



Vancouver Jewish Family Service Agency

Home Support Program



INTRODUCTION

The Home Support Team

- **Director**
- **Team Leader**
- **Coordinators**
- **Administrative Assistant**
- **Payroll Staff**
- **Home Support Workers**



“There’s no place like home....”

HISTORY OF THE HOME SUPPORT PROGRAM

2002 - 2007

- **Pilot project for 18 months-1 part time home support coordinator (12 hours), 2 part time home support workers**
- **Grew to 10 home support workers and 50 clients with monthly billing \$700-\$800 in client fees**
- **Services provided - household care (cleaning, cooking and laundry)**



2007 - 2012

- **Growth in number of clients, staffing and range of services offered.**
- **Introduction of complex care-bathing/showering, toileting, dressing, and overnight shifts**
- **By year 9 we had 30 home support workers, 2 seasoned part time coordinators and 100 clients**



2012 - 2016

- **Growth outside of the Jewish community**
- **3 Contracts with Better at Home (Provincial program)**
- **Purchase computer program for scheduling, reporting and payroll**
- **Further growth in numbers of clients and staffing:**
 - **5 coordinators (3 full time, 2 part time), 1 administrative assistant (full time), 2 part time payroll staff**
 - **Currently 400 clients, 83 home support workers, and billing \$100,000 per month in client fees.**



BETTER AT HOME

- **program to help seniors with non-medical, day-to-day tasks so that they can continue to live independently in their own homes, and remain connected to their communities.**
- **Light Housekeeping**
- **Transportation to medical appointments**
- **Provincial program managed by United Way, Coordinated by Non-Profits throughout BC**
- **JFSA Lead agency for KOM, Southlands and Dunbar**
- **Service provider for West-End (Downtown) and Kits**

**Better
at Home**

United Way helping seniors
remain independent.



CASE EXAMPLES

Mrs. F.

- **92 year old woman with very strong desire to remain at home**
- **Client since 2010**
- **Began with household services several days per week**
- **Post hip surgery and progression of dementia lead to 24/7 care**
- **Presently is immobile, needs assistance with all ADL, transfers with lift**
- **Partnering with community services**



Mrs. D.

- 105 year old woman(our eldest client)
- Refuses to leave her home
- Client since 2007
- Because of deteriorating health (dementia, cardiac disease, immobility, incontinency) receives 24/7 care
- Presently she is bedbound, all care is done at bedside
- Involvement of community services



Mrs. J.

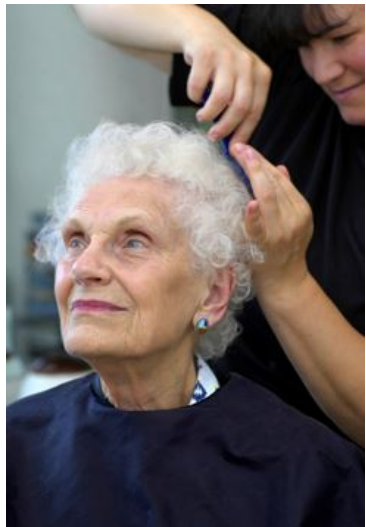
- **84 year old woman with rare neurological disease**
- **Unable to speak but comprehends**
- **Confined to bed**
- **Lives with devoted 89 year old husband who wants to keep her at home at all costs**
- **Community services involved**



PARTNER SERVICES



- **Nursing/doctor-Home Vive and Community Health Unit**
- **Physio/Occupational therapy-Community Health Unit**
- **Care Manager-JFSA or Community Health Unit**
- **Pharmacy/Groceries- delivery from stores**
- **Hairdressing-private at home service**
- **Foot nurse- private at home service**



WHERE DO WE GO FROM HERE?

- **Should we grow even larger and how do we do that?**
- **What are the implications of growth?**
 - stressful and exhausting
 - hard to keep up with the demand
 - may need to increase the subsidies to mid and lower income clients
 - as infrastructure gets bigger we have less connection to staff and clients
 - matching techniques may not be as precise
 - **Provide services to the greater community and increase visibility of JFSA**
 - **Diviersify client population and services we provide (ie. people with developmental disabilities)**
 - **Would need satellite office(s) as we would outgrow our premises and geographical teams**

