UNITED WE ARE STRONGER

An Evolving Healthy Aging Service & Program Design Model – What We Heard

Provincial Consultation
Virtual/ Zoom
October 31, 2023

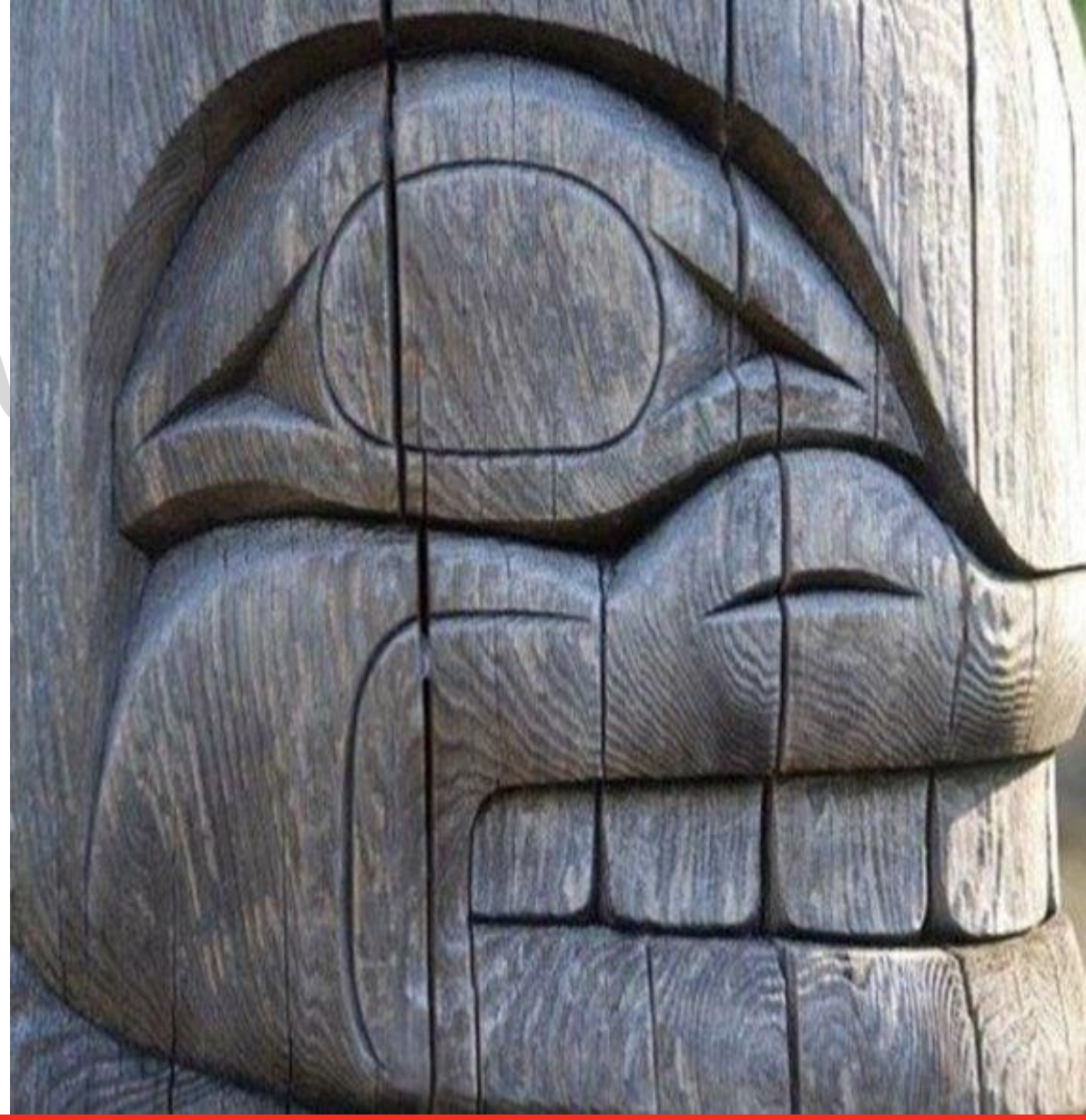
United Way British Columbia

Working with communities in BC's North, Interior, Lower Mainland, Central & Northern Vancouver Island

Today, we want to humbly and respectfully acknowledge all Indigenous nations and peoples throughout this province and raise our hands to their resistance and resilience in the face of grave injustices and the continuing legacy of colonialism.

Today, we are on the **ancestral and stolen** lands of the hən̓q̓əmin̓əm̓ and Sḵwx̱wú7mesh speaking peoples. We feel indebted to them for caring for this land.

We encourage you to share the ancestral and unceded lands in which you reside. For more information, visit https://native-land.ca/ or text +1 (907) 312-5085.



Regional & Provincial Consultations

- 9 regional and 1 virtual consultations took place across BC over September and October 2023
- Participants were invited to provide feedback on UWBC's new Healthy Aging Service Delivery Model (HA SDM) through breakout room discussions, conversations with staff, and post-consultation feedback forms
- A total of **315** participants joined us in conversation from communities in and around Vancouver, Langley, Kelowna, Kamloops, Creston, Prince George, Terrace, Nanaimo and Victoria, as well as virtually.

What We Heard – Overall Perspective

- Overall, most viewed the new HA SDM as a positive step forward
- Participants valued:
  - responsiveness to community needs and reflection of challenges and realities they face on the ground
  - Person-centred approach
  - Increased flexibility to meet the needs of older adults
  - Provision of funding to enhance and increase supports
  - movement towards more flexible and sustainable funding
  - opportunity for consultation on model design
- Collaboration was viewed by most as a potential way to better leverage community resources to support older adults
- All of the components of the model seemed to resonate to varying degrees – some highlighted different components, while others requested greater clarity or support for moving forward

What We Heard - Collaboration

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What We Heard – Collaboration

- Participants were generally supportive and saw many potential benefits for both seniors and CBSS organizations, including:
  - identifying service gaps and reducing duplication
  - increasing cross-referrals
  - leveraging the resources of other organizations
  - opportunities to learn from each other
  - increasing their advocacy power
  - and decreasing competition
- There is a spectrum of existing collaborative activities and models, from advisory committees to community response networks, and it is important to learn from these already existing models or collaborations.
- No consensus on what the collaborative model for healthy aging should look like, but there might be a range of different approaches to meet community needs.

Collaboration Challenges

- Three of the most common concerns were:
  - **Capacity** to engage in collaboration, considering the effort, time, and resources required to build and maintain collaborations with already overstretched CBSS organizations
  - **Building Relationships** and buy-in, considering collaborative relationships are often held and maintained on an individual level, meaning staff turnover may result in loss of relationship
  - **Barriers to Information Sharing,** particularly for collaborations involving the health care system. However, some examples were provided of processes and protocols that had been successfully implemented to obtain consent from clients to share their information with other organizations.

Collaboration Implementation Supports

- Potential supports needed:
  - **Funding** to support the time, resources, and work to foster, develop, and maintain collaborations
  - **Collaboration Implementation Support** from UWBC to initiate collaboration and facilitate the difficult conversations
  - **Community Asset Mapping** to understand the landscape of health and social services within a community to avoid duplication and to ensure the right partners are at the table
  - **Local Government and Health Authority Buy-In** as some expressed concern about their ability to engage with these two groups

UWBC is providing funding (where necessary) to assist with collaboration, ensuring support and resources are available through our Regional Community Developer network (including asset and relationship mapping), and sharing promising practices and successful outreach strategies to target partners.

What We Heard – Better, Better at Home

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What We Heard – Better, Better at Home

- Positive feedback was received on all of the proposed components
  - T**ransportation innovation and the volunteer strategy** generated the most discussion, ideas, and questions
  - **Social meals and light housekeeping** as mechanisms to build social connections strongly resonated
- Some highlighted additional areas where they felt there were unmet needs/opportunities including **outreach to isolated older adults, caregiver supports, and digital literacy**

UWBC is providing guidance to funded programs on outreach and service best practices to target population groups (including isolated older adults), continuing our Family & Friend Caregiver Programs (and advocating for future expansion), and engaging with HelpAge Canada to provide digital literacy resources to the sector as a whole (e.g. Tech Corner on Healthy Aging CORE BC, webinars series, etc.).

Transportation

- Significant gaps exist in transportation resources and infrastructure in many communities, including:
  - volunteer/staff capacity, particularly in the winter
  - liability and insurance
  - accessibility (e.g., for mobility device users)
- Transportation is not just a community service, but there is a need for regional services, as well as additional services like accompaniment to medical appointments or having a social meal with the driver
- Possible areas for innovation and collaboration include sharing vehicles, volunteers, and even parking spaces, and a centralized coordination of volunteers and vehicles

UWBC is clarifying the criteria for those interested in applying and sharing other funding opportunities.

Volunteer Strategy & Support

- Declining volunteerism is a significant concern in the CBSS sector and threatens the viability of some CBSS programs and services
- Desired volunteer support areas included:
  - volunteer recruitment and retention
  - standardized training materials and opportunities
  - volunteer recognition
  - templates and documentation (e.g., job descriptions, policies, etc.)
- Potential solutions include:
  - increasing recruitment and utilization of youth volunteers or immigrant volunteers
  - providing stipends or honorariums to volunteers, particularly for volunteer drivers

UWBC is amping up in-house volunteer team, refining a provincial volunteer strategy, bolstering iVolunteer, and working with other volunteer experts.

Social Connection and Light Housekeeping

- Embedding social connection and wellness checks into light housekeeping was viewed as a natural extension of what often is already occurring
- Some concerns include:
  - finding qualified people for the role
  - training to support the enhanced social connection role
  - higher rates of pay to recognize the increased responsibilities
  - how greater frequency will increase the cost of services
- Further clarification was also needed regarding the extent funding would be used for new clients to reduce waitlists vs. enhancements for existing clients

UWBC is clarifying the role and scope of the housekeeper and continuing to work with Ministry to address large waitlists and enhance service frequency.

Food as a Mechanism to Build Social Connections

- Food in a social setting is a key component of building social connections and encouraging participation in other programs and services (education activities, exercise programs etc.)
- Some concerns:
  - options for isolated or homebound seniors, specifically, about whether a meal could be brought to the senior by a volunteer/neighbour and shared in the senior's home
  - the need for food security services beyond the scope of the Better at Home expansion

UWBC is in ongoing negotiations for the purchase of groceries and prepared meals.

Concerns About Capacity and Scope

- One consistent concern was potential **scope creep** as some believed HA SDM changes were moving closer to delivering medical services and potentially blurring boundaries between the health care system and the CBSS sector
- Participants wanted the boundaries between, and responsibilities of, the health care system and CBSS to be clearly articulated and understood
- A few participants also commented on the potential risks involved with being expected to serve increasingly complex participants
- An additional concern was over **organizational capacity**, as some participants were skeptical over whether expansions to the basket of services and innovations will be able to occur given existing waitlists and other factors

UWBC recognizes the need to consider scope and capacity, provide additional support and information to clarify boundaries, and aid in capacity challenges that are representative of the current needs and barriers at agencies.

What We Heard – Community Connector Role

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Leveraging the CC Role

- Participants identified a variety of ways that the Community Connector (CC) role could be leveraged in their communities:
  - connecting older adults to community and health resources
  - helping to map community assets
  - building relationships and collaborations
  - working with BC211
  - connecting communities within a region
  - playing a role in social and community development
  - conducting outreach to seniors in the community

Leveraging the CC Role

- Participants seemed most excited about the potential to strengthen relationships with the healthcare system and the desire for two-way referrals and communication with case managers, family physicians, or other frontline service providers
- Existing key issues included the hospital discharge process, gaps in mental health services, and inappropriate referrals
- The health authorities (home health, hospitals) and Divisions of Family Practice were identified as key points of potential interface for the community connector
- However, participants were cautious high turnover rates in health authority positions, lack of time/capacity of health care providers, and in some cases, disinterest in working with the CBSS sector

Defining Scope

- The role of the community connector could vary significantly by community (case management and building community connections and partnerships)
- There is a need for greater clarity around the scope of the role, including:
  - potential navigation and connection activities
  - intensity of supports that could be provided to seniors (e.g., number of clients, hours per client)
  - coverage or scope and whether they are bound to a specific geographic region
- A few participants cautioned about the potential for the role to be overwhelming if not properly defined or expectations are too broad

Reconciling Overlaps

- Potential overlaps with other pre-existing positions in the community or health authorities (e.g., case managers, health care navigators, NAV-Care, navigators for specific populations such as Indigenous or deaf and hard of hearing patients, etc.) were raised
- Some expressed concerns include:
  - potential duplication of roles and services
  - how community connectors will fit in with similar pre-existing roles within communities
  - how community connectors would fit in with Healthy Aging's pre-existing current programs (e.g. Social Prescribing programs):

What We Heard – Additional Considerations

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Diversity

- Working with diverse groups of seniors (e.g., deaf and hard of hearing, people with development disabilities, Indigenous, immigrants and ethnocultural older adults) featured prominently. In particular, meeting the linguistic and cultural needs of seniors who do not speak English or are deaf or hard of hearing.
- Some considerations include:
  - collaborating or sub-contracting with organizations with expertise serving these populations would be key (e.g., settlement agencies, Wavefront Centre)
  - additional expenses associated with serving seniors from these communities (e.g., hiring housekeepers who can communicate with them)
  - more collaboration with organizations serving people living with disabilities (including developmental disabilities), neurodiversity, and mental health challenges and addictions
  - provision of training and education to staff and volunteers

Data Reporting

- Better information and tools for the data collection requirements to ensure streamlining and relevance of data
- Collaboration itself would be a useful outcome to track

Rural Contexts

- In rural communities, while local cohesion may be stronger, there also may be a lack of additional local organizations to partner with
- Regional partnerships can be beneficial, but distance can sometimes make those impractical
- Build local staff capacity was a priority for many communities
- Other considerations include:
  - a potential greater need for one-stop-shop services
  - need for the community connector to take on a broader role in rural communities
    - transportation as a key priority
    - need to be flexible about service delivery with input from communities (allocation to individual communities vs regional)

Staff Pay

- As the costs of living continue to increase, participants expressed concerns about their ability to pay good wages to attract and retain staff (and contractors) and ensure good quality of life
- There was also a concern expressed about whether there would be a disparity in pay between the Better at Home coordinator (and other existing program staff) and the new community connector role

Next Steps

- **Late fall/early winter** – *Phase 1 of Community Collaboratives*:
  - Phase 1 Community Collaboratives continue/begin collaboration activities
  - RCDs to bring best practices, engagement and partnership strategies, steps to success leveraging the Community Connector role, information on funding and resources for collaboration etc.
  - Opportunity for communities to show self-readiness invited to submit a proposal for Phase 1

- **January/February**:
  - Information on applications available, including funding allocations, application and reporting templates, timelines, revised Learning and Quality Assurance plan, etc.

- **April 1, 2024**:
  - Launch of new Program & Service Delivery Model – Better, Better at Home, additional enhancements, Community Collaboratives (Phase 1), continuation of TAPS and FFCS

- **Ongoing**:
  - Discussions with government partners on enhanced and sustained funding of new model
  - Enhancement of SPP for target groups (newcomers and racialized groups, Deaf and HOH, etc.)

Q&A

On behalf of United Way BC Healthy Aging, Leadership Council, and the CBSS Sector…

Thank you!!