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An evaluation of the impacts of the C2bMe@Home program on clients' wellbeing

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CONTENTS

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ABOUT THE AUTHORS

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EXECUTIVE SUMMARY

The project aimed to evaluate the impact of the Continuing to Be Me (C2bMe@home) program in improving the wellbeing of elderly clients who live in their own homes. The study involved a mixed-method approach to data collection, involving interviews with C2bMe@home program clients and survey of referrers to the service. In total, 8 interviews were conducted and nine surveys were collected. In addition to this, client outcome measures collected by C2bMe@home clinicians were statistically analysed to assess changes in mental health and wellbeing from time of admission to discharge. Main findings and recommendations are summarised below:

- Clients identified character traits possessed by the clinicians that have contributed to the success of the program including ability to build rapport, being personable, having empathy, intuition, perception, conversation skills and knowledge of psychology.
- Common issues facing these clients include matters of loneliness, boredom, health concerns, reduced mobility and a perceived social taboo about discussing mental health.
- Clients identified several social factors which help improve their mental health including family relationships, local support networks and marital status.
- Clients identified several positive outcomes of sessions including mindfulness, reducing unhelpful habits, strategies for coping with panic attacks.
- Although attendance at group sessions was not common among the interviewees, those that did attend them reported positively on the experience due to its wider social benefits. Attendance at group sessions should be encouraged for more individuals in need of support. Lack of transport can be a barrier to group participation.
- In-home, personalized care is vital to the success of the program.
- Some clients expressed frustration at the slowness of initial contact after being referred to the program.
- Overall, the individual and group programs are highly valued by the participants, and greater access to both services is desired.
- Overall, client outcome measures related to mental health and wellbeing had a significant improvement from admission into the program to discharge.
- It is recommended that quantitative outcome measures are collected more regularly in order to allow a more robust analysis of the impact of the program on clients' wellbeing temporally. Collection of other complementary data, including demographic and other social and medical information can also help in identifying particular characteristics that may support or hinder recovery progress and further support treatment plans.

INTRODUCTION

The World Health Organization (WHO) (2021) define healthy ageing as developing and maintaining functional ability that enables wellbeing in older age. WHO (2021) also highlight that the outdated and ageist stereotypes of older people being frail and dependent need to be eliminated, and a focus on aligning health systems that promote healthy ageing holistically and empowering individuals needs to prevail. Although aging looks different for each person, it is vital that aged care has a focus on healthy aging and helping continue "a meaningful and dignified life" (Royal Commission into Aged Care Quality and Safety, 2021). Mental activity and social engagement are both important features of an elderly person's life and should be encouraged and supported by carers (Australian Institute of Health and Welfare, 2018).

By the year 2050, it is anticipated that approximately 3.5 million people will be accessing aged care, with 80% of people choosing to receive their care at home (Visvanathan et al., 2019). Living longer can have both positive and negative impacts; however, focusing on recovery strategies, adaptation and psychosocial health can lead to healthy ageing (World Health Organization, 2021) and improved quality of life. According to the Australian Institute of Health and Welfare (AIHW, 2013), most older people prefer to "age in place"; they prefer to remain in their own living arrangements rather than move to Residential Aged Care Facilities (RACFs), but health concerns and social reasons are major reasons for moving.

Uniting NSW.ACT provides mental health and other services across New South Wales and the Australian Capital Territory. It provides support to vulnerable and disadvantaged individuals through a number of initiatives and programs that have the overall aim of assisting people in transforming their lives. Continuing to be Me is a relatively new initiative offered by Uniting NSW.ACT that provides free support programs for older people living in aged care facilities (C2bMe) or living alone (C2bMe@home). The C2bMe and C2bMe@home program follows a person-centred model of care designed to support wellbeing and optimise functioning of older persons in residential aged care facilities or at home in the community so that they can continue to live well. Working either with older persons in RACFs or in their home, the C2bMe program offers in-reach services, psychological support, psychosocial education for the older person and their family and carers, and work in collaborative partnership with RACF staff and families and carers to deliver holistic service. Clients from the C2bMe program in RACFs are involved in both group and individual sessions, whereas the @home program is focused on individual sessions only, although sessions involving family members and carers are also occasionally conducted. Outcomes and strategies are, nonetheless, very similar in both versions of the program.

Research Objective

The aim of this study is to evaluate the impact of the C2bMe@home program in improving wellbeing of elderly participants living at their own homes in the South Western Sydney region of NSW. In order to do this, the views of program clients were gathered and analysed together with quantitative mental health and outcome measures.

METHODOLOGY

This study used a mixed-method approach to data collection, including both qualitative and quantitative data. Qualitative data was cross-sectional and focused on older adults residing in South Western Sydney who were receiving support from C2bMe@home staff. Quantitative data involved surveys of referrers to the program as well as pre/post surveys measuring clinical mental health and wellbeing outcomes of C2bMe@home clients.

Data Collection

An interview design was chosen as the qualitative data collection method for this evaluation as it would best enable a description of participants' experiences, using open-ended questions so that in-depth information could be collected. Also, given participants include older individuals who usually do not engage as readily with surveys and who are more likely to appreciate a more personal approach, an interview method was deemed more appropriate.

Recruitment of elderly residents was facilitated by C2bMe@home staff who work directly with clients and are therefore familiar with their abilities and medical history. Staff were advised on how to proceed with recruitment of program users in an ethical manner, including only inviting clients who do not present a medical condition that impacts on their ability to participate in an interview or to provide consent. Staff who initially recruited participants provided some general information about the study to clients and explained that participation was entirely voluntary. If the client expressed an interest in participating, they were asked if they consented for their telephone details to be shared with the research team, who then contacted them to provide more information. Clients had time to consider the invitation and were free to say no when the researcher called them. The researcher also gave them the option of calling back later if they felt they needed more time to consider their participation or were not available at the time. At the time of the interview, the clients were reminded that their C2bMe@home clinician[1] provided the research team with their contact details and explained again what the aim of the interview was. A total of 15 clients' contact details were provided to the research team by the program manager and all were contacted for participation; of those, eight clients consented to and participated in an interview.

A semi-structured interview schedule (Appendix 1) was prepared prior to the interviews. This technique is based on open questions that allow researchers to provide context for understanding the participants' perspectives. The interview guide was developed to address issues identified as relevant to the research aim and consisted of simple questions regarding participants' experiences in the C2bMe@home program.

Interviews were conducted between March and September 2022 and ranged in duration from 19 to 63 minutes.

Given the difficulty in accessing clinicians who refer clients to the C2bMe program to participate in interviews, surveys were considered the most feasible method to collect data from this group. A short

[1] We are aware that staff working in the C2bMe@home program come from different professional backgrounds, including social work, counselling, psychology and mental health nursing, among others. Given the similar role played by all staff in the program, we have chosen to use the term clinician as a proxy for all staff who work supporting C2bMe@home clients.

survey with a mixture of open-ended and closed-ended questions was developed and uploaded to the secure online survey Qualtrics© (Appendix 2).

Recruitment of referrers to the program was conducted via email messages sent by the research team directly to referrers who have a relationship with the C2bMe@home program. An initial email invitation with all information about the study and a direct link to the survey was sent to 19 referrers in February 2022. A follow-up email was sent 2 weeks later to increase the number of participants. Nine referrers completed the survey and took between 2 to 19 minutes to complete it.

In addition to the above, the researchers were provided with de-identified quantitative data collected by C2bMe@home clinicians at the time of admission to the service and at discharge. Data were collected in person, via structured interviews, using the validated tools K10, PWI and HoNOS 65+. The Kessler-10 (K10) is a simple measure of psychological distress and of outcomes following treatment for common mental health disorders. The Personal Wellbeing Index (PWI) is a scale measuring satisfaction with different life domains to create a combined measure of wellbeing. Lastly, the Health of the Nation Outcome Scales 65+ (HoNOS 65+) measures behaviour, impairment, symptoms and social functioning for those in the 65 years + age group. Pre and post data for a total of 38 participants were provided to the research team.

Data Analysis

In common with the majority of qualitative research, all interviews were digitally audio-recorded (Puchta, Potter, & Wolff, 2004) with the permission of each participant involved. This process enabled the collection of an accurate and unbiased record of the interviews and allowed for the use of direct quotes in the interpretation of the qualitative material. Also, this permitted the researchers to focus on the participants rather than on writing down each of the subjects' responses.

The analysis involved the transcripts being read thoroughly by the researcher who also conducted the interviews, annotating it in order to identify main topics emerging from the data. The principal researcher reviewed all transcripts and notes as part of a validation process to ensure identified topics were accurate and provided a rigorous representation of the experiences shared by participants.

Survey data were analysed using descriptive and logistic statistics, and are presented below in tables and graphs.

FINDINGS

8	38	9
interviews with C2bMe@home clients	clients completed pre/post mental health **outcome measures**	**referrers** to C2bMe@home

Quantitative results of the referrers' survey as well as of clients' mental health and wellbeing outcome measures are presented first in this section, followed by the analysis of the qualitative material, which is presented into six main themes that emerged from interviews and open-ended questions in the referrers' survey, and provide insights into matters related to the effectiveness of the C2bMe@home program as well as its strengths and weaknesses. They are: Program Establishment; Clinician Attributes; Group Sessions; Challenges; Collaboration and Training; and Overall Effectiveness.

1. Clients' Mental Health and Wellbeing Outcomes

The main aim of the C2bMe@home program is to improve and eventually achieve sustained good mental health, psychosocial functioning and wellbeing for its elderly clients. In order to measure such achievements, the program has established some clinician-administered measures, including the validated tools K10+, HoNOS 65+ and PWI. Figures 1 to 3 below show the results of the analysis of client evaluations going from baseline (i.e., admission into the program) to discharge.

Overall, all measures presented statistically significant results pointing to an improvement in mental health and wellbeing. For the K10+ results, a statistically significant decrease in anxiety and depressive symptoms was found, as illustrated in Figure 1. For the PWI, a statistically significant increase in satisfaction with different life domains was found (Figure 2), suggesting an improvement in the general wellbeing of clients. In this case, it is interesting to note one outlier, that presented a significant decrease in their life satisfaction, potentially warranting a follow-up. Lastly, HoNOS 65+ results indicate a statistically significant decrease in problem behaviour, impairment and symptoms that negatively impact psychosocial functioning (Figure 3). Together, these measures demonstrate the positive and significant impact that the program is having on clients' mental health and wellbeing.

It is important to note here that the data is only collected at the point of entry and exit from the program, which means that only those who have been discharged (i.e., have been deemed to have achieved significant improvements in their mental health state) are included in the sample. This represents an important bias in the data as improvement in all measures would be naturally expected from these clients. It is recommended that these quantitative measures are collected at, at least, another point in time in the clients' treatment plan, to that a more robust analysis of the impact of the program on clients' wellbeing is possible. In addition, a temporal analysis of clients' recovery journey may also be interesting and can suggest the average time it is required to achieve significant improvements in mental health and wellbeing outcomes. Collection of other complementary data, including demographic and other social and medical information can also help in identifying particular characteristics that may support or hinder recovery progress.

Figure 1

K10+ Results

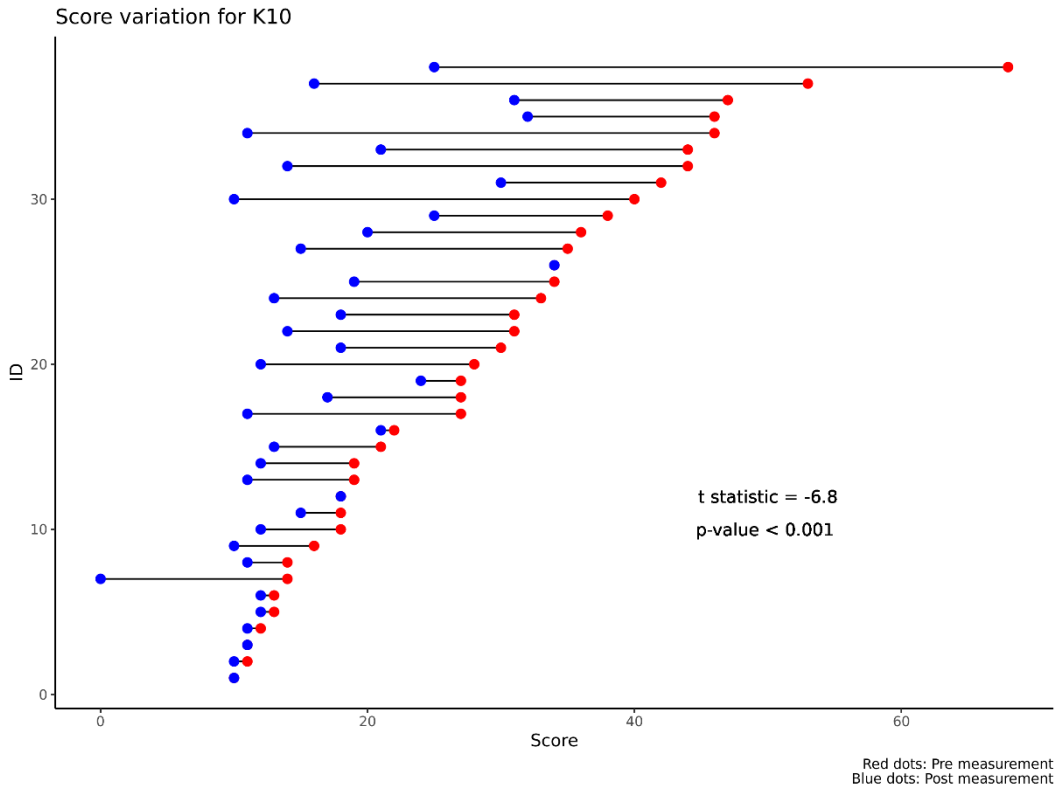


Figure 2

PWI Results

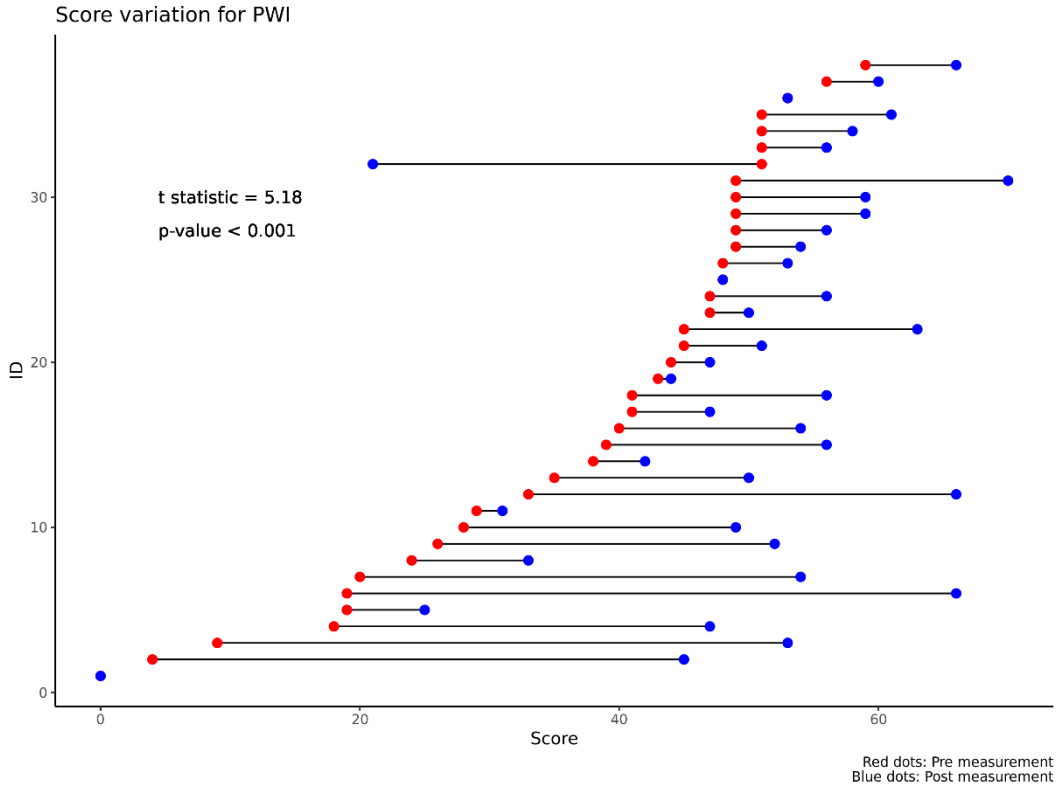
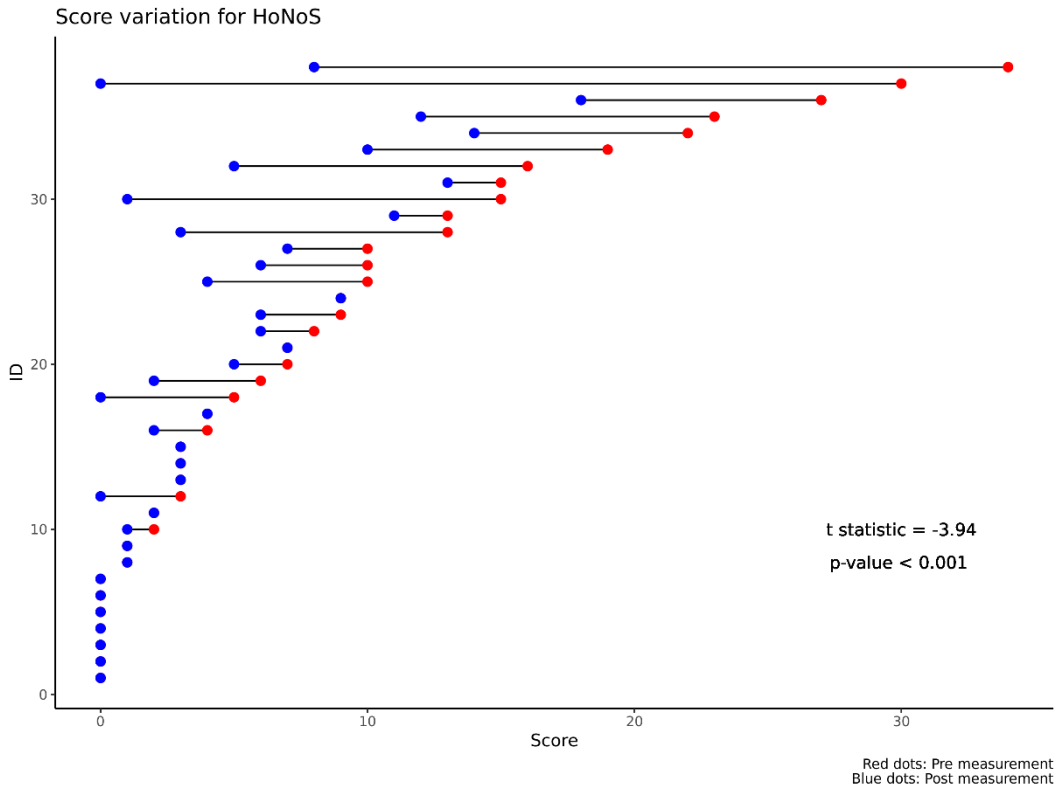


Figure 3

HoNOS 65+ Results



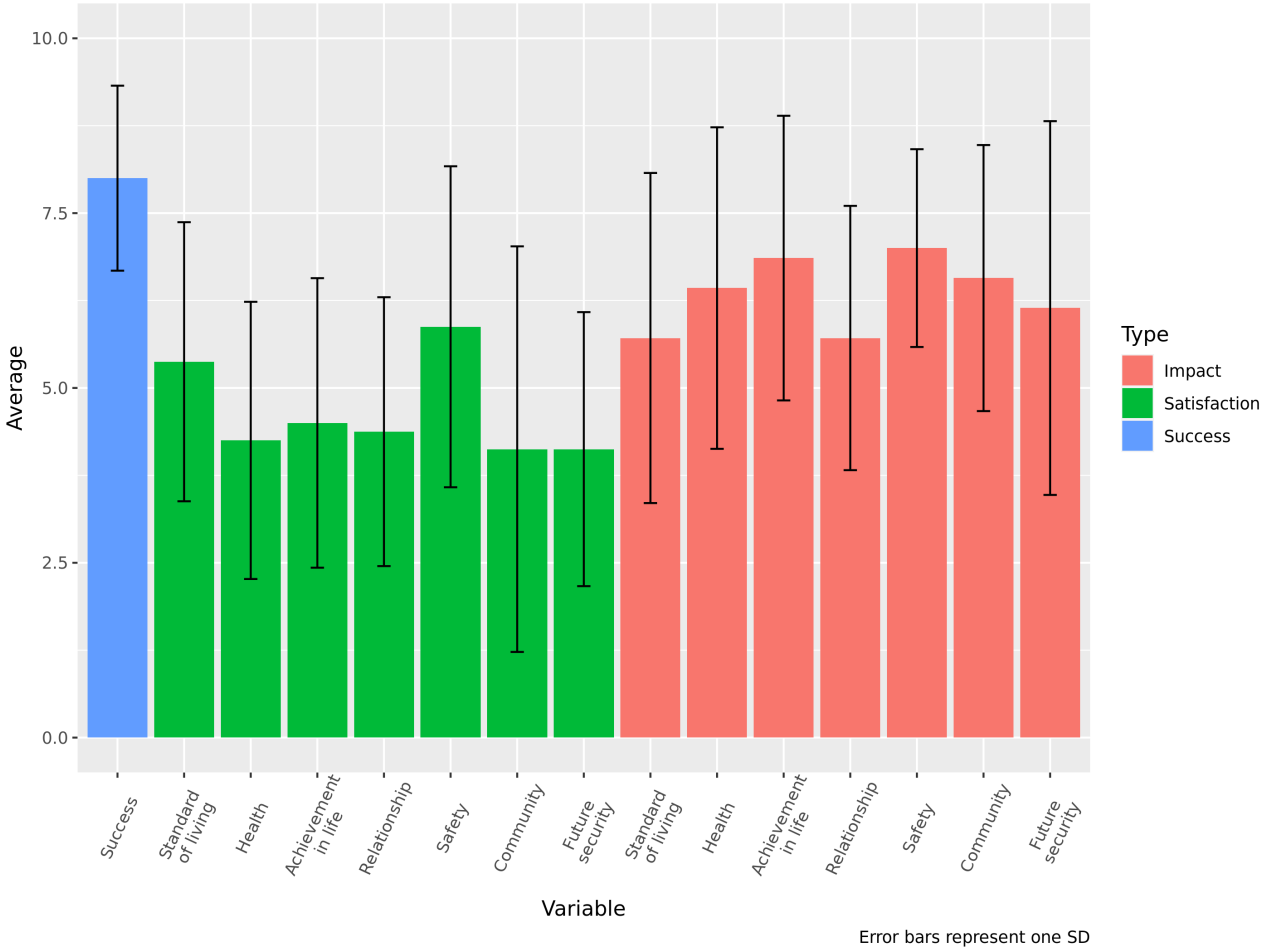
2. Perceived Impact of C2bMe on Clients' Wellbeing

Clinicians who work with elderly clients and who refer those in need of mental health support to the C2bMe program (i.e., 'referrers') were asked how successful was C2bMe in improving clients' wellbeing. The overwhelming majority responded very positively, with an average of 8 out of 10 and a small standard deviation of 1.3 (see Figure 4 below). Some of the comments provided by the referrers are explored in the next sections.

Using an adaptation of the PWI scale, referrers were asked also how satisfied they believe their elderly clients are with different aspects of their lives and, subsequently, how much they think the C2bMe@home program positively impacts on their clients' satisfaction with different aspects of their lives. The results are summarised in Figure 4. Overall, the findings suggest that C2bMe greatly supports clients' wellbeing. As can be seen in Figure 4, although referrers indicate that their clients' satisfaction with different aspects of their lives might be still low (average of 4.6 out of 10), the support provided by C2bMe@home is felt to have a higher impact (average of 6.3 out of 10). The areas that referrers classified as having the least amount of impact on clients' wellbeing were with their standard of living and with their personal relationships.

Figure 4

Survey of Referrers



Note: This figure presents the results of closed-ended questions of the Survey of Referrers, which can be found as an appendix at the end of this report (Appendix 2).

3. Clinician Attributes

As identified in other studies, the personal attributes of the C2bMe@home clinician are vital to the success of the program. The ability to quickly build rapport, be personable, and empathise with the client allows for the client to open up and share their struggles. In turn, this allows the clinician to address their problems and assist in recovery. Two clients compared their C2bMe@home clinician to a psychiatrist and identified that these personal traits made the program easier to engage with.

"They're two totally different. The psychiatrist is like talking to a psychiatrist out whereas [C2bMe clinician] is like talking to a person." (Client)

"Some psychiatrists came out to see me in the home. And I really didn't find them any help. It was more like, I don't know, they're trying to label on what my problem was." (Client)

Although it may be difficult to train future clinicians in the skills of intuition and perception, one client was greatly impressed to find these traits at use in the program. An anecdote was shared by them, in which the clinician could sense and address an issue with impressive speed.

"She's a very, very talented woman and very perceptive to moods and if anything's changed... And soon as she got to the front door, she said to me, 'What's the matter? Something's bothering you.'" (Client)

Clients often cited that they valued their clinician for their knowledge in psychology. When coupled with their interpersonal skills, the clinicians were often highly esteemed by their clients.

"[clinician] is so knowledgeable when it comes to emotional and psychological problems... She really knows how to express things. She makes you feel very comfortable... I'd say she's a very efficient, knowledgeable counsellor." (Client)

"She's like a family friend, someone you can talk to... You don't feel uncomfortable talking about things you wouldn't normally talk about if you didn't know the person." (Client)

"I found it very comfortable with him, just talking to him." (Client)

Ultimately, the counselling services provided by C2BMe@home were identified as highly beneficial. One client linked the conversational skills of the clinician with their success as a counsellor. These conversational skills assisted clients in learning the language necessary to speak about their struggles.

"The way [clinician] speaks to you and the questions she asks, they're not invasive. It's like a conversation. And I just feel so much easier being able to say what I feel and what I think. And I really gotta thank her because I think she's helped me so much to get to where I'm getting today." (Client)

4. Issues Faced by Clients

Loneliness, isolation, and boredom are major struggles for many clients. These tend to both cause, and be caused by, mental health issues.

"I'm in the house all time. I just don't go out. I don't see anybody outside... just because of my condition, my anxiety and depression." (Client)

Many clients have had significant problems with their health in recent years. These are often a major disruption in the clients' lives, resulting in reduced mobility and ability to engage with their local communities.

"I've had a stroke, so my speech isn't great... she's been concentrated more on depression, and me living alone... I've lost my capabilities of doing a lot of things. So that's why I needed help." (Client)

One client identified that there was stigma against mental health problems that could prevent individuals from seeking care. Another client expressed that this was a personal barrier in engaging with mental health services.

"I think there's a stigma against it, and they get the fear of them in their system that they're going to be locked away." (Client)

"I thought she had no business telling me I needed mental health [support]." (Client)

5. Protective Factors

Certain factors in clients' lives make management of their mental health problems easier and should be encouraged by C2bMe@home staff. Good relationships with family members provide clients with a support network. These relationships can be complex, and clients may feel unwilling to ask family for assistance out of a fear of burdening them. Living spouses are a major support for the clients who have them, but those who have lost a spouse may find themselves lost and without direction.

"My son and my daughter. They'll look after me." (Client)

"He has a problem with asking our three sons for help." (Client)

"I don't know, we're just good together. Have been 50 years." (Client)

Good relationships with neighbours often minimised the burden of day-to-day tasks. When these relationships were strong, they played a major role in supporting the client and helping them to feel valued. For this reason, clinicians should consider partnering with neighbours whenever possible.

"I've got either side, I've got really nice neighbours." (Client)

"The street we actually live in is just wonderful... It's just a good little community... They just looked after him, which is just wonderful." (Client)

6. Program Highlights

One client identified that practicing mindfulness in a natural space had a major impact on the management of anxiety and depression. He noted that his C2bMe@home counsellor had trained him to take note of his own habits and interrupt them before they began to cause a significant negative impact on his mood.

"If I'm dithering around and not achieving anything during the day, I go outside, which I've been trained to do through counseling and sit there for a while... You go out into the environment and out into the fresh air. It's a bit hard at the moment with the rain. It makes such a difference." (Client)

Regarding her panic attacks, one client relayed the instructions her C2bMe@home counsellor had given her. Tailored advice such as this is one of the major strengths of the program, as it allows for clients and clinicians to work together in finding the best management strategies for mental health struggles.

"She just told me I need to concentrate on my breathing and focus on something in the room and concentrate on breathing your way out of it. And it will get less and less and less." (Client)

Although it should be noted that there may be a selection bias in the interviewees, clients were overall very positive about their experience with C2bMe.

"I think she's helped me look at the glass as full, not half full." (Client)

Very few interviewees attend group sessions. However, one client found them particularly helpful. This client noted that hearing others' perspectives and struggles was beneficial, largely for the community aspect. The group participants were able to counsel each other and provide moral support when the client shared a personally impactful story.

"It's just nice to sort of sit around and just talk to people, and hear other peoples' stories… the lady that was there, she was very good and helpful and just listening to what they've got to say… Very sparse, there's only a few of us that turn up, but I think [clinician] actually puts a lot into it, I can see that he works hard to get these meetings going." (Client)

"I think they were very interested in the story." (Client)

These sessions may or may not be helpful for individuals in dealing with their own struggles, but may be a good intervention for those with less severe mental health problems.

"They put a video on, and I sat through that, but none of it sort of helped me in my particular circumstances. It was different ways of handling grief, and I couldn't relate to a lot of it." (Client)

Surveyed referrers identified that in-home, personalised care was vitally important to meeting the clients' needs. One survey response summarised the range of views succinctly.

"Being able to reach difficult-to-engage clients who would be unlikely to accept supports outside the home or if a formal mental health diagnosis was required. There has been a real service gap for such clients prior to this program. Also the person centered approach and ability of the service to be sensitive and flexible around what works for different clients has been really helpful." (Surveyed referrer)

Another referrer identified that there were non-quantifiable benefits that the clients gained, and that although there may be a steady decline in the clients' wellbeing, this should not be mistaken for evidence against the C2bMe@home program, but is instead an indication of the clients' natural decline with age and disease as it is supported by their clinician.

"I have definitely had some clients who have had a tangible improvement in their wellbeing… For other clients there may not have been a tangible improvement but this has been related to their specific… not related to the efficacy of the program. For these clients the program has still be extremely helpful in the sense of helping them feel heard and supported, and knowing they have someone they can reach out to. These benefits may not be captured in measurable outcomes such as improved community engagement but are nonetheless very real and valuable to the client." (Surveyed referrer)

7. Limitations

One client who had already commenced a service did not recognise it as such, expressing frustration and loneliness in waiting for the counselling services to commence. They were confused due to multiple

services being involved in their care but the fact that they felt the service had not commenced highlights the need for clear communication, timely engagement with the program and a smooth referral process.

"I want somebody to come here and talk to me but nobody comes here." (Client)

One barrier to attending group sessions was the lack of transportation available. One client expressed an interest in these sessions, but was unable to make her way to the venue. The @home service may benefit from providing a shuttle bus to make attendance more feasible.

"But the problem, I'm not driving. I'd love to go there, but it's too far from the station." (Client)

Referrers identified several limitations in the program, including additional support for carers, C2bMe clinicians' engagement with other clinical services, and certainty around the funding and longevity of the program. Several referrers were unsure of how the program could be improved, as they were no longer following the clients' progress.

"No program is a cure-all. C2bMe has greater effectiveness when there are strong communication links with the support network." (Surveyed referrer)

CONCLUSIONS

It is evident from the data presented here that clients' mental health and wellbeing had a significant improvement from admission into the program to discharge. An important factor contributing to such success of the program is the clinical staff involved, who have been able to successfully build rapport with clients, being personable, having empathy, intuition, perception, conversation skills and knowledge of mental health to support clients' recovery journeys. Clients have also identified several positive activities included in the program, including mindfulness, reducing unhelpful habits, strategies for coping with panic attacks and the group sessions, which provide wider social benefits but still have low attendance rates. Attendance at group sessions should be encouraged for more individuals in need of support, with consideration to providing transportation to facilitate participation. Clinicians should also consider engaging with family members and neighbours, with the client's permission, in order to provide community-centred support in addition to counselling.

Another central factor contributing to the success of the program is the in-the-home, personalized care provided. Common issues facing clients include matters of loneliness, boredom, health concerns, reduced mobility and a perceived social taboo about discussing mental health, which the in-home model can effectively address.

It is clear that C2bMe@home provides high-quality counselling services for elderly people suffering from depression, anxiety, grief, and trauma. In addition to the abovementioned recommendations, it is suggested that quantitative outcome measures are collected more regularly, not only at entry and exit, in order to allow a more robust analysis of the impact of the program on clients' wellbeing temporally. Collection of other complementary data, including demographic and other social and medical information by clinicians for all clients can also help in identifying particular personal, social or structural characteristics that may support or hinder recovery progress and further support treatment plans.

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APPENDICES

1. Appendix 1 – Interview Schedule

Hi [Resident], my name is [Interviewer], how are you?

Are you comfortable answering a few questions about your experiences with Continuing to Be Me?

Are you in a place where you feel you can talk freely?

I have a few questions to ask, but it's okay to go off topic. The purpose of this study is to hear your perspective on the program so we can improve it for others in the future. Please feel free to share as much as you like. Anything you say will only be used for the study, and your identity is completely protected.

If you have any questions at all, please feel free to ask them at any time.

Can you describe your experience with Continuing to Be Me?

- What was your initial reaction to the program?
- How did that change over time?
- Are there any highlights that you would like to share?
- What about any shortcomings?

I'm now going to ask seven questions about how satisfied you feel, on a scale of 0 to 10. On this scale, 0 means you feel no satisfaction at all, and 10 means you feel completely satisfied. Would you like me to repeat this for you?

In that case, I will start by asking how satisfied you are with your life. So (refer to the test items below).

- On a scale of 0 to 10, how satisfied are you with your standard of living?
- On a scale of 0 to 10, how satisfied are you with your health?
- On a scale of 0 to 10, how satisfied are you with what you are achieving in life?
- On a scale of 0 to 10, how satisfied are you with your personal relationships?
- On a scale of 0 to 10, how satisfied are you with how safe you feel?
- On a scale of 0 to 10, how satisfied are you with feeling part of your community?
- On a scale of 0 to 10, how satisfied are you with your future security?

Do you feel that the C2BMe program has impacted in any way your responses above?

- If so, in what way? (explore each of the items to gauge any particular change from the program)
- Can you tell me about a time when you used the knowledge or skills you gained from the program?

Is there anything else you'd like to say about Continuing to Be Me? Any comments, criticisms, or suggestions are welcome.

Thanks for your time, I really appreciate it. I've enjoyed hearing your perspective.

2. Appendix 2 – Survey of Referrers

Introduction

Thank you for taking the time to complete this survey. This study aims to evaluate the effect of the C2bMe@home program on clients' wellbeing. By participating in this study, you will be providing valuable information that will inform the further development and enhancement of this and similar programs supporting older persons' wellbeing. The survey should take up to 10 minutes to complete.

Section 1

The first section relates to your personal impression of C2bMe@home. Please write as much or as little as you like in response to each question.

What do you think are the main strengths of the C2bMe program in supporting clients' wellbeing?

What do you think could be improved in the C2bMe program to better support clients' wellbeing?

Please think about the overall success of C2bMe in improving clients' wellbeing. How would you rate the program on a scale of 0 to 10, with 0 being no success at all, and 10 being complete success?

	0	1	2	3	4	5	6	7	8	9	10
Success Rating											

Section 2

The next section relates to your clients in the C2bMe@home program. Think about your average client when answering these questions. Please answer the following on a scale of 0 to 10, with 0 being no satisfaction at all,and 10 being complete satisfaction.

For your average client, how satisfied do you believe **they are with**...

	0	1	2	3	4	5	6	7	8	9	10
Their standard of living?											
Their health?											
What they are achieving in life?											
Their personal relationships?											
How safe they feel?											
How they feel as part of their community?											
Their future security?											

Again, on a scale of 0 to 10, with 0 being not at all and 10 being great impact, how much do you think **the C2bMe@home program positively impacts on your clients' satisfaction with**...

	0	1	2	3	4	5	6	7	8	9	10
Their standard of living?											
Their health?											
What they are achieving in life?											
Their personal relationships?											
How safe they feel?											
How they feel as part of their community?											
Their future security?											

Thanks for your time in completing this survey. If you have any further comments to provide, please use the space below