United Way British Columbia | Working with communities in BC's Interior, Lower Mainland, Central & Northern Vancouver Island

Summary Notes
FFCS Co-Creation Session

February 25, 2025

Topic #1: FFCS Data Party & Discussion

1A. Initial Reactions to Data Presented

- Feelings of validation knowing that other FFCS programs are experiencing similar challenges (e.g., issues with volunteerism, seeing numbers drop in summer months, etc.)
- While some experience seasonal shifts in participation numbers (i.e., dips in the summer months), others do not see such fluctuations
- Waitlist numbers are likely lower than actual need/demand in community
- Having the opportunity to review the Quarterly Report data was helpful. UWBC should consider doing this with Healthy Aging program areas each quarter.

1B. Priority Populations

How successful have FFCS programs been in reaching and/or serving the priority population?

- Programs have been successful in reaching priority populations for the most part
- Some programs indicated that the 'priority population' definitions fit both for the caregivers they support, as well as for their loved ones. Other programs said that the priority population definitions do not fit for their caregiver participants.

What are some of the barriers to reaching and serving these populations?

- Transportation barriers in urban and rural settings
    - More complex participants (e.g., those with dementia, disabilities) necessitate more support with transportation
    - Limited capacity to do house visits for check-ins due to transportation logistics/ time
    - Limited funding to cover costs of transportation for participants
    - HandyDART is unreliable
- Caregivers have difficulties finding respite for their loved ones, limiting their ability to participate in FFCS services
- Limited funding for supports to help low-income caregivers (e.g., meals, transportation)
- Providing services in participants' first languages given diversity of dialects/languages spoken and staff capacity
- Challenges reaching some of the priority populations
    - Low-income caregivers - Some programs are uncomfortable asking about income levels until relationship is established with caregiver
    - Indigenous participants - Difficult to identify/reach
    - Newcomer groups - Difficult to reach due to lack of after hours programming
- Lack of clarity about Community Connector role and how they can support referrals

        - Some referrals have come in from Community Connectors in some communities, but small numbers to date
    - Some people do not identify as 'caregivers', but rather just a family or friend 'helping out'

What are some effective strategies programs have used to reach these populations?

- Informal respite for loved ones to allow caregivers to participate in programming
    - Partnership with TAPS programs to provide
- Social meal programs/food to draw in participants, particularly those who are low-income
- Partnerships with other community organizations already serving priority populations (e.g., BC housing)
- Programs using different terminology to identify 'caregivers' (e.g., care partner). Some have 'quiz' to help identify if potential participants are caregivers or not.

1C. Core Program Elements

To what extent do FFCS programs offer each program element?

- FFCS programs are generally delivering each program element without issue

What are some challenges FFCS programs face delivering each core program element?

- One to one support
    - Complexity and urgency of referrals regarding need for mental health support
        - Inappropriate referrals from the hospitals to FFCS programs (cases too complex from mental health perspective)
        - FFCS programs are unable to fully support participants' needs for counselling/therapy. Participants face financial barriers to accessing counselling/therapy.
        - Key issue for Community Collaboratives to discuss.
        - Possibility of local college programs to provide counselling supports (student practicums)? Concerns about short time period students would be involved; limits ability to build relationships between counsellor and caregiver.
- Support groups
    - Some support groups are not welcoming to new caregivers given that they have formed strong relationships over time
    - Long waitlists for support groups
    - Lack of interest in support groups experienced by some programs.
        - Some have paired support groups with self-care activities to draw participants in (e.g., art).
        - Interest in online support groups dropped after COVID
        - The term 'support groups' is not attractive for some caregivers
    - Some programs do offer formal 'support groups', but instead have lunch and learns or other events that end up integrating elements of peer support as well
- Healthcare system navigation
    - Lack of trust in the healthcare system from caregivers. Connections with the health authorities could help to strengthen this core program element.

        - Discontinuity in health care staff (difficult to build relationships over time)
        - Programs unsure of who to connect with at health authorities (i.e., where to start)
        - Connection to Community Services – Information and Referral available, but do not have the capacity to do the actual referrals
    - Knowledge and skills enhancement
        - Soft skills (e.g., communication) are easier for programs to support. Hard skills are more difficult to respond to (e.g., performance of semi-medical tasks, medication support, etc.).
            - Some programs 'outsource' training on hard skills to other agencies already providing education in these areas.
    - General challenges
        - Offering services in participants' first languages given diversity of languages

How should the core program elements be adjusted, if at all?

- Consider making informal respite a core program element (currently 'optional')
    - Caregivers need access to respite in order to participate in programming
    - Explore ways to provide informal respite alongside caregivers programming (e.g., partnership with TAPS programs, or other pre-existing community programs)
- Consider alternate ways of offering peer support beyond formal 'support groups'. Programs use a variety of activities to offer opportunities for peer connection (e.g., group walks, educational activities where peer connection takes place, etc.).

Topic #2: FFCS Handbook & Intake Form

Figure 1. Poll results: Number of programs that have read the FFCS Handbook before (N=17)

Figure 2. Poll results: Number of programs using the standardized FFCS Intake Form (N=17)

- **How can the FFCS Intake Form be adapted to better meet agency and participant needs?**
    - Update to 'ethnic origin' language - Consider adjusting to 'cultural background'
    - Concern that FFCS programs are not using the most up-to-date Intake Form created (Feb. 2024). There is an out-of-date CORE post (Sept. 2022) that links to the old version of the Intake Form.
        - UWBC to ensure this is updated/deleted.
    - Make it clear that the collection of PHNs is optional.
        - UWBC to provide communication about what PHNs will be used for.
    - Consider revising the current question used to assess income (i.e., above or below $24K). The question should ask staff/volunteers to consider the participants' home and living conditions alongside, or in replace of quantitive income levels.

Topic #3: Increased Funding & Program Expansion

3A. What should be in place to set up new FFCS programs for success?

- Mentorship
    - Informal and formal mentorship opportunities between new and pre-existing FFCS programs
    - Up to date contact information for all FFCS programs and key staff
    - Platform to ask questions and receive answers
    - Case studies of how successful FFCS programs run
- Information Sharing & Troubleshooting
    - Circulation of key FFCS resources (e.g., handbook, updated intake forms, list of key trainings for staff, etc.)
        - Ensure all new programs read the FFCS Handbook, and also receive a detailed orientation to the resource
    - Ensure clarity on core and optional program elements
        - Specific logistics of how to implement core program elements (e.g., for support groups outline sample frequency, time of day, where to meet, etc.)
        - Sharing of effective strategies to provide respite to caregivers
    - Clarity regarding UWBC expectations (e.g., reporting, service delivery, etc.)
    - Sample budgets for staff hours and program supplies
    - Local community resource lists, or suggestions of who to include if they have not been previously created
- Promotional materials
    - Templates for marketing and communication materials that can tailored to individual FFCS programs
- Staff and volunteers
    - Staff who speak commonly spoken languages of participants
    - Basic training needed to best support/deliver FFCS programs for staff and volunteers
    - Strategies for volunteer recruitment

        - Strategies to support caregivers in need of extra support
    - Connect new programs with key contact people (e.g., Community Connectors, Community Collaborative, etc.)

3B. Looking back to when you started FFCS, what do you wish you had/knew?

- Local community resource lists so staff/volunteers know where to refer participants
- Clear expectations of the funded program (e.g., administrative and reporting requirements from UWBC)
- Pros and cons of offering FFCS programs
- Knowing to aim for the quality of caregiver interactions, rather than quantity of participants
- Volunteers are integral to success
- Knowing that it is okay to take time for program to get up and running

3C. How can the scope of FFCS programs expand with the increased funding available?

- Expanded service types
    - Informal respite for FFCS programs
    - Services offered in different languages
    - Caregiver retreats
    - More intergenerational programming
    - More wellness programs
    - Provision of nutritional meals
    - Transportation to and from support programs (e.g., bus passes)
        - Travel reimbursements for staff and volunteers
- Delivery of FFSC programs at multiple sites/satellite sessions (e.g., seniors centres for expansion and collaboration)
- More staff/staff hours
    - Additional staff members to provide support in other languages
    - More staff time to do pre-existing programming and support UWBC administrative/reporting tasks
    - With more staff, ability to reduce waitlist/increase access for participants in need
- Mental health supports for caregivers (e.g., loss and grief support, or preparing for loss)
- More professional development training
    - Training for FFCS support group facilitators
- Honoraria for volunteers/support group facilitators
- Health system advocacy

Topic #4: UWBC Supports

4A. Community of Practice (COP) meetings

- Continue with FFCS COPs, but reduce to quarterly
    - FFCS COP topics for consideration:
        - Focus sessions on problem solving most pressing challenges for FFCS programs
        - Guest speakers (skills building opportunities)
        - Training opportunities (e.g., motivational interviewing)
    - Alternating standing dates/times would be helpful, as some have conflicts
- Regional COPs of interest where all programs funded by Healthy Aging come together
    - Would need to be supported by UWBC staff as a 'backbone'
    - Intention of the sessions would be to explore training/funding opportunities, on the ground problem solving, support cross-referrals, etc.
    - Regional meetings would help to breakdown silos between programs
    - Community Collaboratives should be in place to support collaboration with local government, health authorities, other community programs, etc.

4B. Data Tracking Support

- Is there need for a unified case management system?
    - Data needs are different organization to organization
        - Some FFCS programs said that they do want/need a 'unified' platform from UWBC like iUnite to track their participant-level service data
        - Others programs do not want to be required to use a unified system as their organizations already have a central platform in place. Adding something like iUnite requires them to do be 'double reporting'.
- Are there issues with UWBC having access to participant-level data, such as PHNs?
    - Participants can be hesitant to share because of confidentiality concerns
    - Clarify why PHN is being collected
    - Programs need data safety storing training. Concerns about HIPAA violation.
- Issue for Quarterly/Annual Report Template - Question areas do not align with core program elements
- Issues with Salesforce
    - Hard to read and more technical issues experienced
    - With iUnite, programs were able to print sheets out and fill it out on paper. With Salesforce, now have to screenshot images, difficult to read (small text).

4C. Support for Staff/Volunteer Trainings

- Suggested training topics:
    - Grief and Loss (for participants and staff/volunteers)
    - Diversity, Equity, and Inclusion Training
    - Cultural Safety and Competency
    - Emergency preparedness

- Trauma Informed Care
- Mental Health First Aid
- List of core training for new staff members and volunteers (create this)
- Group facilitation
- How to navigate the health care system
- How to effectively collaborate with other partners in regions
- How to advertise programming more effectively
- Gender Diversity
- Data and reporting training
- Preventing burnout, stress, trauma for coordinators

4D. Support to collaborate with the health care, community partners, local government

- More clarity needed from UWBC about different partners in play and how to effectively collaborate (e.g., confusion about if/how to connect with other Healthy Aging funded programs in community)
    - Relationships with Community Connectors are new. FFCS programs having challenges connecting with them.
    - FFCS programs need more clarity about Community Connector role, and how to best connect with them
    - FFCS programs try to reach out for collaboration opportunities, but does not work
- More clarity needed on what Community Collaboratives are and what they can look like (e.g., case studies)
    - Confusion about who the 'host' agencies are and what their roles are
    - Some have experienced challenges collaborating with host Better at Home agencies, particularly when they are 'volunteer organizations' rather than seniors organizations
        - Some FFCS programs have referred caregivers to Better at Home agencies, but have not heard back
    - Some programs struggling to collaborate with other agencies running programs for caregivers/seniors
- Community Collaboratives
    - Need support with top-down dynamics present within Community Collaboratives
    - Need someone to set and maintain protocols around communication
    - Could be better supported with UWBC staff present
- Potential support: Information newsletters at the regional level outlining who is doing what in the area

4E. Other Desired Supports from UWBC

- Continue co-creation sessions annually, in-person
- Reporting/Evaluation
    - Quarterly data 'report back' from FFCS data submitted to UWBC
    - Update Intake Form on CORE (current version is out of date)

    - Formal memo from UWBC outlining optional collection of PHN, as well as purpose of collection currently (i.e., how will PHNs be used?)
    - Mechanism to collect feedback from caregivers (i.e., standardized survey)
- Ensure that marketing materials created by FFCS programs are up-to-date. The current materials on CORE are outdated.
- More regular and frequent check-ins with UWBC representatives
- Clarity on time required for FFCS programs to support administrative and reporting tasks
- Lighter version of Handbook content for new staff (or webinars socializing content)
- Quarterly newsletter for FFCS programs (i.e., local stories, provincial topics, funding announcements, etc.)
- Funding
    - Funding for food to support FFCS programs
    - Sustainability of funding to be able to guarantee staff jobs, etc.
- Support with navigating CORE (can be difficult to find resources)
- Recording or orientation session (similar to CC orientation) for new FFCS Coordinators
- UWBC - advocate for more overnight respite and day programs for caregivers