to form trusting relationships with clients is critical. Trust and open communication facilitate early detection of health concerns, allow staff and clients to be more flexible and responsive to one another's needs, and help to ensure that the services provided are appropriate, effective and efficient. Both staff and clients told us that trust requires the right attitude on the part of both parties, and a period of engagement, during which each person can get to know one another.

*"I've always been so independent, so to have staff doing these ordinary things, I thought I would feel awkward, but they make you feel comfortable." (client)*

*"I think they are very considerate of our feelings." (client)*



*"It's done very diplomatically, so I don't feel like I've had anything taken away from me. When you go into a nursing home, you lose everything. You are a nothing. When you are here, you still have your place in the world." (client)*

Staff also told us that trust has grown with the introduction of 16 and 24 hour service.

*"I find that with more continuity they trust you. Before the switch they used to change people more; since the switch there are more opportunities for clients to get to know you"*  
(staff)

## How people have experienced the change

When we spoke with clients, the feeling they associated most with the switch to 16 or 24 hour care was increased security – just knowing someone was there.

*"It didn't bother me when no-one was here at night. But now its nice to know they are there."*  
(client)

*"everything is just the same, but I am getting more of it . I would much rather have this to midnight - I would find it quite lonely between 8 and midnight, I'd begin to worry about myself. But if someone is coming in, you forget about that, because you've got other things on your mind. "*  
(client)

Staff report that clients did raise some concerns early in the transition to the new model. Some were uncomfortable with the idea of people entering their apartment late at night. Others took time to get used to the new staff members that were added to the team. However, these issues now appear to have been resolved. Most of the clients we spoke with directly reported that they either are not concerned about staff having access to their apartments or that they feel that they are in control of the matter. As one client put it:

*"I have no problems with privacy. I don't lock my door [and] I let them [PSL staff] know in advance if I have visitors"(client)*

Some coordinators suggested that these experiences could be drawn upon to make future transitions (e.g., from 16 hour to 24 hour) smoother for clients.

**Recommendation:** That clients be given as much information as possible about any upcoming change in the model of service. Staff should discuss with each client the ways in which they might take advantage of the increased availability of service ahead of time, and attempt to ease any concerns a client may have during the transition. Staff should



meet together before such a transition and discuss its implications for each client (and for themselves).

A related issue was that of client rights and control over their own lives. This issue was noted by staff in the context of a larger discussion of the rules and procedures that staff must follow. These staff suggested that there was some dissatisfaction among clients concerning the requirement that staff must be present when medications are taken, as well as the rule that requires staff to provide dosettes to clients only at the door to the building, but not in their apartments. Neither of these issues were identified by the clients in our sample as being problematic. Indeed, several clients noted explicitly their satisfaction with the sensitivity of regular staff to their unique needs and wishes,

*"...they[staff] do it the way I want it to be done rather than doing it their way"*  
(client)

The same client went on to note how hard staff had tried to enable her husband, who was suffering from Alzheimer's Disease, to have choice,

*"with my husband, it was not good to give him a choice because of the Alzheimer's, staff wanted to give him choice because he's the client, but you can't do that... [I] was please with the staff - staff know how to deal with Alzheimer's"*  
(client)

To some degree, this issue was described by other staff and clients as one that involves the give-and-take that is one of the outcomes of a trusting and mutually understanding relationship. As one client put it,

*"it's fair to give them notice if you want something that takes time"*  
(client)

Nonetheless, several clients and some of the regular staff described occasional situations involving relief workers in which the latter displayed less sensitivity and responsiveness to the needs of clients than might ordinarily be expected. One client, for example, reported that her request that a worker take her garbage down the hall was refused. This forced her to endure the odour until the next person on duty was available to provide help. Site coordinators have identified selection and supervision of relief staff as an issue that has, in the past, been problematic. This is something that may warrant continued attention in the future, particularly in light of the importance of good communication between shifts that has been identified, as well as the lack of supervision and isolation during night shifts.

**Recommendation:** It is probably unavoidable that clients will sometimes see relief workers as poor substitutes for staff members they know and trust. However, it may be worthwhile to reflect on strategies for





minimizing the disruption caused by inexperienced relief workers. Consulting with clients around their ideas for such strategies, as well as other issues that concern them, currently happens on a largely *ad hoc* basis. Annual meetings or formal feedback sessions with clients may be useful. A formal process of client feedback would, of course, have to be undertaken in a way that respected the rights and opinions of front-line staff.

Another concern connected to the transition that some staff raised had to do with independence and control. As the level of need in the client population rises, there is greater risk of an institutional approach emerging unintentionally:

*"There's a need to know more fine details about clients' daily happenings; consequently, the service is more invasive. We've had to develop skills to be able to tell whether a prospective client will be compliant, easy to serve, nice to staff. We do have consent to contact families but there is no cross-the-board policy; decisions are made on an individual basis with staff with knowledge of family relationships. If the client is cognitively able and adamant, we don't contact the family."*  
(manager)

However, several staff took pains to point out that PSL was much different from an institution.

*"This is not an institution. Clients have control over the routine. Its not like a hospital room where you can go unnoticed; you are in your own home; I know people in institutions put on meds just to keep them in bed; our quality of care is better; it's 'Independence, but with help, safety'."*  
(staff)

Another staff member reflected on how the Peel Senior Link approach has evolved with the expansion into 24 hour care:

*How we've evolved is part-and-parcel of those who are here. None of us had had any previous experience with the heavier care aspect. I question whether we're too involved, too controlling; we're not for everybody. But we never make a snap decision about anything. We spend a lot of time on case-by-case consideration. Unlike institutions, we try to be as flexible as possible. We try really hard to fit people into what is available. Flexibility has to be two-way; if don't establish that up-front, we end up having trouble down the road. People pick favourite staff to disclose to and that's when things happen.*

Critical reflection on how the services of Peel Senior Link are evolving is important. Staff at all levels were very insightful about the principles and values that they see as guiding the service.



**Recommendation:** Currently, coordinators meet once a week to (among other things) support one another and reflect on their practice. Front line staff meet once a quarter. Peel Senior Link should consider the feasibility of providing front-line staff with more frequent opportunities for reflection and professional development. The purpose of these meetings would be to seek clarification on policies, ensure consistency in approaches to client care, and to support and ask challenging questions of one another in a safe, constructive atmosphere.

## **Outcomes Linked to the Change**

One of our main goals in this study has been to identify the impact that the switch to 16 and 24 hour care has had on everyone involved. For several reasons, this is a challenging question to answer. While clients are well able to explain the impact of Peel Senior Link in their lives, the switch to extended hours did not cause an immediate increase or change in the services they received. What changed was the potential for Peel Senior Link to offer additional services to them as and when required. For many clients, the only immediately obvious impact of the change was some new staff faces. Similarly, for some front line staff members the shifts worked and routine completed did not change dramatically once a new person was hired to work the evenings or nights.

Nonetheless, as our interviews progressed, clients and staff were able to identify many ways in which the program is different than it was. Our findings from these discussions are summarized here.

### **Outcomes for Staff**

- **Stress level**

Staff reported a reduction in on-the-job stress as a result of having more time in the afternoons and evenings to take care of basic service activities; principally such 'invisible' services as mending and preparing a number of meals in advance. However, several noted that mornings are still considered to be a busy time (because of the need for all clients to get dressed and have breakfast within a sort period of time).

Overall, however, workers report that as a result of reduced stress, they can do a better job in caring for clients. Moreover, the ability of workers to spend more and better quality time with clients allows for the development of better, more trusting relationships based on better mutual understanding. This is identified by staff as a contributor to decreased stress, an easier workload, and increased job satisfaction.



*"It's good [now] - there was a time when it was stressed out, really stressful [before the switch]"*  
(staff)

*"We had less time before. We were always running from one person to another. The pager was always going off." Night shift has made it easier."*  
(staff)

One of the periods that has not benefited from the switch is the Friday shift. Workers mentioned that the absence of program coordinators on-site has meant a decrease in the availability of certain kinds of support and assistance in the event of a crisis. Although coordinators are available for consultation by phone, the lack of an additional physical presence during the morning shift means that workers may have to field a variety of tasks concurrently. In the event of client illness, or the need to conduct advocacy on a client's behalf, the service schedule may become backed up for the rest of the day.

*"if we have a week where 2 or 3 people are sick, we get lots of extra work. We pray that it never happens on a Friday, but they do". Last Friday, I was on the phone for over an hour-and-a-half. Things didn't settled down until the afternoon and I was on the morning shift"*  
(staff)

As clients age in place at particular sites, this level of demand may increase. One worker described the situation at her site as consisting of a number of people whose needs had increased significantly over a short period of time:

*"Some people... need the extra time. This is a terrible situation. You just do what needs to be done. "*  
(staff)

Others, in describing the importance of developing positive relationships with clients, also mentioned that it can take a long time for clients to get to know the person on night shift. As one worker put it,

*"They were asking [about the night shift worker] what does this girl do? It took a week for me to get a routine,"*

- **Perception of greater risk to personal safety for evening workers**

Afternoon/evening workers at one site reported a perception of an increased risk to personal safety in taking public transportation late at night. Their decision to use taxis to get home has resulted in an increased cost to themselves.



*"this isn't the safest area; the main concern is transportation if [you] don't have a car; safety is not bad if you call a taxi but that means more expenses, but you have no choice if you want the hours"*

- **Less time for face-to-face communication between service providers**

The overlap between morning and afternoon shifts is only one hour, during which time the morning person must complete activities and the afternoon person must take care of basic preparatory activities. There is currently less time available than before the switch for problem solving and social support at this time of day.

*"People who are on in the afternoon are on their own; they only have a half hour overlap with the other shift, but each person is busy, with one getting started and the other finishing; there's less opportunity for interaction, feedback, support, clarification [but] you have to support each other because it is a stressful job"*

(staff)

*"At the beginning of the switch, from 8 to midnight, there was no communication at all; now it's better for people. Since January, there's only been a morning and afternoon person; 3 different people was too much for clients – three different faces and lack of same routine. When the next staff [shift came on] there's a need to talk, you can write all you want but writing in the [communication] book is not the same as giving a verbal report."*

(staff)

- **A concern over the implications for service delivery should PSL switch to 24-hour care agency-wide**

The most common concern expressed by front-line staff was that a switch to 24 hour care may result in an influx of "heavier" clients. It was felt that a greater number of clients with higher levels of need may strain the current service system. Given this assumption, they foresaw negative outcomes for themselves and for their clients. They appeared to be fearful of a heavier workload for themselves and concerned that this might produce a corresponding decrease in the level and quality of formal and informal services that they could offer to clients. On the basis of this concern, some staff suggested that, although the switch to 16 hours was clearly beneficial for all concerned, a switch from 16- to 24-hour care may jeopardize some of the gains created by the switch to 16 hours.

*"If [it] was 24 hours, they [PSL] would probably bring in people who need more care. It would probably change what we do; if have heavy client who is a 2-person transfer, can't have one person on shift. So, the changing needs that may accompany a change to 24 hours may mean*



*different demands on staff meaning that they may need more staff per shift."*

(staff)

*"I am busier now with heavier clients. People are getting older every year so they need more help. For example, if one has had chemotherapy, we need to check more often, for example taking temperature, or for others, taking blood sugar levels. The number of incidents with clients has gone up."*

(staff)

*"The switch to 24 hours should be okay if you have good communication between shifts; e.g., the housekeeper will now report to staff or to the co-ordinator if she sees something; "teamwork and communication is the main thing here"*

(staff)

Conversely, Peel Senior Link management suggested that a switch to 24-hour care would not immediately mean an influx of new clients. Those clients already present in the building would simply have the opportunity to remain in their homes longer as they aged in place. Managers would monitor the level of need in each building on an ongoing basis, and select new clients with an eye towards maintaining a manageable range of client needs within each building.

**Recommendation:** That Peel Senior Link ensure front-line staff have a clear understanding of how the transition to 24-hour care will be managed, and what its implications will be for the levels of care they are required to offer.

- **Generally high levels of job satisfaction reported by staff**

The preceding points in this section have made it clear that front-line staff have experienced some challenges during the transition. However, the staff members we spoke with were highly committed to Peel Senior Link and its approach to service. They reported enjoying their jobs.

*"We have team meetings. We sit together and brainstorm, and see if we can improve, discuss it, share problems. It's useful. We do it for a couple of hours. It brings VON up to speed on what's going on. Some employees never meet. It is good to have a chance to share ideas about a common client. We sometimes pass on feedback a client gives about another staff member to one of us. If you don't sit down and get constructive criticism, you get into a rut. Feel like there is no room for improvement. There is always room for improvement"*



*"There's more responsibility here than working in the community. Sometimes it's stressful [but] with more experience, it becomes easier to handle situations. We talk to each other"*

*"I like this place; it has a good atmosphere."*

*"It's nice to see clients who want to help you. People who are here longer may try to do more. They feel for you when you feel for them."*

*"We have good relationships [and] we have to work as a team.."*

*"There's been an increase in worker satisfaction."*

High job satisfaction was the case even among those workers for whom service rules and procedures were regarded as excessive.

*"This is more than a job- I am really here to help [clients]."*

*"You feel you have done something good helping people"*

*"I like my job. I really do."*

### **Outcomes for the Agency:**

- **Increased staff presence at pilot sites**

The increased number of staff working at each site during the day may, in the medium-term, help to alleviate some of the concerns raised by program staff.

- **Less on-site supervision (Fridays & at night)**

Peel Senior Link does not currently supervise night staff directly. In general, the staff members that we spoke with were comfortable with accessing their coordinator and other staff via log book, phone calls, informal meetings at shift change, and quarterly staff meetings. However, there have been a few occasions when coordinators felt that more direct PSL supervision might have produced more effective solutions to minor problems.

In the past, PSL coordinators have experienced a few issues with VON staff. They report having found out about problems more indirectly than was desirable, as well as taking longer to find out about them. In some cases, coordinators had to come in early in the morning in order to be available to speak with and night staff.

Individuals working the Friday shifts and particularly evening shifts, during which no other staff are present, may find the absence of easy opportunities for support and



problem solving to be stressful. This is especially true when a higher-than-normal number of clients are sick, or during emergency situations. Although staff can telephone someone at the VON during evenings, this does not afford the same degree of availability and support as does the presence of another worker or the PSL coordinator on-site.

*"it's more stressful if you work in the afternoon because you're all alone and have to make decisions by yourself -there's no one to really contact, though VON has someone on call, you can talk to the VON manager-nurse so that you don't have to take all of the responsibility, but sometimes, you don't have time"*  
(staff)

Both PSL and VON managers feel that recent meetings have been very successful at clarifying lines of communication and developing guidelines for who to call for particular kinds of support. However, other strategies may help to ensure this issue does not arise again.

**Recommendation:** Consider increasing the amount of overlap between shifts on Fridays, in order to increase the amount of support available to each shift worker when site supervisors are away at the head office.

### ***Impact on Relationship Between Peel Senior Link and the Victorian Order of Nurses***

*"This shift has gone very smoothly" (VON employee)*

Although PSL and VON have had a number of issues to 'iron out' over the past year, managers from both organizations report steady improvement. In general, they report that any challenges that they experienced were unrelated to the shift to 16/24 hr care. Instead, managers at both organizations felt that tensions in their partnership were a result of the fact that both organizations have recently switched executive directors.

According to the VON manager we spoke with, the key elements in the continued success of the partnership include:

- A strong relationship of trust between the current executive directors
- Strong working relationships between the VON supervisor and all four Peel Senior Link coordinators.
- A clear understanding among staff at all levels that the two organizations are partners in the program or (in other words) that VON is more than simply a source of contract workers.
- A clear understanding among front line staff concerning the respective roles of VON and PSL supervisors, and judicious use of after hours telephone support.





Front line staff and managers agreed that not every VON homemaker or personal support worker is well suited to working within the Peel Senior Link supportive housing model. Workers who succeed in this context are those who understand the philosophy, are comfortable with the flexibility that is needed when they are required to depart from established routines. They are also people who are experienced enough to problem-solve for themselves, and able to draw on the support of their PSL and VON supervisors effectively and efficiently.

### **Outcomes for Clients**

The move to 16 and 24 hour care has changed the way Peel Senior Link is able to serve its clients in several ways. Front line staff placed particular emphasis on the opportunities they now have to provide service at more convenient and appropriate times, make shorter, more frequent visits to clients, and spend more time providing social support. Staff also reported that it is now possible to do small extra things for clients, such as sewing and preparing meals ahead of time.

Our findings suggest that these changes have had a positive impact on the lives of clients. In particular, interviewees identified the following outcomes of the change.

- **Better nutrition**

Staff felt that some clients eating habits had become healthier since the switch. They offered a number of reasons. Staff have come to know each client better, through more frequent visits and more time for conversation. As a result, they can monitor health and nutrition more effectively. Staff sometimes have the time to stay with the client as they eat the food they have prepared. Furthermore, meals can be prepared and eaten at times that are more convenient for clients. On occasion, staff are able to prepare foods during the night shift that would be too time consuming to make during the day. This offers an opportunity to introduce greater variety and nutritional value into clients' diets. As a result of all these factors, clients are more likely to eat well.

*"The doctor told me to put on weight and from Christmas until now, I've put on 12 pounds. The staff remind me to eat and to drink my endure [nutritional supplement]; they will even go to the store to buy it and will serve it to me. They [also] make me different little things like fudge and banana cake."*

(client)

- **Increased independence**

Extended hours of staff support have led to more flexibility in scheduling visits, and more opportunities to do extra things for clients on occasion. These extras, like going for



walks or talking over dinner, help to prevent health problems and support a more independent lifestyle.

*"Clients in institutions give up. 'I'm sent here to die' [kind of attitude]. Here, they are still at home, responsible for something, still pay the cable bill and run their own money."*  
(staff)

Extended hours have also created an opportunity for clients and staff to get to know one another better and to build trust. Closer relationships allow staff to meet the needs of clients in more individualized ways, and lead to the identification of opportunities to encourage clients to live more independently.

However, some staff members told us that they found some Peel Senior Link policies overly restrictive. For example, they felt that monitoring use of medication, and requiring clients to sign in and out of the building unnecessarily limited levels of independence.

*"It's hard to balance independence and support. 'I know she wants to be independent, but she needs help. She thinks she's bothering you.'"*  
(staff)

*"It's very frustrating for some. They feel they have to do everything on that day, for example, if they want a bath, we have to fill in a form. They feel they are in a prison; they have to tell us when they want to go out."*  
(staff)

*"If I don't want a bath, someone comes up to you the next day to say: 'you need your bath'."*  
(client)

*"For some people, we control the medication; the nurse makes up the dosettes. If they go away for the day, we cannot give them the dosette to put in their purse except at the door, not in the apartment. [It's] hard for us to always be at the right door at the right time. This practice is not used for other VON clients. They ask 'how come in here they watch me take it and not in the hospital?'."*  
(staff)

Providing support in a way that fosters independence is difficult. It requires a fine balance between ensuring safety and acknowledging the freedom to take risks. Responding to the direction of clients requires trust and open communication with staff.

*"We are here to encourage a person and let them know why we do it."*  
(staff)



Fundamentally, supporting independence requires service providers to rethink some of their basic assumptions about their work.

**Recommendation:** Peel Senior Link should consider strategies to provide all staff with more opportunities to reflect critically on their practice, and on the meaning and application of key concepts such as independence. These discussions would address an immediate need for discussion about policies that concern some staff. In the longer term, they would also ensure that the principles driving the organization remain strong and well understood at all levels.

- **Improved social support & reduced loneliness**

The stress buffering and health maintenance effects of social support among frail seniors<sup>12</sup> are well established in the literature. They are also made clear by this Peel Senior Link client:

*"I don't have to worry. All I have to do is go down to the office, and they take the load off my shoulders. So naturally, that affects me mentally."*

Because the 16/24 hour model allows personal care and homemaking services to be offered in shorter, longer, more frequent and/or more timely visits, the potential exists to provide clients with more reassurance, social interaction and other forms of social support. It may be tempting to conclude that the additional hours of service have simply left staff members with more time to do roughly the same amount of work, thereby freeing up time for "extra" services. Such a conclusion would be an oversimplification. While staff do have more time available at some times of the day, the shift has also led to visits that are more timely and frequent. As a result staff and clients know one another better and services are more appropriate and (very likely) more efficient. As one client put it,

*"If I have a problem of any kind, I can take it to the co-ordinator, I can just go the coordinator and give her my load. "*

The shift to 16 hour care has not led simply to more services - it has nurtured the development of a more focused, individualized and prevention-oriented array of services. By having an impact on issues like loneliness and isolation, Peel Senior Link helps to prevent health deterioration and, ultimately, institutionalization.

*"I live a lonely life, and these girls help to take the blues away."*

- **Improved sense of security**

When staff are on site for additional hours, there is obviously a greater chance of their being present if there was a medical emergency or other crisis. This presence gave many of the clients we spoke with an increased sense of security. Night-time hours, when



friends, neighbours and family are unlikely to be nearby, are often especially stressful for people who are at risk of (for example) falling. Staff presence late at night helped clients to feel safer.

The presence and availability of staff over more extended periods of time also offers emotional security to clients who may feel isolated and abandoned,

*"Here, even if [a person's] family doesn't pay much attention [to them, they have] someone to talk to and they can feel that someone cares."*  
(staff)

- **Better relationships between clients and staff**

Clients and staff both reported that they knew one another better and trusted one another more as a result of the extended hours of service. Clients told us that they understood staff roles better. There are new opportunities for the role and identity of clients to be transformed from that of a passive recipient of services to an agent of their own change in collaboration with VON staff.

*"It's almost like having a sister . . . they make me different little things ... we are quite close."*

*"they come in and talk, and soon you find that you don't have any worries, your worries are gone. They also share the funnier side of their lives, which helps you to see things differently."*

- **Better health status for some people**

In some cases, we met clients who felt their health status was better because of their level of comfort with staff, and the increased frequency of visits. Trust leads people to be able to share their real needs more openly and earlier - and get help they feel they need. As one client put it:

*"staff notice problems with my foot because I may not notice"*

A staff member concurred, saying:

*"You can see a lot more from day to day than you can in a half-hour assessment."*

- **Delayed Institutionalization**

There are several clients who staff believe would have had to move into institutions without the addition of extra hours of care. Staff have offered palliative care for brief periods, and helped people recover from serious surgery. One staff member expresses her belief that Peel Senior Link helps to keep a favourite client in her own home this way:





*"One person is more than 90 years old - and so happy to be at home. She hugs me. She manages very well. She smiles, she is happy. Those things keep her alive."*

(staff)

Other staff spoke more directly to the question of the impact of the switch on delaying institutionalization:

*"[We] had a client who was in very bad shape when she came to PSL. She still needs help, though she's better and would be institutionalized without PSL. Another person with anxiety attacks had a fall in the winter - she was in very bad shape, but we did everything for her and [this has enabled her] to be fine now; she even goes out when the weather is good"*

(staff)

Many clients reported that without PSL, they would be in a nursing home. For example, at one time last year 7 of 12 Stavebank clients had applications in for institutional placement. To date, only 2 have ended up using them.

### **Outcomes for Family Members**

Although many Peel Senior Link clients have limited contact with family, the coordinators maintain contact with interested family members and collaborate with them around managing health concerns. Clients sign an agreement allowing the coordinator to share health information with designated family members.

One client reported that some of her family members, who live abroad, were at first skeptical of the services provided by PSL. She reported that, at first, the family thought that:

*"[PSL] was a bunch of 'do-gooders', then, when my son met them, he was impressed. He said 'if I told them about this in England, they wouldn't believe it - all this help that you get!'"*

Some families also reported that the extended hours have provided them with more flexibility around visiting times or outings. In at least one case, Peel Senior Link support has been a form of respite for a spousal caregiver.

Supportive housing programs often struggle to ensure that family members have a clear understanding of the nature of the services the program can provide. Clients are sometimes unable or unwilling to explain the program fully to family members. Some may be confused about the service arrangement themselves. Family members may not have regular contact with the client, or relations may be strained. For these reasons, family members can easily become frustrated, or develop misunderstandings about the role of a supportive housing program in their parents' lives.



This problem is not unique to Peel Senior Link, and in fact our interviews suggest that staff work hard to communicate effectively with family members. However, challenges in this area are inevitable, and we did hear some stories from staff members who had experienced frustrating interactions with families.

**Recommendation:** That Peel Senior Link consider ways to better educate family members about services and service goals in order to allow clients and their relatives to develop more realistic expectations about the service and to negotiate a common understanding about their respective roles.



## Summary and Recommendations

### Summary

All of the clients we interviewed expressed a high degree of satisfaction with the services in general. While clients are well able to explain the impact of Peel Senior Link in their lives, the switch to extended hours did not cause an immediate increase or change in the services they received. For many clients, the only immediately obvious impact of the change was some new staff faces. As one client put it, although the kinds of services have not changed, the amount of care that he receives has. Another person remarked that the services he received were occasionally slower than had previously been the case (e.g., workers being late), however, he expressed satisfaction at the way the workers had handled the situation (calling to notify him ahead of time).

Similarly, for some front line staff members the shifts worked and routine completed did not change dramatically once a new person was hired to work the evenings or nights. What changed for both clients and staff was the potential for Peel Senior Link to offer additional services to them as and when required.

Clients suggested that a move to 24-hour care may be mainly beneficial clients in greater need of support than themselves. However, they also conceded that such a service may potentially be of benefit to themselves as well, further down the road.

From the perspectives of management and front-line staff, the recent changes have produced beneficial effects for each group of key stakeholders. However, both staff and clients at the sites where 16-hour care is in place were less certain of the advantages that would follow a switch to 24 hours of service. While clients tended to be ambivalent about such a switch, some of the front-line staff that we interviewed expressed concerns that a switch to 24-hour care may result in an increase in the level of need of their client population, either through aging in place or the selection of newer residents with a higher level of need.

There were two key areas in which staff report that they and their clients have benefited most from the recent changes. These were: a greater flexibility that they now enjoy in carrying out their activities and the increase time that they now have in which to do so. They identified several outcomes of these changes.

Clients are receiving better nutrition, and more social support. In some cases, the health status of clients appears to be better than it would otherwise be. Most importantly, clients feel more secure with staff on site at night. Staff have more time to do their work, and a more evenly balanced workload.

On the other hand, staff do have some concerns connected to recent changes. Some staff feel the shift arrangements leave them without enough time to connect with coworkers,





and some have concerns for their safety travelling to and from work late at night. Some staff have questions or concerns about the future of the program as need and clients change.

## **Conclusion and Recommendations**

### ***Should Peel Senior Link Move to 24-hour care?***

We conclude that Peel Senior Link would be justified in moving forward with its plan to implement 24-hour care across six sites by January 2000. Despite perceptions among some front-line workers that a move to 24-hour care would constitute a strain on the service system, there is ample evidence that Peel Senior Link and its staff are coping well at the first 24-hour care site. However, the collected wisdom of our sample of staff, management, and clients from these sites suggests that, for 24-hour care to have the best chance of serving clients in a way that is consistent with the values of Peel Senior Link, certain preparatory steps should be taken. These constitute our recommendations.

### ***Recommendations***

Throughout the report we have tried to suggest steps Peel Senior Link might take to address issues raised by interviewees. These suggestions are summarized here.

**Recommendation:** That clients be given as much information as possible about any upcoming change in the model of service. Staff should discuss with each client the ways in which they might take advantage of the increased availability of service ahead of time, and attempt to ease any concerns a client may have during the transition. Staff should meet together before such a transition and discuss its implications for each client (and for themselves).

**Recommendation:** It is probably unavoidable that clients will sometimes see relief workers as poor substitutes for staff members they know and trust. However, it may be worthwhile to reflect on strategies for minimizing the disruption caused by inexperienced relief workers. Consulting with clients around their ideas for such strategies, as well as other issues that concern them, currently happens on a largely ad hoc basis. Annual meetings or formal feedback sessions with clients may be useful. A formal process of client feedback would, of course, have to be undertaken in way that respected the rights and opinions of front line staff.

**Recommendation:** Currently, coordinators meet once a week to (among other things) support one another and reflect on their practice. Front line staff meet once a quarter. Peel Senior Link may consider the feasibility of



providing front-line staff with more frequent opportunities to meet in order to seek clarification on policies, ensure consistency in approach, support one another and ask challenging questions.

**Recommendation:** Peel Senior Link should consider strategies to provide all staff with more opportunities to reflect critically on their practice, and on the meaning and application of key concepts such as independence. These discussions would address an immediate need for discussion about policies that concern some staff. In the longer term, they would also ensure that the principles driving the organization remain strong and well understood at all levels.

**Recommendation:** That Peel Senior Link ensure front line staff have a clear understanding of how the transition to 24 hour care will be managed, and what its implications will be for levels of care they are required to offer.

**Recommendation:** That Peel Senior Link consider increasing the amount of overlap between shifts on Fridays, in order to increase the amount of support available to each shift worker when site supervisors are away at the head office.

**Recommendation:** That Peel Senior Link consider ways to better educate family members about services and service goals in order to allow clients and their relatives to develop more realistic expectations about the service and to negotiate a common understanding about their respective roles.



## **Appendices**

**Appendix A: Client Interview Questionnaire**

**Appendix B: Question Guide for Staff Focus Group Interviews**



## Question Guide for Interviews with Peel Senior Link Clients

### A/ Characteristics of Program Client

I'd like to begin by asking you a few questions about yourself, if that's alright.

1. M F
2. Would you mind telling me your age? \_\_\_\_\_
3. Would you please tell me your marital status \_\_\_\_\_  
(married/single/widowed/living with someone)
4. How long have you been living in this building?
5. How long have you been receiving support from Peel Senior link?
6. How many hours of service do you currently receive from Peel Senior Link?  
-How many hours were you getting previously?

### B/ Reasons for Using PSL Services

#### INTAKE

1. I'd like to ask you what brought you here originally?
  - a) How did you find out about the program?  
*referrals? If yes, from whom (friends/family, home service program/social worker/CCAC, etc.)?*  
*advertisement? If yes, where?*
  - b) How did you become involved in this supportive housing program?  
*who did you call/talk to? what was the process (e.g., was there an assessment, or application; did you just show up one day)? did you have to wait? etc.*
  - c) What else did you try before you came here?  
*-what else did you try?*  
*-exhausted other possibilities*  
*-problems with home environment*  
*-referral from physician/CCAC/other*  
*-‘revolving door’ experience with local service system including institutions*  
*-hospital discharge planner*



### C/ Supports & Services

Now I'd like to ask you a few questions about the kinds of services that you get from Peel Senior Link

1. Would you please tell me about any special needs that you may have?  
*EG limited mobility? walker or wheelchair? visual or hearing problems? special dietary needs assistance needed for getting into/out of buildings, cars, washrooms?*
2. What kinds of help does Peel Senior Link give you at the moment?  
(What kinds of services do you receive from Peel Senior Link?)
  - Would you please tell me about the different things they do for you  
(description/list of activities)
  - How many different people are there doing these things for you? (*eg same person(s) bathing you vs different people*)
  - Which of these are ones that have been added only **since** the switch to \_\_\_\_ (16 or 24) hour support?
3. Have the things that Peel Senior Link does for you changed since you went from 12 hour support to \_\_\_\_ (16 or 24) hour support?
  - [if changes] Would you tell me about these changes please?
  - [If any new services have been added] Were these services added because you just developed a need for them or because Peel Senior Link only now has time to provide them?

### D/ Satisfaction

Now I'd like to ask you how you feel about these services since the switch from 12 to \_\_\_\_ (16 or 24) hour service. I'd also like to take a second to remind you that whatever you tell me will be strictly confidential. Nobody's name will be attached to their comments.

4. What was/were your major need(s) **before** the switch was made?
  - a) How were you doing with regard to this need **before** the switch?
  - b) How would you describe how well Peel Senior Link helped you with this need **before** the switch?
  - c) How have you been doing with regard to this need **since** the switch?
  - d) How would you describe how well Peel Senior Link has served this need **since** the switch?





5. What's the best thing that Peel Senior Link does for you?
6. Did/do you find that it's easy or difficult to get in touch with someone at Peel Senior Link if you need to? Describe
7. How have these changes affected you?
  - your family?
8. Do you feel that you have a say in how these services are put together for you?
  - has this changed in any way since the switch was made?
9. Have your support workers helped to detect any early problems with anything (eg health)?
  - When? (before/after the switch?)
  - What kind(s)?
  - During what part of the day?
  - Do you think that this would have been detected before the switch?
10. Have you noticed any changes, either for good or for bad, in the amount of privacy that you have since the switch?
11. Has living here had any impact on how you relate to family and friends?
  - How about since the switch?
12. Have these changes made a difference in your life either for good or for bad? [If so] How so? [If not] Why not?
  - Have these changes led to an improvement in the quality of support that you receive from Peel Senior Link? In what areas have the biggest improvements occurred?
  - Are there any areas in which these changes have not led to an improvement?
  - Are there any areas in which these changes have led to a drop in the quality of support that you receive from Peel Senior Link?
13. Where do you think you would be without Peel Senior Link?
14. What would you think about a change to 24 hour service? Would you be in favour or against this? How come?



### Question Guide for Focus Group Interviews with PSL Staff

Think back over the last number of months since the switch was made

-What's your perspective on this? How's the program been doing since the switchover?

-Have you faced any challenges in implementing this shift? Tell me about them.

-How about opportunities? Did the switch offer any new opportunities?

-What kinds of benefits did you see and for whom (the system, yourselves, the clients, clients' families → get more specific)

### Clients

-Who are your clients? Tell me about the kind of people you work with.

→How do they come to supported housing?

→What kinds of things are they dealing with?

-How many people do you work with:

-overall?

-on any one shift?

-Has this number changed?

-What about the complexity of their needs? Any changes?

-Have any clients been institutionalized since the switchover? Do you have a sense of the number as compared to before the switch?

-Any incidents with clients? How does this compare to before the switch?





**I want to talk about your work.**

What kinds of changes did your experience in:

- What you do?/Your activities (new activities, more activities)
- When you do it? (timing/times of day/flexibility for self & clients)
- How often you do it? (frequency)
- Are you able to do different things now that you are there more?
- What happens when people begin to require more support than you are able to give? Recent examples?
- How you feel about doing it? (morale/quality of work experience/level of stress)
  - Has increasing the hours not only resulted in increasing the service, but also the quality of the service that you're able to provide?
  - How about the efficiency of the service you provide?
  - Has this led to better opportunities to detect problems at an earlier stage? → Tell us about some examples
- How you think your clients and their families may feel? (quality of care/satisfaction) How do you know? (compliments, cards of thanks, gifts, calls/testimonials from family members)
- I want to address the issues of support versus client privacy and decision-making. Lets talk about each of these issues. Has the switch had an impact on either of these? If so, what kind of impact?
- What, if any impact do you think the switch has had on keeping people in the community longer?



## Overall Impact

-What would you say have been the biggest or most important outcomes, one way or the other, of this switch?

-Overall, has this switch made a difference for:

-the system?

-the clients/their families?

→If so, how so?

-Should PSL stay with 16 and 24 hour care at this site?

-Should PSL move from 16 to 24 hour care at this site?

→Would you give me a sense of why this should be done

-Have I missed anything?



## Reports of Related Interest Available from:

### The Centre for Research and Education in Human Services

- Evaluation Report. Kitchener-Waterloo Friendship Group for Seniors. (1999).
- A Foundation of Trust: Evaluation of the Support Clusters for Seniors Project. (1999).
- Review of Seniors Outreach and Lunch Out Programs. Community Home Assistance for Seniors (York Region). 1998.
- Evaluation Handbook. Ontario Community Support Association (1998) (Available through OCSA).



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