

Policy, Performance Measurement and Supportive Housing

The Devil is in the Details

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Abstract

An enduring legacy of New Public Management is the pressure for governments to justify spending in a transparent and measurable way. Performance measurement techniques have become integral in public program development and implementation. Performance measurement is a tool of performance management which purports to both assess and improve the program it is evaluating. Performance measurement may help promote transparency, provide a means of rewarding performance, and promote learning between and within organizations. Performance measurement practices have also become increasingly important for health and social programs in the voluntary non-profit sector as increased health care costs and limited resources require programs to demonstrate their "worth" to continue to receive public funding. What performance measurements are appropriate for programs offering housing, health and social care to older people with complex needs provided by non-profit agencies? What dimensions are or are not being measured? What are the advantages and pitfalls of performance measurements generally, and specifically for non-profit providers in the health and social care sector?

To explore these questions, this paper first reviews the literature regarding the benefits and drawbacks of performance measurement practices. It then turns to a case study of supportive housing programs in Ontario to propose a performance measurement framework that attempts to maximize benefits while minimizing potentially adverse effects often associated with evaluative frameworks. Discussions around appropriate measurement tools are especially timely given the expansion of community living options like supportive housing which is at the core of the Ontario government's current Aging at Home Strategy.

Introduction

As governments are under increasing pressure to justify public spending to citizens, performance measurement techniques have become integral in public program development and implementation. Performance measurement is a tool of performance management which purports to both assess and improve the program it is evaluating. Performance measurement may help promote transparency, provide a means of rewarding performance, and promote learning between and within organizations. Performance measurement practices have also become increasingly important for health and social programs in the voluntary non-profit sector as increased health care costs and limited resources require programs to demonstrate their "worth" to continue to receive public funding. Given that performance management techniques originated in the private sector, what performance measurements are appropriate for programs offering housing, health and social care to older people with complex needs provided by non-profit agencies? What dimensions are or are not being measured? What are the advantages and pitfalls of performance measurements generally, and specifically for non-profit providers in the health and social care sector?

To explore these questions, this paper first reviews the literature regarding the benefits and drawbacks of performance measurement practices. It then turns to a case study of supportive housing programs in Ontario to propose a performance measurement framework that attempts to maximize benefits while minimizing potentially adverse effects often associated with evaluative frameworks. Discussions around appropriate measurement tools are especially timely given the expansion of community living options like supportive housing which is at the core of the Ontario government's current Aging at Home Strategy. In 2007, the Ministry of Health and long-Term Care in Ontario announced a 4-year \$1.1 billion Aging at Home Strategy to enable people to continue leading healthy and independent lives in their own homes. The strategy effectively reverses a previous policy of capping home and community care while building long term care beds in the belief that supportive housing is a viable option for aging in place. While supportive housing projects are becoming increasingly popular in Canada, as well as in other developed countries, there are few if any evaluative processes in place to assess whether these programs are indeed a viable and cost-effective substitution for institutionalized care. In fact, much of the funding for such programs has been rolled out in the last two years with only vague ideas about how performance will be measured, making the establishment of appropriate measurement frameworks all the more urgent.

Terminologies and definitions of "supportive housing" vary internationally and within Canada (supportive living, assisted living, supported independent residences, sheltered housing, transitional living and independent living). As well, they vary between government and community sectors. The Ontario Ministry of Health and Long-Term Care defines supportive housing by the 24-hour availability of personal care and homemaking services (2007). Alternatively, supportive housing advocates claim that supportive housing is doing whatever it takes to keep people healthy, happy, at home, and connected to their communities. In this paper we use a very broad the definition that is supported by Canada Mortgage and Housing Corporation and the National Advisory Council on Aging (NACA, 2002). It refers to affordable housing with access to supportive services as one of the benefits of living there.

Background: New Public Management and the Push for Performance Measurement

The last few decades has seen a global paradigmatic shift towards neoliberalism and the belief that the private sector, not governments, can provide a greater choice of services in a more cost-effective way by using market principles. In public administration, the advocacy for market-systems is evident in the move towards New Public Management in the 1980s (Charih & Rouillar, 1997; Grossberg, 2005). New Public Management (NPM) was termed retrospectively by Christopher Hood to describe similar administrative principles implemented in Australia, New Zealand, the UK, and Canada (Lynn Jr., 2006).

NPM reforms are alleged to ensure better management of the public service, a particularly appealing concept to political decision-makers in light of the perceived declining level of political control over what services were being delivered and public debt supposedly caused, in part, by the growth in the public sector (Charih & Rouillar, 1997). Aspects of NPM also resonated with public values. Who would disagree with advocating greater “efficiency” in government with stronger lines of accountability established through performance management systems? The underlying belief of NPM, linked to neoliberal ideology, is the assumed superiority of private business models over public sector models in providing cost-effective goods and services to customers. It should be noted that, in Canada, the notion of “affordable government” (Aucoin, 2002) is more frequently touted and more politically palatable than the idea that “less government is better government.” In general, Canada has taken a more restrained and cautious approach to NPM reforms in comparison to other countries such as Britain under Thatcher and New Zealand, which have more whole-heartedly embraced such reforms (Aucoin, 2002).

Despite more moderate approaches in Canada, the cultural and structural influences of NPM have also had a significant impact on the “business” of government. One profound change has been the implementation of performance management which is based on a business management culture that encourages accountability by results. In fact, “most management improvement initiatives in the federal government over the last half century have been rooted in some variant of results (or performance) measurement” (Clark & Swain, 2005, p.457). The shift is also evident at provincial levels as the requirement for performance information for programs has become almost a mandatory requirement. Thus, social programs like senior supportive housing must measure performance and demonstrate desirable outcomes to continue receiving government funding and support.

Defining Performance Measurement

According to Carroll and Dewar (2002), there is considerable confusion over what performance management is. Part of the confusion is associated with the different levels of performance management which can refer to: 1) broad programs and policy evaluation; 2) management and implementation of a program or policy; or, 3) individual performance of employees. It is the second level that is fittingly called performance management. Performance management includes: determining the desired level of performance, target or benchmark, measuring performance (performance measurement), reporting performance information and comparing actual performance to targets. Performance management involves collecting, reporting, and applying information regarding government programs in order to assess and potentially improve those programs (Carroll & Dewar,

2002). Performance measurement is a *tool* of performance management which attempts to both assess and improve the program it is evaluating. The definition used by Carroll and Dewar, which will be used in this paper, is that “*performance measurement* is the collection of information about the performance of programs using some indicator or standard of measurement” (p.414). This definition is useful for our purposes as it is associated with performance measurement for the public and para-public sectors and points to the need to use indicators to determine performance.

Potential Benefits of Performance Measurement

According to De Bruijn (2007) performance measurement improves government accountability and overall government performance by fulfilling a number of key functions. First, it can help promote transparency by clarifying programs and “products” provided through an input-output analysis. This allows for a clear understanding of exactly what costs result in which outcomes. Transparency plays both an internal and external function by both facilitating internal discussion regarding program performance and by holding governments to account for public spending.

Second, performance measurement provides a means of rewarding performance and preventing thick bureaucracy. This is accomplished through an emphasis on *input steering*, which focuses on planning and target setting, rather than *throughput steering*, that focuses on processes rather than outputs. By focusing on processes, De Bruijn argues that internal activities are rewarded, resulting in a ‘disincentive’ for performance. By focusing on input (and output) the organization is encouraged to focus on planning and performance.

The third benefit of performance measurement is that it promotes learning between and within organizations. Measurement facilitates direct comparison between organizations which can encourage the adoption of best practices and may help create *problem awareness* before problems even occur. Within an organization, performance measurement may help to break down what De Bruijn terms the *non-intervention* principle in which professionals tend not to intervene in the domain of other professionals. The non-intervention principle can hamper inter-organizational learning. In addition to promoting learning, performance measurement may also enhance an organization’s “intelligence” when output measures are used to improve service provision.

Performance measurement is said to be essential for accountability as well. Thomas (1997) argues that in order for accountability to be meaningful, it is imperative to provide information which allows for monitoring and assessment of performance. Performance information can help assure responsibilities are fulfilled, provide legislators with information required to make decisions regarding resource allocation, and enhance accountability by clarifying accountability relationships (CHSPR, Oct 2004). It is particularly important for ensuring accountability in contracts within public-private partnerships which are increasingly popular in provincial social service delivery. It is widely maintained that consistent accessible performance information and transparency of procurement practices is central to ensure contracted services are cost-effective and of high quality (Caplan, 2005). Performance reporting is professed to be necessary to enforce and manage contracts (Meagher & Healy, 2003; Deber, 2002). Reporting systems are crucial to contract relationships because purchasers are often disadvantaged by

their inability to directly observe the actions of an agent's performance in order to evaluate it (Aucoin & Jarvis, 2005).

Potential Perverse Effects of Measurement

In addition to the numerous prospective benefits of performance measurement, it is critical to anticipate potentially perverse and unintended consequences. De Bruijn (2007) outlines several possible negative effects. One is the incentive for strategic behaviour. Focusing on output measurement can cause what De Bruijn terms "gaming the numbers" in which outputs are achieved but through unprofessional means. For example, a long-term care home may have a low rate of hip fracture; however, this may result from a facility restraining patients to their beds or wheelchairs, preventing them from walking and thus reducing the rate of falls. Measurement may also encourage "creaming" or "cherry-picking" inputs in order to ensure more beneficial outputs. The example provided by De Bruijn is a school that excludes students with learning or behavioural problems in order to ensure high academic performance of the school. This could be highly problematic in the case of senior supportive housing where low-needs seniors may be preferred over high needs seniors. Thus, organizations may exclude more challenging cases to increase the odds of high performance measures.

Performance measurement could also "veil actual performance." Aggregating and averaging performance data on a macro level could mask suboptimal performance on a micro level, or even mask or blur the causal (or lack of) connections between actions and performance outputs at the micro level. Furthermore, the average may not be reflective of the individual parts of the program and lead to invalid conclusions regarding a program's performance. De Bruijn asserts this problem is also related to the issue of lost performance meaning, which occurs when external evaluators using performance data are distanced from the program. External actors may not have a good idea of the causal mechanisms which lead to performance results and potentially will only see output numbers rather than the complete performance story. This is why it is important to couch indicators in an evaluative framework that creates meaning and context for the numbers. Furthermore, if data are aggregated, there should be an explanation of lower level causal mechanisms to back-up and enhance performance data so that actual performance is not lost. Including qualitative data to performance measures may help provide context for the numbers and ensure aggregated data are supplemented with micro level narratives.

Performance measurement may also result in disincentives for professionalism and organizational learning. For example, if professionals view measures as poor, unfair and not dynamic, they may be tempted to act in such a way as to achieve the desired measurable outcome in the short term whether or not those actions are the most appropriate ones. Related to this is an over-reliance on benchmarking which could result in an organization taking on best-practices from other organizations without taking context into consideration (De Bruijn, 2007). Such negative effects are caused by an over-reliance on output data only. By including process and decision-making data in an evaluative framework, these perverse effects may be avoided. Furthermore, the inclusion of qualitative data which provides a distinct narrative may also be useful in avoiding these problems.

Finally, Clark and Swain's (2005) speak of "utopian management frameworks" which are "divorced from the realities with which public administrators have to deal" (p.455). These frameworks assume

perfection in a vastly imperfect system which often must deal with inadequate resources, last-minute deadlines, and continuously changing organizational expectations. The authors argue that the problem lies in attempting to apply performance measurement techniques originally designed for repetitive industrial activities to unique, creative, or highly discretionary activities which are often causally distant from expected or desired outcomes. This can result in distorting a manager's understanding of good management practices in the public sector as administrators struggle to meet unrealistic demands imposed by unfair performance measurement standards.

Many of these unintended consequences of measurement may be avoided through the use of a comprehensive evaluative framework which takes these effects into consideration. Including process measurements may provide meaning to product measurements, and may counter perverse effects by applying multiple systems of judgment to a single program. This may also allow for a more dynamic evaluative framework that adapts to program changes over time (De Bruijn, 2007). It is also important to build into any evaluative framework, a system of checks and balances so that easily quantifiable indicators are balanced against less quantifiable indicators. Perverse effects may also be minimized through consultation with relevant stakeholders, including managers and practitioners who work in the organization being evaluated as well as clients and their family members. These individuals can provide important feedback regarding unintended negative outcomes.

The Problem of Discourse

A number of scholars contend that the discourse of efficiency in the public sector, particularly health care, is misused and can have a number of negative consequences. Stein (2001) contends that the language of efficiency pervades the private, non-profit and public sectors resulting in what she terms as a "cult of efficiency." She argues that efficiency is often narrowly defined as simply "cost-containment" in the public sector and is often used to further political agendas which seek to brand the state as wasteful in order to justify privatization and the infusion of market mechanisms into the public sector which are viewed as the efficient alternative. Through an examination of education and health care Stein demonstrates that this focus on efficiency has not resulted in the effective delivery of programs as expected. Stein argues that "it has been the almost exclusive emphasis on efficiency as cost-containment that has undermined any meaningful reform of the medical-care system" (p.97). Furthermore, the focus on controlling, or cutting, costs may in fact be inefficient if it reduces the effectiveness of health care. Indeed, despite the push for efficiency since the 1990s, Canada's health care system is still struggling to improve effectiveness and sustainability. Despite these problems, Stein argues that there is considerable citizen support for the discourse of efficiency due to concerns about the economic sustainability of Canada's universal health care system.

Similar to Stein, Burke (2000) argues that the meaning of efficiency is socially constructed, politically negotiated, materially grounded and highly influenced by existing power structures. Burke argues that the meaning of efficiency is altered in one of three ways in order to further particular political positions. First, efficiency can become the dominant (or only) criterion of public policy evaluation. Second, efficiency may become detached from the state since often health, as well as other social services, are often viewed as inefficient by definition. Finally, efficiency may become narrowly focused on cost-containment (as argued by Stein) which can compromise or sacrifice the objectives of "public" policy for

the public good in favour of cost-containment. Burke argues that an exclusive focus on efficiency has two policy implications. First, it leads to the commodification of health care, which results in the “passive privatization” of the system, treating the citizen as a client in a decentralized system. Second, a focus on efficiency results in the transfer of responsibility for health care from the public realm to the family and to the non-profit, community and charitable sectors. This “relegation” of health care can result in a reduction of health care quality as the transfer of resources will often lag behind the transfer of responsibility leading to increased stress for caregivers as well as inadequate care for patients, ultimately increasing healthcare costs.

In other words, both Stein and Burke caution that any discussion of “efficiency” must keep a firm eye on “effectiveness.” They argue that cost containment may not be the only or even the primary “measure” of efficiency. In fact, Stein suggests that efficiency is a means not an end. The question is whether ensuring that performance evaluation looks at more than simply cost-containment as a means for ensuring program efficiency may help avoid a number of these identified problems. In addition to the potential negative side-effects of a focus on efficiency, there are a number of other unintended consequences that may arise from the implementation of performance measurement tools.

Challenges to Implementing Performance Measurement in the Health and Social Care Sector

There are a number of challenges to implementing performance measurements in supportive housing programs. First, supportive housing programs are highly varied and often community specific in their programming and contract arrangements. Baranek, Deber and Williams (2004) contend that it is inherently difficult to define and measure service quality (and cost-effectiveness) of the community-based sector due to its complexity. The community-centered nature of senior supportive housing programs has resulted in significant variability in programming across the province. Furthermore, senior supportive housing programs often cater to a particular cultural group (especially in a diverse city like Toronto). An inability to adequately balance representation of a community’s ethnic and socio-economic composition may be a significant barrier to implementing performance measurement system (Hagigi, 1999).

Second, performance measurement may be very costly for non-profit agencies, particularly in contractual arrangements. Indeed, when contracts include stringent rules, obligations and procedures as well as performance measurement system as requirements to improve accountability, the results are usually higher costs with regards to time, money and flexibility (Donahue, 1989). The costs of performance measurement are often exacerbated by a lack of existing information to provide timely, reliable and valid data, in turn hindering the implementation of performance measurement systems (Cavaluzzo & Ittner, 2004). A long-term potential side-effect of these costs is that smaller non-profit Community Support Service (CSS) agencies may be unable to meet these requirements (Deber, 2002), potentially resulting in larger corporate for-profit agencies winning the bulk of contracts. In situations such as these where quasi-monopolies exist and there are high barriers to entry, larger, for-profit companies can undersell their competition, thus winning more bids and driving out smaller competitors.

In the long term Deber (2002) argues that this could result in fewer service delivery companies charging higher monopoly prices, thus costing the health care system more over the long-term.

Finally, contractual arrangements which often occur in the community sector often create what Lipsky (1980) terms “street-level bureaucracies” which are populated by “street-level bureaucrats.” Street-level bureaucrats tend to have a significant amount of autonomy due to the arms-length nature of their work. They often work directly with citizens and managers have little opportunity to oversee their daily activities. In these situations, Lipsky argues that the development of performance measures is a critical component of bureaucratic accountability policy as a means to control the behavior of street-level bureaucrats to make them more accountable through the adoption of procedural manuals and performance measurement system. However, since managers depend on street-level bureaucrats to provide performance information, street-level bureaucrats have the power to provide any information they choose as a means to meet accountability requirements. Furthermore, the reliance on these workers may deter managers from challenging street-level bureaucrats’ autonomy for fear of potential negative consequences for service delivery (Lipsky, 1980). Personal support workers (PSWs) hired by CSS agencies who win contracts with senior supportive housing programs are an excellent example of street-level bureaucrats as they often work alone or in pairs far from the control of managers, and even further from the Local Health Integration Networks who fund the programs.

New Challenges with Post NPM Horizontal Governance

While performance measurement techniques are traditionally associated with the NPM approach to governance, performance measurement continues to play an important role as NPM moves towards a post NPM model of horizontal ‘governance’ which emphasizes:

collaboration with non-governmental actors and participation by citizens, involvement and coordination through networks rather than hierarchies, negotiated self-governance with communities, cities, and industries, the blurring of boundaries between economic and social issues, the use of reflexive and responsive policy tools, and management styles that enable rather than control (Phillips, 2007, p.501-2).

Horizontal governance shifts the focus from the internal workings of public organizations to a network of actors upon which these organizations depend (Salamon, 2002). One of the strengths of this model is that it acknowledges the importance of networks in the policymaking process which has been highlighted in Sabatier’s advocacy coalition framework (ACF). The ACF is concerned with policymaking as it occurs within policy subsystems which include a diverse group of actors and “communities” of actors who interact over time (Buse, Mays & Walt, 2005). Policy-making is theorized to occur within policy subsystems through negotiations among advocacy coalitions which are populated by policy participants (legislators, interest groups leaders, researchers, and intellectuals) who share policy core beliefs (Sabatier & Weible, 2007). This new governance model suggests there are increasing opportunities for voluntary sector input into the policy process.

Phillips (2007) however argues that new barriers emerge which hamper voluntary sector organizations’ engagement in the policy process thereby reducing their capacity to engage and advocate. In making this claim, she highlights the main features of this new governance model. They include: 1) increased

pressure to produce research and analyses of policies that are evidence-based; 2) the capacity to network to build relationships on the basis of trust; and 3) the capacity to frame and reframe policies so that they are relevant to the interests of multiple groups and government departments. The increased requirement for evidence-based policy is particularly salient in the Canadian voluntary sector since the 1990s in which accountability for federal transfers is secured through the requirements of public reporting on policy outcomes (Phillips, 2007). This reporting requirement, which is often left to the organization being funded to undertake, is also prevalent at the provincial level. Phillips suggests that such reporting requirements pose significant challenges for voluntary sector organizations with limited resources and research capacity. It is thus important to recognize that despite the supposed shift to horizontal governance, there are a number of measurement challenges, as well as potentially perverse outcomes which must be considered when developing an evaluative framework. The proposed evaluative framework for Ontario's senior supportive housing programs attempts to take these issues into account.

Case Study: Evaluating Senior Supportive Housing in Ontario

Senior Supportive Housing in Ontario: Overview

Senior supportive housing is an important aspect of home and community care, offering an intermediary option between independent living and institutionalization for seniors who can and wish to live in the community with less intensive support than what is provided in long-term care homes.¹ The key characteristics of supportive housing include on the housing side: affordability, security and safety, an enabling and home-like atmosphere, and privacy. On the service side, residents can access coordinated and managed services and programs to help them stay at home and to maintain their optimal level of health and well-being. They may receive assistance in their personal activities of daily living (PADL) such as eating, personal care (dressing, bathing, toileting) and taking medications; or, in their instrumental activities of daily living (IADLs) such as preparing meals, laundry, vacuuming, cleaning bathroom and kitchen, changing bed linens, shopping and transportation. There may also be common areas and organized opportunities for social and recreational activities. Most important in supportive housing is the concept of care coordination and ongoing assessment and monitoring, usually by care managers. Care managers play a critical role in planning coordinated packages of supportive services that may change according to the changing needs of residents. For example, after a post-acute episode or hospital visit, a person may require greater levels of care but that care may decrease when needs decrease (Lum et al., 2005). The NACA argues that the social and supportive aspects of supportive housing are especially important to help keep vulnerable seniors who are at risk for social isolation connected. In a study conducted by Lum et al. (2005) older people in supportive housing reported increased social connectedness, better physical health status, and higher self reported ratings of mental well-being as well as reduced stress levels as compared to seniors living in geographically proximate housing arrangements which were not supportive housing.

¹ It should be noted that some supportive housing sites care for clients until death and have implemented palliative care units in order to meet end-of-life needs.

The benefits of supportive housing for seniors are also said to extend to the broader population. Not only does supportive housing allow seniors to continue to live in the community and thus continue to contribute to their community through formal and informal volunteering and inter-generational learning, but there is also a significant “peace of mind” effect for family members who are confident that their senior family member can continue to live high-quality, independent and dignified lives (NACA, 2002). Furthermore, senior supportive housing as part of the broader home and community care approach can help delay or even prevent entrance into more costly long-term care facilities. According to Lum et al. (2005), onsite monitoring and crisis intervention under an intensive case management model can help reduce the use of expensive 911 emergency services and acute hospital care.

Evaluative Framework

Any framework for supportive housing evaluation must draw on the current literature regarding performance measurement practices in the public (and para-public) sector including the key concepts of evaluation theory and address the activities and programs of the Ontario Ministry of Health and Long-Term Care (MOHLTC) within the context of the Ministry’s other broad priorities and strategic directions.

Among the objectives of the Ontario government’s *Aging at Home Strategy* announced in 2007 are two key goals. The first, at the individual level and consistent with the changing values of older people, is to provide choices about where and how to age. It is widely recognized that seniors prefer to age in their homes and community. By providing a continuum of supportive services including supportive housing, older people may be “enabled” to remain in their community. Supportive housing also claims to promote social connectedness, help maintain physical health status and mental well-being. These are key outcomes for a successful supportive housing program at the individual level.

The second goal, at the system level, is to increase the economic sustainability of the formal health system by: 1) minimizing unnecessary trips to emergency rooms which may be possible with crisis management in supportive housing; 2) reducing the rates of costly alternate level care (ALC) beds in hospitals. ALC refers to people who occupy hospital beds, no longer require acute care but cannot be safely discharged to the community. High ALC rates can ripple through the system: less hospital bed capacity means that it is difficult to reduce ER wait times since hospital beds are unavailable. The reasoning here is that people can be discharged safely to supportive housing where monitoring and supports are available. Finally, the economic sustainability of the formal health system can be promoted by: 3) reducing the need for additional and costly long-term care (LTC) beds under the assumption that supportive housing is a viable alternative to institutionalized care, thereby reducing the LTC wait list. This is important both to individuals waiting for services and to the MOHLTC which has made wait-times reduction a top priority. These are key outcomes for a successful supportive housing program at the system level.

Unfortunately, the current propensity is to elaborate an evaluation framework that focuses primarily on system level outcomes which are quantifiable (e.g., reducing ALC rates, decreasing 911 and ED use and long-term care wait lists) without corresponding focus on individual level outcomes, and more importantly, without recognizing that efficient system level outcomes are intricately tied to effective individual level performance. To avoid the perverse outcomes indicated from our above review of the

literature, and to capture the complexity of the policy environment within which supportive housing operates (crossing jurisdictions of housing, health, community and social services, and numerous voluntary sector organizations), we propose an evaluative framework through a broader lens that incorporates those dimensions that are more difficult to quantify but are critical to successful supportive housing projects.

As previously noted, there are few existing evaluative frameworks for supportive housing in Ontario. For this reason, it may be useful to look at other jurisdictions for guidance. In 2006 a national level evaluation was conducted of Australia's Retirement Village Care Pilot (RVCP) (Hales, Ross & Ryan, 2006). The RVCP introduced Community Aged Care Packages (CACP) and Extended Aged Care at Home (EACH) program services into existing retirement villages across Australia. CACP and EACH programs provide support services for seniors with complex needs living at home who would otherwise be eligible for residential care. These services are similar to Ontario's home and community care support services provided to seniors through Community Care Access Centres² and/or Community Service Agencies. The national evaluation of the RVCP offers a useful guide for developing an evaluative framework for Ontario's senior supportive housing programs since the programs have similar mandates. They both claim similar individual and system levels goals. More specifically, the RVCP national evaluation is intended to inform government of the benefits of RVCP packages in allowing seniors to age at home thereby diverting them from more costly alternatives such as residential care.

The RVCP program is targeted at current residents of retirement villages who are identified as requiring formal assistance in order to remain in their homes. Recipients must be assessed by Aged Care Assessment Teams (ACATs) as eligible for community care and/or residential care. The RVCP National Evaluation in Australia for supportive housing points to five dimensions that should be the focus of any evaluation frameworks for supportive housing in Ontario. They include: access; targeting the appropriate population; quality-of-life; seamless coordination of care and program sustainability. The framework also includes potential unintended consequences of these measures and recommendations on how to avoid these potentially perverse effects of measurement (see Appendix A for the full framework).

Accessing Supportive Housing

For supportive housing programs to be effective in helping seniors stay in the community as opposed to being institutionalized, seniors who need supportive housing services should be able to access such services in a timely fashion. In the Australian RVCP project, access to care is based on a national, single point of entry system funded by the Australian national government. Eligibility assessments are done at home or in an acute care setting by the Aged Care Assessment Teams (ACATs). This team is also

² There are 14 Community Care Access Centres across Ontario responsible for managing local care. They are funded and legislated by the Ontario Ministry of Health and Long-Term Care. They are mandated to connect people to home care, long-term care destinations, and other health and social services in the community.

responsible for assessing service needs and approving a range of care packages, including RVCP support services.

The Australian RVCP project provides a best practice example of screening tools and access as described by Hollander and Prince (2002) who maintain that standardized assessment tools help ensure those with appropriate needs are provided services across jurisdictions. A single entry point, it is argued, provides a focal point for “one stop shopping” for care services which increases the level of accessibility to the care system. Where single entry is not feasible, Hollander and Prince suggest a system of coordinated entry, which can be assessed by the use of standard assessment tools and registration procedures. Until recently, Ontario has had multiple access pathway systems. Late in 2008, the MOHLTC announced that CCACs would take on the added responsibility of eligibility assessments and coordinating access to supportive housing (MacAdam, 2009).

Targeting the Population Requiring Supportive Services to Age at Home

Targeting is an important means to ensure that supportive housing programs are taking a proactive approach to keeping individuals in the community longer. As depicted by the Kaiser Permanente Triangle (Department of Health, 2005; see Appendix B), a minority of high needs seniors tend to be the heaviest users of health system resources. The implication here is that targeting the right care for the right people at the right time is critical for the well-being of individuals as well as the sustainability of the broader health and social care system. The RVCP program targets current residents of retirement villages who are identified as requiring formal assistance in order to remain in their homes and who, in comparison to seniors not living in retirement homes, have less access to community care packages. Recipients must also be assessed by Aged Care Assessment Teams (ACATs) as eligible for community care and/or residential care. For the RVCP program, effective targeting results in faster access to a greater range of care packages meaning that people can stay at home longer.

Another targeting method applied by the City of Ottawa includes: 1) a screening tool to be used by physicians, police, landlords, home support workers and other community members to help identify at-risk seniors; 2) a communications and training mechanism on how to use the screening tool; and, 3) a geographical information systems technology to identify high-risk neighbourhoods and gaps in service (Social Data Research, 2007).

In using targeting techniques, it is important to ensure that supportive housing programs are not engaged in “cherry picking” highly functioning clients in order to reduce costs and service needs. Additionally queue jumping, a problem found in the RVCP program, may occur. Queue jumping can be avoided by assessing how targeted groups are incorporated into existing wait-lists for senior supportive housing.

Quality-of-Life

Determining client quality-of-life is integral for evaluating supportive housing programs, since, it is assumed that seniors experience a higher quality-of-life when they age-in-place. Additionally, if clients experience a high quality-of-life, they are less likely to want to move to a long-term care facility. The Health Canada review of supportive housing (2005) cites a number of studies pointing to the relatively

high satisfaction of residents with their quality-of-life in supportive housing. Self-report surveys of client satisfaction that include personal values and preferences can provide useful quality-of-life data. Toronto Community Housing supportive housing programs already administer client satisfaction surveys that can be used to measure self-reported quality-of-life. In instances where deficits in client's cognitive functioning results in non-response or responses that are of dubious validity, family members may be used as proxy respondents on self-report surveys (Voutilainen et al., 2006).

Two other aspects that are important to ensuring a high quality-of-life is through community engagement and client and family involvement in the care decision-making process. Community engagement through supportive housing programming may help reduce social isolation and loneliness which has been linked to increased rates of premature death, decrease in general well-being, increased rates of depression, and may result in higher levels of disability due to chronic disease. Extreme loneliness is also a predictor of rural adults entering nursing homes (British Columbia Ministry of Health, 2004). One study found that social cohesion is the strongest predictor of quality-of-life (Mitchell & Kemp, 2000). Ensuring clients and family members are active participants in the care decision-making process is another important factor for quality-of-life. Participation in decision-making activities has been found to be associated with high-quality ratings (Voutilainen et al., 2006). Community engagement and involvement in decision-making can be measured using self-report surveys. However, these measures should not rely exclusively on quantitative data which could result in a large number of poor quality programs and community meetings which do not promote client and family engagement properly. To avoid this, these measures should include quality measures as reported by clients and family members and can be included in quality-of-life surveys.

In short, quality-of-life information can be gleaned from quantitative as well as qualitative instruments to get at levels of satisfaction with programs, confidence in receiving care and support in the future as needed, the ability to remain as active as possible and to age in place and reduced carer strain.

Seamless Care Coordination

Studies have found that effective coordination is key to successful supportive housing projects as a means to foster strong linkages to external support and community groups (Jones, 2007) and to help ensure seamless integration and navigation of services across care sectors (Hollander & Prince, 2002). Indeed, intensive case management is integral to the RVCP scheme. Case management, available services, manageable case loads, and assessments tools are identified as important aspects of care coordination. Effective case management will ensure required services are available to supportive housing clients using assessments tools and regular monitoring. An assessment tool should accurately determine a supportive housing client's needs on an ongoing basis in order to ensure changing needs are being met since meeting needs of clients is central to ensuring seniors are able to stay in the community (Ball et al., 2004). It is also important that case managers have manageable case loads to ensure clients are receiving the attention and care needed (Valentine, Darby & Gouke, 2008). Ensuring case managers have manageable case loads so that they are able to respond to patients in a timely manner is an important quality-of-care indicator. Care coordination can be measured using qualitative assessments provided by supportive housing clients to determine whether care meets the needs of

clients (Billings, 2005), and effective assessment tools can be assessed based on established best-practices in assessment.

“Cherry picking” or “creaming” may occur if funding is tied to client numbers, in which case, case managers may feel pressured to increase case loads. One method to counter this problem is to apply a differential funding mechanism for different levels of care needs. Case managers may then feel less compelled to take on only low needs clients or to transfer higher needs clients to LTC facilities. The lesson here is to use a range of measures on needs diversity as well as quality-of-care.

Program Sustainability

Supportive housing advocates have long claimed that they have the winning formula for providing more cost-effective care as compared to LTC facilities. The RVCP program also reported that supporting seniors at home helped delay entry to residential care. The program was careful to note however that efficiency can vary due to a variety of factors including economies of scope, location, price differential at various locations and time frame, that is, the need to measure results in the long run. One evaluation framework size does not necessarily fit all.

One approach to measuring cost-effectiveness is to evaluate direct cost-effectiveness of a program through comparison of service use. Hollander and Chappell (2002) compared data on service use in home care and residential care facilities by comparing service cost to government for each home care and residential care by level of care needed by patients (patients were categorized based on level of service need). A similar method was applied by Williams, Kuluski, and Watkins (2008) to compare costs of community care packages, supportive housing programs and LTC facilities. This study now conducted in 12 out of 14 Local Health Integration Networks concludes that 50% of those on the LTC wait list can be safely and cost-effectively diverted to the community with community care packages, and that up to an additional 25% (that is, 75% of the total LTC wait list) can be diverted to the community if supportive housing were also available. However, as cautioned by Burke (2000) and Stein (2001), to ensure that cost-containment does not result in reduced service quality, the evaluative framework should include a quality-of-care component.

Another method to assess overall health care cost-savings is to use indirect data, such as the capacity of supportive housing to manage crises and avert inappropriate emergency service use (e.g., 911 or emergency room visits). In this case, tracking the use of emergency response buttons or call centres and the ability of supportive housing personnel to defuse crisis situations would be constructive. Furthermore, hospitalization and emergency room visits are risk factors for admittance to costly residential care facilities (Hales, Ross & Ryan, 2006). However, tracking client’s unscheduled visits to hospitals and their reasons for doing so is challenging. There is the potential to use existing OHIP and hospital administrative data that records hospital, emergency and ALC visits as a measure of unscheduled hospital visits. Local Health Integration Network (LHIN) evaluators could cross-reference hospital data with supportive housing addresses to gather these measures.

Program affordability is an additional component of cost-effectiveness. The Canada Mortgage and Housing Corporation (CMHC) argues that affordability is an important measure of an effective

supportive housing project (NACA, 2002). Furthermore, these programs are intended to be accessible by all socio-demographic groups thus costs of programs should be within the means of individuals with a range of incomes. Program costs can be compared across supportive housing programs and across LHINs in Ontario to ensure relative similarity between costs and services provided no matter which program an individual enters. This could also help ensure that program costs are sufficiently linked to service costs across all programs and help ensure efficiency by determining best practices and benchmarks.

Program sustainability should also consider health human resources. Ensuring that there are sufficient numbers of personal support workers, volunteers and program managers is integral to ensuring programs can be sustained over time. Worker retention can be measured using the concepts “stickiness” and “inflow”; concepts found to be useful proxy measures of relative job attractiveness in nursing, and may be applicable for other work health care work forces as well (Alamedinne et al., 2006). Stickiness is defined as the transition probability for a worker in a given year, and inflow is defined as the number of expected new additions to the workforce. Worker satisfaction may be useful in predicting their propensity to stay. A useful survey tool is the Measure of Job Satisfaction (MJS) which has been found to be a reliable and valid instrument for assessing staff satisfaction in residential aged care settings (Chou, Boldy & Lee, 2002). This instrument found that staff satisfaction is an important factor influencing service quality, and could thus serve as a proxy measure for quality of care. It may be also useful to measure supportive housing recruitment and retention strategies.

To address the increased demand for Continuing Care Assistants (CCA), Nova Scotia implemented a number of strategies to improve retention and recruitment. Strategies applied in Nova Scotia include the development of a bursary program, the development of an integrated CCA career pathway, integrating a CCA human resources strategy into the broader provincial health human resources strategy, and providing equitable wages and benefits between the community and hospital/institutional sectors (Greenwood, 2006). Application of similar strategies could indicate a supportive housing unit’s ability to retain and recruit valuable health human resources.

A final component of program sustainability and cost-effectiveness is the role of informal care-givers. The presence of an informal care provider may be a factor in determining whether a client can be cared for in the community or home (Hollander & Chappell, 2002). Informal support provided by family has been found to help recognize and affirm the need for formal assistance to elderly family members and may help facilitate entry into a formal care system and ensure needs are being met as they change (British Columbia Ministry of Health, 2004). It is possible to measure informal caregiver burnout to determine the sustainability of that resource. In the RVCP evaluation, a Caregiver Strain Index was used to evaluate caregiver burnout (Hale, Ross & Ryan, 2006) which helps anticipate the future loss of these supports.

Conclusion

This case study presents a first step in developing an evaluative framework for senior supportive housing. More extensive consultative work would be required in order to determine appropriate indicators for each measure and sub-measure. What this framework does demonstrate is that there is a potential for performance measurements to take into consideration the numerous potential perverse

effects and numerous challenges and barriers to performance measurement implementation. What is required is an understanding of the program being measured, the purpose of the program, and the relevant stakeholders who should be consulted. The consultation phase will not only help identify indicators but also help break down some of the barriers to implementation by ensuring all relevant stakeholders agree on the purpose and value of the evaluation. In considering the potential benefits of evaluation, it is important to understand, avoid and prevent the perverse effects of those evaluations from undermining those benefits. This proposed evaluative framework for senior supportive housing marks a step in that direction.

There are five lessons from this case study that should be taken into consideration when developing a performance measurement system for senior supportive housing in Ontario:

Evaluation Questions: The RVCP program evaluation is guided by well-defined questions. Identifying evaluation questions based on program theory (the logic explaining why a program is expected to produce desired outcomes) and program objectives is an important first step in the development of an evaluative framework (Grembowski, 2001). This should be done at the outset of the development of an evaluative framework as this will affect the evaluation design, data gathering methods, and the reporting of the data. Questions should reflect the interests of the primary users of the data in order to ensure the evaluative framework is relevant and useful.

Mixed data: The RVCP evaluation combined quantitative and qualitative data in order to provide a narrative style evaluation. Using an observational design such as this is recommended for evaluating complex community programs which may not be conducive to experimental design approaches to program evaluation (Green & South, 2006).

Alignment with broader strategic objectives: The RVCP evaluation was designed to align with broader strategic objectives of Australia's Department of Health and Ageing. Aligning an evaluation of senior supportive housing programs to Ontario's broader objectives for health care, particularly the objectives of the *Aging at Home Strategy*, will help demonstrate the value of these programs.

Frontline support: The RVCP evaluation experienced difficulty in ensuring frontline workers complied with the program evaluation. Ensuring support from frontline workers is highly important to the success of an evaluative framework that relies on these workers to gather evaluation data. Without a clear understanding of the purpose and objectives of the performance measurement system, frontline workers may not report accurately or may change their behaviours to the detriment of care quality in order to better suit the measurement system (Lipsky, 1980).

Length of Evaluation: One of the key limitations of the RVCP evaluation was the limited time frame provided to gather data. Adequate time for data collection must be provided to ensure the evaluative framework appropriately represents senior supportive housing in Ontario. Both lead and lag indicators can be incorporated into the evaluative framework in order to provide interim data (lead indicators) in addition to long-term outcome data (lag indicators).

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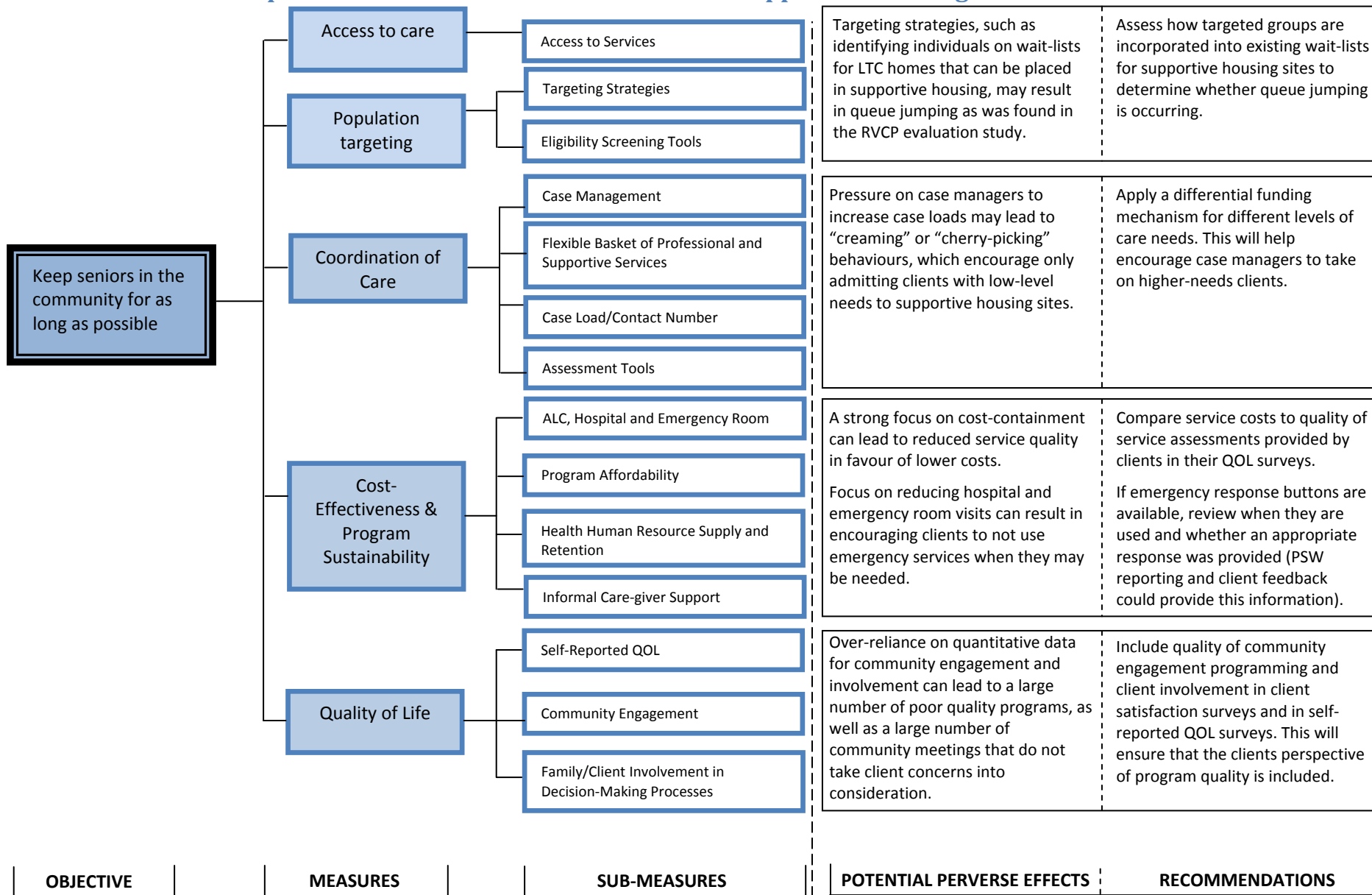
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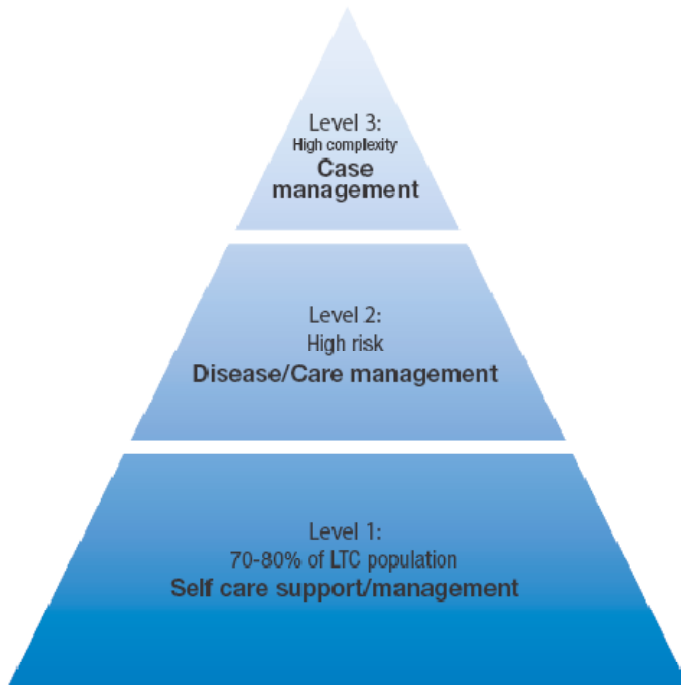
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APPENDIX A: Proposed Evaluative Framework for Senior Supportive Housing in Ontario



APPENDIX B: Kaiser Permanente Triangle (Department of Health, 2005, p. 10)



Level 3: Case management – requires the identification of the very high intensity users of unplanned secondary care. Care for these patients is to be managed using a community matron or other professional using a case management approach, to anticipate, co-ordinate and join up health and social care. This is described in more detail in **chapter 2**.

Level 2: Disease-specific care management – This involves providing people who have a complex single need or multiple conditions with responsive, specialist services using multi-disciplinary teams and disease-specific protocols and pathways, such as the National Service Frameworks and Quality and Outcomes Framework. This is described in more detail in **chapter 3**.

Level 1: Supported self care – collaboratively helping individuals and their carers to develop the knowledge, skills and confidence to care for themselves and their condition effectively. This is described in more detail in **chapter 4**.