



## **Raising the Profile Project Regional Community Meeting # 2 Nanaimo, BC March 17, 2017**

### **Introduction:**

Raising the Profile Project is holding seven community-level consultations with stakeholders in the community-based seniors' services sector and organizations that support the sector. These notes summarize the discussions for Nanaimo meeting as part of our commitment to participants, but they are not exhaustive. The key learnings and recommendations for action from the seven consultations will be presented at the Raising the Profile for Seniors Provincial Summit in November 2017.

### **Relevance of Raising the Profile Project to Community-Based Seniors' Sector:**

Annwen presented a description of the Raising the Profile Project. Responses included:

- We should pay attention to isolated male population
- Affordable housing issues should be added – homeless seniors, access to nutrition
- Do we have champions for this in government?
- Would be good to map senior's services in relation to low income communities
- Should include transportation as it is key to seniors being able to access programs

### **Relationship between healthcare and Community-Based Seniors' Sector:**

Marcy provided an overview of the links between the healthcare system and the community-based seniors' sector, Discussion included:

- What is the relationship between this and "Seniors Prototype Accelerated Communities?"
- Collaboration and follow-up are good, but require time and therefore staffing resources
- There are many seniors living in poverty, who are not getting services at all
- Community Recreation should offer free services at a younger age – would prevent many health issues
- Food is a basic issue related to well-being and many seniors are not getting the nutrition they need
- We should develop an RPP wellness model, and test in several communities. Improve over time, but will change the focus towards well-being so that fewer people need acute care as frequently

### **Impact: How can senior's agencies have more impact?**

- Should have standards of practice so we are all delivering similar quality programs
- Mapping of need would help us to target communities better. Higher needs clients mean more easily measured impact
- Collaboration in Comox and on islands works well and could be spread. Collaboration requires investing staff time
- Involve labour organizations in developing solutions that engage volunteers
- Work together in groups (and with healthcare and municipal services) with shared goals, plans and measurement of success



**Promoting the sector broadly:** How can we strengthen and raise the profile of the sector? (Eg: how can the sector become known to and supported by more people and more deeply)?

- Develop a common agenda and purpose and work together on issues that the broader community understands, like transit or housing
- Develop a 5-year plan with other sectors to move the needle on an issue such as social determinants of health. Include government, service agencies and community members
- Achieve an “age friendly” designation to promote awareness of senior’s issues
- Develop a social media campaign to reach those who are unaware of what we do

**Advocacy:** How can the sector have more influence with municipalities, regional district and the healthcare system?

- Carry out or promote research on the savings that come from investing in prevention
- Create a coalition to advocate on common issues. Develop a set of common objectives at a community or regional level
- Bring together regional and municipal government, health authority, and community as equal partners in addressing common issues
- Map out needs for residents in different age groups and identify beneficiaries of advocacy efforts

**Volunteers:** What are the pros and cons of how volunteers are involved in service provision? What would optimal involvement of volunteers look like?

- Pros are: cost savings, social engagement, skills, personal growth, potential for legacy gifts
- Cons are: difficult to train, support and sustain, exploitation, replacement for sufficient funding
- Optimal uses include:
  - o Volunteers need to have meaningful jobs, be supported, recognized and appreciated
  - o Strong orientation and training leads to fulfilling work and less risk
  - o Volunteers who get to bring their strengths
  - o Should not replace staff required for service delivers

**Capacity Building in our sector:** How can we best build and support the capacity of your agency or community of agencies?

- Engage volunteer centres to offer training
- Create linkages with other agencies
- Provide core funding so we can have stability, develop structures and processes that improve services and reduce risk
- Better At Home Advisory Committees allow for cross-learning
- Create a broader Community Health and Wellness network and involve agencies from different sectors

**Urban / Rural and remote:** How do gaps vary from community to community? How do we better align resources with needs?

- Issues are very different in rural areas



- Need more resources to successfully carry out collaboration across communities
- Inter-Island and Inter-community transportation hub to improve access for rural seniors
- Very difficult to support frail or disabled seniors in rural areas
- Map resources and provide easy access (and navigation) to help people know where to go
- Centralize administration and training, and decentralize service delivery so people get what they need closer to home
- Community paramedic program can help us to find seniors who need assistance

### Funding: What changes are needed in how funding is provided to the sector and its agencies?

- Funders want to fund new, innovative programs, but we need ongoing and core funding
- Funders need more education, information to understand our situation
- Adopt more of a business mentality when discussing funding: “investment” instead of “cost”
- Involve businesses to provide funding and inform how we can speak more effectively to funders
- Simplify the granting process: provide more sustained funding, reward program performance, keeping connections strong
- Funders need to acknowledge money needed for administrative costs, recognition of volunteer hours, fair wages
- Uniform or standardized reporting to multiple funders
- Provide partnership funding that enables agencies to share grant money,

### Next Steps:

- From now until early May we will be holding consultations in Kelowna, Nelson, Prince George, Vancouver and Surrey, building on the two consultations we already did in Victoria and Nanaimo.
- At the end of the seven consultations we will prepare a written report and graphic illustration summarizing what we learned, including key recommendations/directions for action.
- In addition to sending the report and graphic illustration to all of you, we will be sharing the findings with key decision-makers in government and community foundations who fund the sector.
- The learnings and recommendations from the seven consultations will also be presented to the Raising the Profile for Seniors’ Provincial Summit in Surrey on Nov. 2<sup>nd</sup> and 3<sup>rd</sup>, 2017.
- There will be 200 people invited to the Surrey Summit from around the province including representatives from the community-based seniors’ services sector, seniors who are volunteer leaders in the sector, provincial organizations that support the sector, municipalities, funders, academics, the Health Authorities and the Ministry of Health.
- Given the limited number of people from community-based seniors’ services who will be able to attend the summit, the selection process has been carefully designed to ensure that:
  - o the representatives reflect the geography and diversity of the seniors’ population in BC, and
  - o prioritizes participation from non-profit seniors’ serving organizations, who are strategically positioned to provide on-going leadership in support of more collaborative information
  - o sharing and decision-making in their local community following the summit.