



Raising the Profile Project Regional Community Meeting, Nelson, BC April 20, 2017

Introduction:

Raising the Profile Project is carrying out community-level consultations with stakeholders in the community-based seniors services sector. These notes summarize the discussions for this meeting as part of our commitment to participants, but they are not exhaustive. A complete list of issues will be kept for analysis leading to a Provincial Forum in the fall of 2017.

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

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

- This shows provincially what we are doing locally, reinforcing what we know - community programming needs to be respected, valued and recognized
- Transportation is a core issue of rural and remote areas and needs to be looked at systemically
- Social connectedness lens - if you do this well - helps address priorities like food, referral information, transportation, physical activity.
- Root systemic causes have to be looked at to understand how the symptoms work and play out, including lack of income, housing, and ageism
- Funding has to have continuity and dependability if programs are going to have continuity and dependability.

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:

- Recognition by government of the impact of the sector must include strategic measurements of funding needs for all levels of stakeholders: staff, volunteers, partners, seniors
- Importance of collaboration means taking service out into community and its more open systems instead of making all come to a central authority
- Accessibility of programs, isolation of seniors, children living a distance away and looking for local help, is hugely affected by local information, referral and navigation support throughout the system partners
- Use collaboration mechanisms that work outside the box: e.g.: CRNs leveraging facility space, services, business support

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

- Establish written protocols between Interior Health and service providers. This is needed for mutual respect and accountability
- Identifying our impact connects with collaborating our services, requiring and using the same space, time and relationships to work it out



- The trusted point of entry with seniors is in relationships, going to where they are, CBSS does this, informed and enabled navigators do this
- Cross-sectoral approaches help include seniors' diversity and complex needs

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

- Recognize there are costs of engaging 'free' volunteers if it's going to work: costs to recruit, train, support, recognize, costs of mileage, meals, gifts
- Tax incentive for seniors who volunteer - tax refund for time volunteering
- Set up buddy systems for training and retained volunteers, avoiding burnout, boost social connection
- Need to clarify roles, boundaries and issue resolution when working with volunteers in a union environment
- Check status difference given volunteers on boards compared to volunteers driving for medical appointments: how do we value volunteer input; how do we recognize its impacts?

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

- How does CBSS become a 'core sector'? Coordinate efforts amongst messages, collaborative/cooperative efforts, long term thinking & 'having our act together'
- Demonstrate the need, impact and expertise: show impact on acute care, emergency departments, businesses, taxes
- Teach younger people regarding civic responsibility & how system works: who are power players - increase relationships and cooperation between generations
- Enable leadership to lead and facilitate: bring people to common goal, collaborate, positive consistency of message and relationships
- We need more statistics on local needs and impacts: engage with local government and regional districts.

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

- Regional coordinators to bring together all this local wisdom. Enable their expertise, as the current experts are busy
- Seniors Hubs enable coordination, collaboration, access to services, navigation
- Intergenerational, mentoring and buddying - passing on skills, develops champions, exchange
- Communication structures: provincial and regional networks between CBSS & Health; discover commonalities, shared goals, links, prevent re-inventing the wheel
- Volunteer advisory committees to have veto power over how funding is applied, with inclusion of paid staff for balance



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

- Adapt models provincially that work for proven integrated programming e.g.: Early Years structure: continual, dependable,
- Coordinated community-based seniors' agency that are mandated to make joint / collaborated project development and funding agreements
- Office within seniors advocate to advise, direct, inform and consult with CBSS to be successful in funding; enables consistency
- New kinds of partners: Crowd sourcing, corporate support, Div. of Family Practice; UBCM, BC Gaming, local community foundations;
- To bring large funders into the arena, paperwork and accountability categories can take out and cancel smaller groups; regionally funders should collaborate on applications & reporting
- The province and federal government need to focus on community health care, which is preventative; they are ultimately responsible!

Urban, Rural and Remote: How do gaps vary from community to community? How do we better align resources with needs?

- Identify collective gaps/ strengths that connect rural and urban services; coordinate shared action plans from those gaps and strengths.
- Rural adaptability, mutli-hatting and face to face intimacy can teach urban services about personal care coaching; urban services can help access pooled resources, training, and service models.
- Face to face meetings needed on all levels to build trust and coordination links between rural and urban organizations; needed with rural and remote clients to trust 'distant' services
- The urban/rural/remote definition is flexible and subjective. E.g.: Nelson is both rural and urban. So, collaboration & communication are key to making and maintaining links
- Teleconferencing and videoconferencing services are now stable and available in libraries, colleges, and municipal centres. Best practices for conducting remotely are also known.