



Raising the Profile Project Regional Community Meeting, Vancouver, BC May 4, 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:

- Reaching isolated seniors? Privacy issues create barriers - Health Authorities have to be willing to collaborate for personalized plans, consistent policy application, and trust with CBSS effectiveness.
- Folks at the margins are not included in the design of programs or categories - their complexity means they don't fit anywhere. Spaces, programs must open up to complexity and diversity.
- Coaching, one-to-one buddy systems empower and enable choices, personal self-care development, and meaningful relationships.
- Navigation, advocacy and Information and Referral role is effective, needs to be expanded so we can address complex cases that include mental health, addiction, abuse, diversity, culture.
- Bio-families are not necessarily supportive; caregivers need support (from burnout) and inclusion in Health Authorities for chosen family

Relationship between healthcare and Community-Based Seniors Sector:

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

- Current health care system is a 45-year old 'brokerage' model for acute care only. Other models exist, need to be evolved, and applied.
- Increase the resources, skills and willingness for collaboration between Health Authority and CBSS, promote and work with a sense of collectivism/ community (vs. individualism)
- Resonate with keeping people out of crisis through prevention upstream - this is about ageism and quality of life in older years
- Where is space for dying with dignity and our cultural understanding of the death process, how CBSS and Health Authorities work with this?

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

- Clear, coordinated services through collaboration, clear roles, that connect larger picture & strategies to the front line.
- Include funders in making the picture for dependable funding and long-term goals; collaborate on what are meaningful, relevant and effective indicators



- Challenge ageism with education on seniors' contribution, diversity and quality of life
- Build capacity by and to share ideas, best practices, service connections. Collaboration is a skill.
- Pool resources - Collective Agreements for CBSS agencies - clear messages to provincial & municipal governments

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

- Message of CBSS as an 'essential service' for our changing demographics and complexity of lives that acute care can't handle. CBSS provide essential services.
- Change the way the public looks at seniors; their reputation generally. People often see older people as needy, frail, unattractive
- Build community broadly, inclusively; age friendly, intergenerational, diversity all increase accessibility, social connection of roles and contribution
- "Think like a movement": Become a sector, a coalition, a larger shared, governing body to organize collaboration.

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

- Volunteers are not 'gap fillers' to skilled members of organizations. There is huge risk management for organizations relying on volunteers for service delivery.
- Volunteerism is fluid, time specific, and not free labour. You can't build social services on volunteers
- Volunteerism demands support staff who develop position descriptions, coordination, matching, training, recognition, clear ROI for volunteer's work - they want to know too - and support for roles of working with marginalized and vulnerable people
- Tap into skills, want for experience and education by young & older volunteers: invest in training, education, peer connections and support

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

- Develop a clearly articulated vision of what the sector could be & achieve
- Create cohorts within seniors' sector to develop policy change; create champions who influence strategy, media
- Inventory what we're doing and what we achieve collaboratively, what works for impacting health care and quality of life - create momentum carried in coalitions, steering committees
- Getting the media on our side requires statistics, evidence-base - along with the emotional/humanized/ true representation of the population
- Leverage and expand trust already built with government and HAs; we need to learn each other's languages



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

- Infrastructure is missing - technology to work more collaboratively; record keeping for support care; roles and forums
- Work with models that work: Neighbourhood Houses; ISSBC one-stop-shop for services; HUBs
- Preparation training & systems for caregivers, advance personal planning,
- Diversity, immigrant, Indigenous cultural skills
- Invest in supports for volunteer sustainability, effectiveness and connectivity
- Collaborative funding models and supporting planning tables to make that happen

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

- Don't demand always-new initiatives; let us continue programs that work and build community relationships, interdependency systems and trust over time
- Retaining skilled staff needs stable funding; valuable members have left the sector
- Work with long-term planning; collaboration = equal commitment from funders
- Housing is fundamental. All other costs feed from there. Need new and alternate models: co-ops, sharing, non-market
- Integrated services are proven cost-effective, cost saving and flexible for complex needs
- Seniors HUB model effective and cost-efficient, hosted in Neighbourhood Houses

Evaluation: How do you know you're making an impact? What indicators should be used to measure impact? Which evaluation strategies work?

- In Non-profit sector, qualitative research is a strength - provides positive and negative introspection on if we're capturing the needs of the sector... but may not match with health authority outcomes. e.g.: sense of community belonging and self-assessed mental health
- Funds have to be earmarked for evaluation: attendance and performance indicators are different; lack of community of practice for shared indicators/ goals, linked to integrating and collaborating services
- Develop social and health support indicators that are shared across the CBSS sector... Quality of Life indicators; Seniors-directed benefit statements; Canadian Health Indicators & Social determinants of health.
- Need stats on service provided as well as people turned away.



Messages: What should be communicated to government and other partners? Which key messages? Who in the system should hear them?

- The cult of youth rejects aging. Lack of elders in our lives means we lack opportunity to learn perspective. Shift 'burden on society' to 'We're all going to age. Expect quality of life.'
- Myth bust: 'seniors are rich': many seniors at risk of homelessness
- Create the business case for CBSS: Identify universal needs and values that are brought out with the uniqueness of local needs & culture
- 'It takes a whole community' applied to seniors; 'Failure to thrive' is actually 'failure to help.'
- CBSS programs can make a difference in your life. You can have quality of life.