



Raising the Profile Project Regional Community Meeting, Surrey, BC May 5, 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:

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

- "To be vulnerable is not to be at risk; to be vulnerable and isolated/lonely is the matrix of disaster." David Pitonyak.
- The 7 key themes are bang on. The underlying issue is sustainability/ reliable funding.
- Need to include how personal changes and transition times create crisis situations if not managed - this links to how we're set up for community networks and connections, found in housing, intergenerational relationships, diversity in relationships.
- "Plan with me, not for me." Self-determination and choice is key to self-care, and to collaborated systems. More seniors voice in decision-making and planning = empowering seniors to move forward. Need to affect a cultural change in perceptions and attitudes to seniors
- Dental, hearing aids, eyeglasses - these kind of privatized health aids - need to be included
- Admit the gaps and find solutions: lowered funding & capacity means reduction in referrals; affordable food programs are limited to those who can pay - very low income and frail can't access.

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:

- Mechanism for collaboration and sharing is needed: this creates opportunities for shared advocacy; leveraging resources for matching services & creating efficiencies in delivery
- Several good models were discussed: partnerships between Divisions of Family Practices and Seniors Planning Table for a community outreach and resource guides; Wellness check in seniors' residential buildings - put out door handle card each morning that says, 'I'm ok,' allows privacy and daily check in;
- BCCRN model of community-based collaborative planning means local relationships and locally relevant solutions, focused by defining each CRN's deliverables locally for agency's targeted financial supports.
- This is about community too: knowing each other, talking to neighbours, knowing each other's situations and needs - call on small municipal grants for get neighbourhoods together



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

- Connect with partners who already work with our targets: e.g. Healthy Communities Partnership for networking collaboration, Big Brothers for intergenerational, Peer counseling programs; Faith groups; Business & Age Friendly engagement; facility space / schools that could be opened up to other groups
- Shift perception: that elderhood is integrated and welcome part of community
- Seniors themselves are speaking on the issues, not just the agencies/ organizations: this history, stories, knowledge is important to community futures
- Hold power stakeholders accountable as part of the larger system: Health authorities, real estate developers building in spaces for programs and services
- Community agency time is now taken up with senior administrative support that the government had once done: forms, OAS; CPP; SAFER programs. Need to support more staff time

Promoting the Sector Broadly: How can we strengthen and raise the profile of the sector? How can the sector become known to and supported by more people and more deeply?

- Need to build a common language between health authority and community based senior services. It must be based in plain language.
- Part of promoting the sector is how it benefits other sectors, age groups, and the wider community - this overcomes the objection, 'Why should we do this for seniors?' By being inclusive of all sectors & ages, we can overcome the challenge of competing messages & age segregation.
- We need to define and know what the sector is and does.
- Need data & evidence, qualitative and quantitative, to bring to government: organizations participating in research or conducting their own evaluations; need for Canadian data; needs to be effectively transmitted to government and funders
- Shift the perspective from 'nice to have' to a 'necessity'. This is the role and impact of the sector.

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

- Create a 'volunteer journey' to combat burnout - from recruitment, mentorship, to recognition; use interview process to discover motivation, skills, history, desires, their goals, match with community needs
- Partner with successful community models like Block Watch and integrate for outreach and messages for involvement at potlucks, block parties, with champion volunteers
- Partner with networks like Volunteer Vancouver and Administrator Volunteer Resources BC for training, recruitment, recognition, volunteer leaders and Volunteer Impact Plus software
- Balance ease with challenges to volunteer process: CRC, references, unwieldy intakes
- Ongoing, dedicated support: many volunteers now exposed to trauma, grief and death and need emotional support; growing responsibilities with champion volunteers requires dedicated attention; build in networks for their support: intercultural, references for future employment



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

- Government downloads the tasks and has expectation for agencies to fundraise. Gov't needs to support and give more power, in turn, to non-profit organizations
- Revolution
- Identify Allies which work with similar issues/ communities and make them Key Partners, e.g.: fire department and RCMP; Large businesses and business networks; faith based organizations; medical community through professional associations
- Gather and collaborate through more frequent sessions and ongoing communication with each other: e.g.: newsletters with voice of seniors first; listen to isolated immigrants; leverage collaboration amongst different minority groups with service providers and government.
- Engage senior advisory committees with municipal social planners, land use planners, parks and rec; Regional Authorities, Translink & Metro Vancouver; other levels of gov't in ongoing relationships: raise issues at election time and get them on the agenda

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

- Share resources and facilities: one stop shop shows proven effectiveness: medical, physical and social: office space, joint education, sharing volunteers, admin and coordination responsibilities.
- Collaborate with multiple levels of government and private sector in neighbourhood development in building new facilities: e.g. Fraser Health presence in community/ rec centre/ library
- Media portrays aging population as a problem and potential disaster as opposed to an asset to community and a simple shift in demographics: Seniors as wisdom keepers with skills and knowledge
- Integrate knowledge about aging, passage of time, death & dying e.g. Death Cafes, into community dialogue: make aging & dying normal & part of community
- Continuous growth, investment and development of volunteers and staff; academic research, trends, networking and sharing info

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

- Focus on providing core, integrated, wellness services: Self-management/ coaching; falls prevention; nutrition both meal delivery and community kitchens; transportation
- Some services provided in 1 community may not be practical in another; there are, and need to be, different resources available in each: as suits the local community
- In smaller communities, they just get on with it. e.g. RCMP in Bella Bella in off hours participate in community; the drop professional limits and just be friends.
- Trust has to be built with small communities: friendships sustain wellness, are there when something happens e.g.: folks know that you had a stroke
- Get local governments to work together - collaboration at all levels



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

- "Success happens at the speed of trust" - from Collective Impact work - build on each other's strengths and leverage them = collaboration. Accept that you won't lose your organizational identity by participating. Don't stop at common ground which can turn into confirmation bias. Use differences to build from.
- Funders need to be part of this cycle - collaboration, leveraging, long-term impacts.
- Bring funders together and explain the non-profit 'facts of life': This is a day in the life of...
- Make a strong case: Multi-year funding is what enables good evaluation: this is what shows health and wellness impacts over time; enables collaboration relationships to grow: this is where solid qualitative and quantitative data comes from
- Do we have to choose between supporting a large number lightly or a smaller number deeply? There's too much focus on high output numbers instead of depth and quality of impact.
- Engage in childcare campaign tactics for adult day programs: ongoing funding for proven programs.