

Raising the Profile Project



Report from the Consultation and
Recommendations for Moving
Forward

Seven Consultations Around BC

- Victoria - South Vancouver Island & Islands
- Nanaimo – Mid to North Vancouver Island & Islands
- Kelowna – Okanagan, Kamloops and Shuswap areas.
- Prince George - Northern BC
- Nelson – West, Central and East Kootenay's
- Vancouver - Richmond, North Shore and Sunshine Coast
- Surrey - Fraser Region to Chillawack

Content of the Consultations

Information Sharing from the Project:

- 1) Overview of project and discussion of six core services areas
- 2) Building links with the health system
- 3) Capacity building in the sector and with external partners

Input from participants:

- 1) Does this reflect your experience/ what is missing?
- 2) Discussion of key issues: increasing impact, capacity building, funding issues, promoting the sector, urban/rural divide, advocating for the sector, role of volunteering

Prepared a 3 to 4 page summary report from each consultation

Feedback on the Consultation Process

- ➔ Gave people hope, felt recognized and valued and part of something bigger than their own agency/community/region
- ➔ Could see there was momentum behind the initiative...because of the research, the partners in the room, the funding and support from MOH and UW in particular, and the plan for the summit and for organizing following the summit.

In the report we framed the approach we are using as **community development**... and included some discussion of what is meant by community development and additional resources related to community development

Input from Participants: Vision and Values

We began by talking about the values people bring to their work...in every consultation participants talked about:

- The importance of a common vision to support long term planning
- The need to bring stakeholders from community based services, senior leaders, municipalities, transit and health authorities together at regular intervals

Systemic Issues Identified

- Housing needed to be added as a core programming area as it affects all other areas of health and wellness
- Increasing number seniors seeking services with more complex issues to contend with related to poverty, addictions, mental health, isolation, abuse, absent families and cultural barriers
- Identified persistent negative public attitudes and discourse around aging...lack of acceptance of aging and death part of the cycle of life and seeing older adults only as a burden
- Identified that much more needs to be done to support diversity and inclusiveness

Areas Where Capacity Building Needed

1. **Volunteer Infrastructure** - participants everywhere emphasized that recruiting volunteers is more challenging
2. **Collaborative Skills and Structures** - requires intentional development of new skills and new community structures
3. **Consistent and Sustained Funding** - problem with short term project funding, focused only on what is “innovative”
4. **Shared Language of Sector Benefits** – need to recognize the value of both medical and social interventions for seniors’ wellness
5. **Training By the Sector, For the Sector** - Skills development related to programming, collaboration, policy advocacy

Areas Where Capacity Building Needed

6. **Information, Referral and Advocacy** - People with higher need more one-to-one coaching and advocacy support
7. **Development of Transportation Infrastructure** - Some effective local collaborations in place -- need to be scaled up
8. **Diversity and Inclusion Capacity, Now** - Services will be more relevant if they become more inclusive...willingness to learn
9. **Intergenerational Development** - High interest in intergenerational programming....but little funding to sustain it
10. **Urban, Rural and Remote Connection** – Need to share expertise and skills between rural communities and with urban centres

High Level Recommendations

- ➔ **Recognition of Community-Based Seniors' Services (CBSS) as a Sector** that provides a broad range of health promotion and prevention services essential to supporting seniors to maintain their health and independence
- ➔ **Creation of regional and provincial infrastructures** and funding to support capacity building of CBSS locally
- ➔ **Agreement from municipalities and health authorities** that collaborative partnerships with the CBSS sector are needed and should be supported

Specific Recommendations

1. New Kinds of Funding Processes

- *Creation of a Funders Table* to: simplify the rules, establish a balance between innovation and on-going support for proven programs, support collaboration, etc.
- *Formation of committee to develop common indicators and evaluation processes* for the sector with representation from the funders, service providers, seniors and researchers
- *Development of a new funding stream to foster collaborative partnerships* similar to the Community Action Initiative (CAI), that empowers the community to determine funding priorities.
- *A provincially funded and supported Community of Practice Model* where two or more communities are selected from each health region, based on the readiness of key partners to move to a more collaborative approach to decision making and service delivery for seniors.

Specific Recommendations

- 2. Build an Active Knowledge Hub** - which would be a provincially coordinated, distributed learning model to build capacity through skills development, mentorships and policy dialogues delivered primarily by people already working in the sector.
- 3. Collaborative Mechanisms** - Cross-sectoral dialogue sessions organized at least twice yearly in communities or sub-regions; and biannual regional consultations and a provincial summit. The intent of both is build collaborative initiatives and decide where to go next.
- 4. Research** – to map service needs and assets; identify common indicators for measuring the impact of CBSS; and develop a research stream to support research on the impact of specific CBSS