

RAISING THE PROFILE PROJECT

Findings and Recommendations from the Community Consultations

Spring 2017



www.seniorsraisingtheprofile.ca

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RAISING THE PROJECT PROFILE

SECTION ONE: INTRODUCTION

Like many other jurisdictions around the world, BC's population is aging. In 2013, 16.4% of British Columbia's population was 65 or over and it is estimated that by 2038, this percentage will increase to 25% or one quarter of the province's population. At the same time, there is a growing desire amongst seniors to "age in place;" that is, to stay in their own homes and communities for as long as possible and rely less on institutional care. And while governments support this shift from institutional to community care, access to, and the integration of, community-based health, municipal and social support services for seniors is only now being recognized as an important societal priority.

This report focuses on the increasingly critical role played by not-for-profit and municipal seniors' support services – referred to in this report as the Community-Based Seniors' Services (CBSS) sector – in enabling seniors to "age in place" by supporting them to remain physically active, social and mentally engaged, and to be as resilient and independent as possible. Access to the broad range of low-barrier, low-cost services offered by the CBSS sector (such as wellness programs, physical activities and nutritional supports) is particularly critical to the diverse populations of seniors, who are on limited incomes, live alone, are family caregivers and/or have mobility and health challenges. These are the seniors, identified in the research literature, who are at higher risk of being socially isolated and who are more likely to experience the health-related challenges and costs associated with social isolation.

In BC, CBSS are delivered by seniors' centres, community centres, neighbourhood houses, community coalitions, ethno-cultural organizations and multi-service agencies with funding support from the municipal, provincial and federal governments, community granting agencies, individual donors and local businesses.

The Raising the Profile (RPP) project grew out of concerns from older adults and service providers about the lack of recognition of the value of the programming offered by the CCBS sector in the broader community and by governments. While there is clearly an increased need for these services – due to the aging population and increasingly complex challenges

experienced by seniors living in their own homes and communities – access to funding from government and community foundations has not increased and in some cases has become much more restrictive.

The RPP began in 2015-16 with the creation of a provincial network of CBSS service providers, municipal and provincial organizations who support these services, and older adults who are volunteer leaders in the sector. The first phase of the RPP consisted of an extensive review of the research literature along with interviews and focus groups with a diverse range of service providers and seniors. This research work highlighted both the benefits and challenges within the sector and importance of building stronger relationships with governments and the broader community. More information on the RPP's network and research is available on the website www.seniorsraisingtheprofile.ca.

The findings from the first phase of this project enabled the RPP to:

- 1. Raise the profile of the contribution that the CBSS sector makes** to providing health promotion and prevention programming that support seniors' physical, emotional and psychological wellbeing, and reduce healthcare costs and utilization;
- 2. Identify the gaps in service provision** and the limited capacity of the sector to respond to BC seniors' growing needs and;
- 3. Build a case for increased investment** in programming and infrastructure for the sector.

The second phase of the project involved community consultations that were attended by over 400 stakeholder representatives from urban, rural, and remote communities from across the province.

In the spring of 2017, consultations were held in the following seven communities:

- Victoria - South Vancouver Island & Southern Gulf Islands
- Nanaimo – Mid to North Vancouver Island & Northern Islands
- Kelowna – Okanagan, Kamloops and Shuswap areas.
- Prince George - Northern BC
- Nelson – West, Central and East Kootenay's
- Vancouver - Vancouver, Richmond, North Shore and Sunshine Coast
- Surrey - Burnaby, Delta, White Rock, Tri-Cities, Surrey, Maple Ridge,
- Mission, Abbotsford, Chilliwack

Those attending came from health authorities, municipal planning and recreation departments, community-based seniors' organizations and multi-service agencies, provincial organizations that support seniors, community foundations, and seniors in volunteer leadership roles on community boards, advisory committees and coalitions.

The feedback on the consultations from participants across the province was very positive and affirmed that RPP has come at a time when this sector is ready to come together to create a common-vision and build a collaborative strategy to address the growing needs of BC's aging population. There were also many comments from the participants about the importance of addressing negative perceptions of aging, and the need to focus on the positive contributions seniors' make in BC's diverse communities. Summaries of the input from each consultation can be found on the RPP website (<http://www.seniorsraisingtheprofile.ca/gatherings/consultations/>).

Participants expressed broad support for Raising the Profile's community development approach and were excited about the idea that this could be the beginning of an ongoing process to build the capacity of the Community Based Seniors' Services sector locally, regionally, and provincially. (For more information on What We Mean by Community Development see the box on page 9)

The project community development initiatives included:

1. A network of Community-Based Seniors' Services stakeholders.

The network of service providers, older adults and regional and provincial organizations, who advised the project, outlined the trends, practices and challenges within the Community-Based Seniors' Services sector. They talked about the fact that with greater competition for limited funding, they were becoming more fragmented and isolated at the exact moment when they needed to be more collaborative and united.

Plan with me, not for me. Self-determination and choice is key to self-care, and to healthy, collaborating communities as well."

- consultation participant

2. A literature review and community-based research.

Through an extensive literature review, along with interviews and focus groups with people working in municipal and non-profit seniors' services from around the province, it became clear that there is indeed an emerging Community-Based Seniors' Services sector with unique expertise, social structures, practices and challenges. This outreach also revealed that because the CBSS sector is not as yet recognized as a sector, there is very limited regional or provincial infrastructure in place to support individuals and organizations to build skills for collaboration and program development.

3. Community consultations to evaluate, enhance, and direct

At the community consultations, presenters shared the project's findings, led discussions to determine if and how these findings reflect local experience, and gathered ideas about how to build capacity and develop stronger relationships with municipalities, the health authorities and the federal New Horizons' program. Participant responses emphasized the need and readiness to work together and the benefits of collaboration in leveraging resources and knowledge across agencies as well as between the community and government sectors.

4. Provincial Seniors Summit November 2017

At the Provincial Summit the findings and recommendations from this report will be highlighted and form the basis for developing a longer-term plan for enhancing the sustainability and effectiveness of the sector. Specific, concrete initiatives for beginning the process of building capacity and collaboration will be announced at the Summit. The Summit will conclude with a signing of a "Declaration" on the importance of the Community-Based Seniors' Services sector in supporting seniors' wellness.

"More seniors involved in decision-making and planning at all levels equals empowering seniors to move forward. We need to affect a cultural change in perceptions and attitudes to seniors."

-consultation participant

WHAT WE MEAN BY COMMUNITY DEVELOPMENT?

Community development approaches to health and social development are relationship-based. They build on the understanding that trust, flexibility, innovation, and sustainability are key to affecting long-term health and social well-being. When a community development approach is used, the people affected by policy, services and structures help direct where, when and how the process unfolds.

Community development approaches look at what is happening in the entire community from a number of different perspectives. They look at the flow of resources and people, as well as at the enabling and constricting structures that shape the relationships and action of individuals, organizations and institutions. This process reveals assets, strengths and previously unidentified challenges.

By supporting local skills and leadership development to address specific issues and taking advantage of opportunities to find common ground, trust begins to grow, and new approaches and best practices emerge. This enables community services and networks to be relevant, interconnected, responsive and efficient.

Community development doesn't just happen – capacity building requires conscious effort and a clear focus on what is needed to improve and change community.

*Community development is a way of strengthening civil society by prioritizing the actions of communities, and their perspectives in the development of social, economic and environmental policy. [...] It also enables community and public agencies to work together to improve the quality of government. **

For further information on community development see the Addendum at end of this report: Additional Resources on Community Development as a Social Change Model.

* <http://www.iacdglobal.org> International Association of Community Development

SECTION TWO: WHAT WE LEARNED FROM THE COMMUNITY CONSULTATION PROCESS

The RPP community consultations began with a discussion of the values and working principles that people bring to their work in the Community-Based Seniors' Services sector. Consultation participants talked about the value of being in a relationship with trust, compassion, diversity, and adaptability. They also talked about the importance of being positive, working in collaboration and having a long-term perspective. (see the graphic of the values identified by the consultation participants on page 9).

A. WORKING FROM A SHARED VISION & SHARED VALUES

These values and principles of action illustrate that the work of the sector is about more than short-term interventions – it is about relationships, resilience, integration, belonging and adaptation. Through the consultations the program profiles, describing a broad range of CBSS (compiled and researched by the RPP), came to life. These program profiles illustrate how Community-Based Seniors' Services can create compassionate culturally sensitive communities where diverse populations of older adults are valued and supported. By integrating and adapting multiple activities, such as nutrition, physical activity, recreation, and information referral and advocacy, Community-Based Seniors' Services build social networks of support that enable seniors to better manage their long-term health and wellness.

Participants talked about the importance of a common vision to support long-term planning for the aging population that includes multiple stakeholders from community-based services, senior leaders, municipalities, transit authorities and health authorities.

“Excellent frameworks, such as Age Friendly Communities, exist, and point to inter-sectoral and inter-agency collaborations. They need to be activated with municipal leadership and long-term relationships.”

-consultation participant



B. CONFIRMATION OF THREE PROJECT FINDINGS: CONSULTATION FEEDBACK

During the Consultations, three premises that emerged from the research, interviews and focus groups were tested through direct participant feedback on each item. These premises were:

1. **The identification of the Core Services** that are essential in addressing the health promotion and prevention needs of older adults and in determining how these services intersect and can be mutually beneficial.
2. **The impact of project-based and short-term funding** on effectiveness of services, sustainability, and capacity development.
3. **The readiness and need for organizational development** to build sector capacity: for collaboration; best practice and expertise development; and for developing service delivery partnerships with larger institutional partners (e.g. municipalities, regional districts, health and transit authorities).

FINDING ONE: Core Services and Systemic Challenges

The Raising the Profile Project identified six core service areas where Community-Based Seniors' Services provide programming that can result in significant improvements to health, quality of life, and the physical, emotional, and psychological wellness of older adults. The project provided evidence that this programming reduces healthcare costs and utilization. Community consultation participants made it clear that housing supports are a crucial element of these services and needed to be added as a seventh core area. (see graphic on core services on page 11)

The participants agreed that these programs address the core needs of the older adult population, particularly for those with low to moderate fixed incomes. They appreciated and recognized the value of the evidence showing how health prevention and promotion programs offered by community-based services reduce healthcare costs and utilization.

Core Services for Community-Based Seniors' Services



At the same time consultation participants:

1. **Identified housing as a root systemic issue** that affects all other areas of health and wellness and therefore needed to be added as the seventh core programming area (initially the project only had six core services).
2. **Emphasized the importance of both meal programs** offered in community settings and accessible transportation options, and the considerable gaps in these services in some urban and many rural areas of the province.
3. **Discussed the need for more direct, personal one-to-one coaching** and information referral and advocacy support to assist older adults to navigate.

“Coaching, one-to-one buddy and peer counsellors empower and enable people to make good choices, develop personal self-care habits and meaningful relationships.”

– consultation participant

SYSTEMIC ISSUES IDENTIFIED

Across the province, consultation participants raised **systemic issues** that they saw as the root causes of many of the challenges in the sector.

Consultation participants:

1. **Noted that many seniors requesting support** now have higher and more complex issues to contend with related to poverty, addictions, mental health, isolation, abuse, absent families and cultural barriers.

- 2. Identified persistent negative public attitudes** and discourse toward aging as highly problematic for the seniors' population, particularly the lack of acceptance of aging and death as a natural and valuable stage in the cycle of life. This connects to intergenerational isolation, lack of supportive infrastructure, and assumptions that deny older adults a sense of belonging and respected roles in communities.
- 3. Highlighted the need to be more inclusive** and to outreach and connect to older adults who are on isolated and who may be experiencing systemic discrimination related to race, sexual orientation, culture and/or mental health challenges.

"Many of our efforts use a Eurocentric approach to aging. We should think about this through different cultural lenses ."

-consultation participant

"Folks at the margins are not included in the design of programs or categories. Their complexity means they don't fit anywhere. Spaces and programs must open up to complexity and diversity ."

-consultation participant

FINDING TWO: Funding Gaps and Challenges

The RPP emphasized the importance of the non-profit sector in providing services and programs that are adaptive, welcoming and relevant for more vulnerable, older and higher-needs seniors. At the same time, the research revealed that these services face significant challenges with very limited, short-term grant or project funding that doesn't cover core operational costs.

Participants agreed that current short-term funding was a huge challenge for non-profits. They spoke of the benefits of working in collaboration with municipalities and health authorities but noted that these kinds of collaboration, while effective, are the exception, across the sector, rather than the rule.

Consultation participants identified that:

- 1. Gaps in funding and short-term grants** within the sector mean that resources cannot be allocated to long-term collaboration partnerships, service development, volunteer management or evaluation. Instead, many managers' days are taken up with juggling constant funder requirements, reports, and proposal writing.
- 2. Even amongst non-profits**, the scale of collaboration ranges from highly integrated services with multiple partners, to communities with almost no collaboration culture.
- 3. Collective and co-operative approaches** for service delivery and infrastructures – such as co-op housing and community health clinics – were seen as highly effective and were regularly mentioned in the consultation dialogues.
- 4. Increasing reliance on volunteers** was seen as posing great risk to the stability of the sector. While participants commented on the immense value of volunteerism, they noted that it is becoming more challenging to recruit volunteers and that volunteers cannot replace core staff roles.

FINDING THREE: The Need for Regional and Provincial Infrastructure

The RPP emphasized the importance of creating regional and provincial infrastructure to: support local community development and capacity building for the sector; address the increasing diversity and complexity of community needs; and strategize about how to address the uneven distribution of services and skills across regions and communities.

There was strong support for the creation of this infrastructure amongst the participants, who named the following gaps that need to be addressed:

1. **Gaps in understanding of the program delivery options**, skill and staffing requirements, and costs for delivering the core services identified by the RPP.
2. **Gaps in networks** and skills for collaborative planning and partnerships.
3. **Gaps in evaluation expertise.**
4. **Gaps in relationships, forums and infrastructure** to support partnership building amongst non-profit seniors' services and with municipal government, community and recreation centres, transit authorities and health authorities. participants noted that these partnerships are increasingly needed to support the growing number of seniors with complex needs who require more coordinated forms of assistance to continue to live independently in the community.

C. KEY AREAS WHERE CAPACITY BUILDING IS NEEDED

The community consultations identified 11 areas where capacity building is needed. These areas cover both topic areas that need to be addressed, such as diversity and intergenerational models, and processes that need to be put in place to support capacity building, such as training and collaborative infrastructure development.

1. Volunteer Infrastructure

Volunteers are seen as a highly valued resource bringing their experience and skills to enhance programs' reach and capacity. There is also considerable evidence of the social, emotional and cognitive health benefit of volunteering for the volunteer. At the same time, however, consultation participants from across the province emphasized that agencies are having more difficulty recruiting volunteers and that to be successful, volunteers require support, coordination, infrastructure, recognition and skills development. Volunteers without these supports quickly burn out, and services falter.

Challenges of relying on volunteers include the facts that:

- **The baby boomer generation** is engaged in their own activities, ranging from supporting their own families, travel, to other volunteer roles. As a result, there is an increased reliance on younger volunteers (e.g. students, newcomers looking for Canadian work experience, etc.), and volunteers with social or mental health challenges interested in contributing and gaining hands-on experience. While this diversity can be very positive, it creates a higher burden on the agency in terms of volunteer support and management.
- **While funders expect many tasks and services to be fulfilled by volunteers**, many boomer volunteers are seeking time-specific meaningful roles and/or leadership opportunities. Meanwhile, front-line volunteers who work with seniors with complex needs, such as volunteer drivers or friendly visitors, require more training and support to sustain their involvement.

"There is huge risk management for organizations relying on volunteers for complex service delivery... volunteerism is fluid, time specific, and not free labour.."

-consultation participant

"Success happens at the speed of trust. Build on each other's strengths and leverage them. This is collaboration. Accept that you won't lose your organizational identity by participating".

-consultation participant

2. Collaborative Skills and Structures

Participants in every region discussed the need to develop new skills and community structures to support collaboration, emphasized the importance of greater commitment from municipalities, foundations, and health authorities to support this shift in priorities from competitive to collaborative funding models.

People noted that collaboration requires intensive up-front work. They talked about how planning 'upstream' pays off quickly with more efficient service delivery; the ability to deliver 'one stop shop' integrated services; appropriately networked referrals; leverage previously underutilized resources such as facility spaces and expertise; and benefit from the economies of scale that can be achieved when services are shared.

3. Consistent and Sustained Funding

Participants emphasized the need for consistent, long-term funding, *"so we can deliver committed, long-term, growing programs based on proven models."*

Participants emphasized that the amount of time agency staff have to spend applying for short term funding grants takes away from their time to provide programs and services. It also limits their ability to do long-term planning and program development. They also noted that effective, successful programs are often cancelled because funders are mostly interested in "innovative," one-time and short-term projects. And while many municipalities in BC provide core funding for non-profit senior services, the level of support provided varies across the province, with some municipalities and regional districts being much more proactive and supportive than others.

" Community-based seniors' services and the health system need to talk to one another. We need to agree on some outcomes, some indicators, of what health impacts look like."

-consultation participant

"...Multi-year funding is what enables good evaluation and consistent indicators. This is what shows health and wellness impacts over time... solid qualitative and quantitative data...can connect services to the large institutions."

-consultation participant

4. Shared Language of Sector Benefits

Building shared language across the sector was seen as essential for building capacity *“so we can define, collaborate, and speak across our many sectors, regions, roles, and institutions... so we can describe the impacts of what this sector does, and how we do it.”*

It was regularly noted that health authorities and physicians are oriented to acute care and medical interventions, whereas Community-Based Seniors’ Services focus on social, cultural and emotional needs as the foundation for health and wellness. In other words, CBSS uses very different language than health professionals to describe what they do. Yet as the research clearly shows, older adults do much better when these approaches are combined. Across the province, participants acknowledged that accessing Community-Based Seniors’ Services is a key part of how older adults manage their chronic health challenges and reduce the risk of social isolation.

5. Training by the Sector, For the Sector

The RPP research and outreach revealed that evidence-based, effective practice models have been created by the sector. But these practice models are not widely known and need to be shared and disseminated across the province. Participants called for training of staff and volunteers in two streams:

- **Skills development** in program planning, costing and delivery in core service, such as nutritional support and wellness programming.

- **Leadership and skills** in organizational capacity building such as collaboration, volunteer management and policy development.

Many innovative organizations in BC, Canada and internationally have developed expertise including costing and budget formats, training materials, job descriptions, program toolkits, service models and engagement processes. Training across, by and in the CBSS sector, would support the development of evaluation expertise, common indicators as well as collaborative skills and infrastructure.

“We need to educate ourselves about aging in community and our own sector’s impact. Knowledge exchange goes hand in hand with finding our collective messaging.”

- consultation participant

6. Information, Referral and Advocacy (System Navigation)

Information, Referral and Advocacy play an important role in connecting individual older adults to services. Participants emphasized that referral and advocacy support requires skill, extensive community knowledge and a mandate that includes one-on-one hands-on support (in-person or on the phone) to help people to navigate services and systems. Participants noted that both the federal and provincial government are providing less funding to provide hands-on support to help seniors complete applications for services, income benefits, immigration, etc., and are increasingly relying only on web-based delivery strategies.

Participants identified three areas where capacity building is needed in this area:

- **Skills training** for front line information, referral and advocacy staff and volunteers around specific issues such as housing and income support.
- **Coaching, communication and advocacy skills** to support one-on-one relationships.
- **Funding** for hands-on community-based information, referral and advocacy services.

“The most vulnerable are not connected. Prevention takes direct, personal contact. We have to adapt on a case by case basis.”

-consultation participant

7. Development of Transportation Infrastructure

In rural, but also urban settings, transportation is a pressing concern. Many older adults who could benefit from being more socially connected and who need assistance to access health and social support services, face multiple transportation barriers. Creative partnerships between Community-Based Seniors' Services, municipal and regional governments and transit authorities, have resulted in creative solutions in a few communities and regions, including in rural and remote communities. (See program profiles at: <http://www.seniorsraisingtheprofile.ca/research/program-profiles/transportation/>).

Small shifts in timing, multiple stops, and subsidies from municipal and regional governments enable otherwise isolated seniors to remain connected to the supports they require to continue to live in their own homes and communities. These models of effective collaboration need to be scaled-up province-wide.

“Asset map diverse transportation service options, include Handy Dart, private shuttles, taxi and volunteer services, to match and make connections on the ground for rural and remote communities.”

-consultation participant

“We need to improve the relationships of non-native service providers doing outreach to First Nations communities...What does it mean to look at seniors' services with a Truth and Reconciliation lens?”

-consultation participant

8. Diversity and Inclusion Capacity, Now

The need to acknowledge the diversity of BC's aging population, and to create more inclusive spaces and services, was a constant refrain at the consultations. Community-Based Seniors' Services staff and volunteers emphasized that diversity doesn't end when adults become older. They reiterated that spaces, language, and program structures are more relevant and resilient when the capacity for diversity and intersectionality is increased. The RPP has barely scratched the surface in terms of these issues, which need to be high priority in all capacity-building activities.

9. Intergenerational Development

Community-Based Seniors' Services staff and volunteer seniors see intergenerational programming as very valuable in building community relationships of respect and trust across generations. The relationship building and exchange of older adults' knowledge with younger folks' curiosity and energy fills a need for both groups. But there was also concern because there is so little funding available to support this work.

Research into successful models, training for partner staff and volunteers, and long-term evaluation of the health and wellness benefits of this programming would help open more community partners to the benefit of funding intergenerational programming.

"So many young people do not have contact with older adults, and so they don't understand and fear them. Many older adults have little contact with young people, and so fear them too. Intergenerational programming gets over this. It builds relationships of respect and valuing that can last a lifetime."

-consultation participant

10. Affordable Housing

Affordable Housing was identified, through the consultation process, as one of the core determinants of health and wellness for seniors. The RPP website includes a program profile of a very innovative Temporary Housing Program, provided by the Seniors' Services Society (<http://www.seniorsraisingtheprofile.ca/research/program-profiles/housing/>). In addition, the RPP is beginning to identify non-profit agencies that provide affordable housing to seniors in different regions of the province and to specific populations of seniors (e.g. indigenous seniors).

Participants at the consultation talked about the importance of policies that support increased access to affordable housing including more inclusionary zoning and the provision of amenities that increase access to affordable housing and support services. More research is needed to increase awareness and knowledge within the CBSS sector of affordable housing funding and delivery models, as well as the municipal, provincial and federal policy changes needed to support the implementation of these models.

11. Urban, Rural and Remote Connection

Discussion of the relationships between urban, rural and remote communities was complex and pointed to the need for research into structures and resources that can support connection between geographically disperse communities. Many rural and remote communities have large seniors' populations but few services, while others have built robust, multi-pronged supports for residents through long-term, multi-sector partnerships. And while urban service providers specialize, rural and remote community service providers 'wore many hats', and were highly adaptive and interconnected.

There is an untapped opportunity to partner with local colleges and libraries to use online meeting technologies to connect rural and remote communities and provide shared programming. The same technologies could help build relationships between urban and rural communities to coordinate regional resources and expertise.

“Trust has to be built with small communities. Its friendships that sustain wellness. They're there when something goes wrong. Friends will know that you've had a stroke, and need help.”

-consulation participant

SECTION THREE: RECOMMENDATIONS

RECOGNIZE THE SECTOR, BUILD THE SECTOR

These findings call for new roles, partnerships and approaches to support long-term wellness and quality of life for BC's older adult population, and a shift in the perception of the role of seniors in our culture and by all stakeholders.

At the consultation participants recognized the need to work together and indicated their readiness to do so.

To move forward with this, this requires:

1. **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 for as long as possible.
2. **Creation of regional and provincial infrastructures** to support capacity building of CBSS in time to meet the burgeoning older adult population
3. **Recognition by community and government funders** of the value of collaborative approaches in supporting the sustainability and ability of CBSS to meet the needs of BC's aging population in ways that enhance wellness and are cost effective.

Based on the input from the consultations, we identified five areas where specific actions are needed. They include: New Kinds of Funding Processes; An Active Knowledge Hub; Collaborative Mechanisms; Bi-Annual Regional Consultations and Provincial Summit and Research

A. New Kinds of Funding Processes

Creation of a Funders' Table to discuss changes needed in how current funding is allocated: e.g. simplify rules, balance between innovation and on-going support for proven programs, support collaboration, etc.

Formation of a committee to develop common indicators and evaluation processes that includes representatives from the Funders' Table, service providers, senior leaders and researchers.

Development of a new funding stream to foster collaborative partnerships similar to the Community Action Initiative (CAI), but focused on Community-Based Seniors' Services instead of community-based mental health and substance abuse services. One of the benefits of the CAI funding model is that it empowers the community leaders from the sector 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 (i.e. the CBSS sector, municipal parks and recreation, and social planning, and the health authority) to develop a more collaborative approach to decision making and service delivery for seniors. These communities would be provided with multi-year funding to work together. The funding would support facilitators/coordinators to guide the process and honorariums to engage the expertise of community leaders from communities/regions where successful partnerships/ collaborations already exist.

B. An Active Knowledge Hub (see adjunct picture)

The community consultations gave RPP direction to develop a provincially-coordinated and distributed learning model - or Knowledge Hub - to build the skills, knowledge and relationships needed to build capacity in the sector. The expertise, training and mentorships would be primarily provided by people already working in CBSS, who have succeeded in creating and managing effective programming in specific areas and/or in developing effective collaborative approaches for service delivery.

The Knowledge Hub Wheel (see the graphic of page 26) includes the seven core service areas and three special focus areas in the Inner Wheel. The Outer Wheel is the programmatic and collaborative leadership and skills development that would include information sharing, training, one-to-one mentorships and policy/issue dialogues.

The Knowledge Hub



Inner Wheel: Core Service Activities: 7 + 3 Special Focus Areas

7 Core Service Areas:

1. Nutritional Supports
2. Wellness Program
3. Physical Activities
4. Education, Recreation and Creative Arts programming
5. Information, Referral, and Advocacy
6. Transportation
7. Affordable Housing

Plus 3 Special Focus Areas:

1. Intergenerational Frameworks
2. Building Urban-Rural Connections and rural/rural connections
3. Volunteer Infrastructure

Outer Wheel: Capacity Building Supports:

- 1. Training for Staff & Volunteers** will include skills building for specific programmatic initiatives (such as peer counselling, inter-generational programming and nutrition); operational challenges (such as proposal writing, volunteer infrastructure, collaboration and evaluation skills development); and leadership development for community advocacy and collaboration
- 2. One to one Mentorship** relationships will be supported to build leadership capacity, introduce new programs and/or service delivery models, modify existing programs, and develop skills related to operational requirements including proposal writing, partnership development, and staff and volunteer management.
- 3. Policy/Issues Dialogues** will be convened to address systemic challenges and new and emerging issues. These will include learning events and opportunities to develop proposals for systemic changes, partnership and service improvements, and better resource leveraging.

C. Collaboration Mechanisms

BEGINNING THE PROCESS OF PARTNERSHIP BUILDING THROUGH INTER-SECTORAL DIALOGUE SESSIONS

At the community and/or sub-regional level, cross-sectoral dialogue sessions will be organized at regular intervals (and at least twice yearly) on issues where collaboration is needed to support wellness and quality of life for BC's seniors' population. These dialogue sessions will include the community-based seniors' service sector, municipal/regional governments, the transit authorities, health authorities, funders and businesses serving seniors.

The goal of these sessions will be to begin the process of working together across sectors and to build on already existing collaborative approaches and structures. These sessions will be led locally and supported provincially. The focus of these dialogue sessions in the first two years would be to:

1. **Share the declaration** and findings from the inaugural summit and get input from local community members about how this work could be moved forward at the local/sub-regional level;
2. **Identify priority issues** where collaboration is needed;
3. **Learn** about what makes collaborative processes workable and successful;
4. **Organize presentations/discussions** that highlight examples of collaborations locally and from other areas of the province/country that have been successful in addressing specific issues/challenges;
5. **Organize issue dialogues** where a specific challenge can be discussed and plans for how to address these challenges developed;
6. **Identify and describe systemic issues** that require more action at the regional/provincial level and propose specific solutions that could be considered.

D. Bi - Annual Regional Consultations and Provincial Summit

Building on the initiatives that developed from the seven regional consultations and inaugural summit, bi-annual regional consultations and a provincial summit will be organized to:

1. **Create a shared vision**, beginning with the declaration at the inaugural summit, and develop a long-term planning framework based on that vision.
2. **Continue to highlight effective programming** in seven core service areas and three focus areas and define new focus areas.
3. **Strengthen and evaluate collaborative initiatives** underway at the community, regional and provincial level and plan where to go next.
4. **Strategize on how to address systemic challenges** and needed policy changes and develop recommendations for action.

E. Research

1. **Map access to Service Needs & the Sector Assets** in local communities across BC. Identify access to services for different population of seniors (e.g. low income, indigenous, newcomer, people of colour, LGBTQ2, etc.) and those with health and mobility challenges in the different communities across BC. Map the assets of the sector and identify potential partners with needed expertise, infrastructure, and capacity for policy development and coordination.
2. **Identify indicators** that meaningfully represent the impacts of the sector and create a shared language for measuring impact. These indicators can be used for evaluation purposes as well as to guide collaboration and planning within the CBSS sector and with external funders/partners (e.g. health authorities, municipalities, the Ministry of Health and the New Horizon's).
3. **Develop a research funding stream** to measure how specific community-based interventions impact healthcare outcomes and costs.

ADDENDUM: ADDITIONAL RESOURCES on COMMUNITY DEVELOPMENT AS A SOCIAL CHANGE MODEL

1. From the International Association of Community Development, definition of Community Development endorsed by the UN:

<http://www.iacdglobal.org/about/>

“International Association for Community Development (www.iacdglobal.org), the global network of community development practitioners and scholars, defines community development as “a practice-based profession and an academic discipline that promotes participative democracy, sustainable development, rights, economic opportunity, equality and social justice, through the organization, education and empowerment of people within their communities, whether these be of locality, identity or interest, in urban and rural settings”.

2. From the International Community Development Exchange, the Knowledge Hub of the IACD: <https://globalcommunitydevelopmentexchange.org/>

Community development is

“both an occupation (such as a community development worker in a local authority) and a way of working with communities. Its key purpose is to build communities based on justice, equality and mutual respect.

Community development involves changing the relationships between ordinary people and people in positions of power, so that everyone can take part in the issues that affect their lives. It starts from the principle that within any community there is a wealth of knowledge and experience which, if used in creative ways, can be channeled into collective action to achieve the communities’ desired goals.

Community development practitioners work alongside people in communities to help build relationships with key people and organizations and to identify common concerns. They create opportunities for the community to learn new skills and, by enabling people to act together, community development practitioners help to foster social inclusion and equality.[4]”

3. From Tamarack Communities (Canadian), published in their Vibrant Communities blog, by Jim Cavaye of Cavaye Community Development

http://vibrantcanada.ca/files/understanding_community_development.pdf

In community development approaches, citizens help their community become fundamentally better able to manage change.

The “concrete” benefits of community development, such as employment and infrastructure, come through local people changing attitudes, mobilising existing skills, improving networks, thinking differently about problems, and using community assets in new ways. Community development improves the situation of a community, not just economically, but also as a strong functioning community in itself. Rural community development builds the five capitals of a community – physical, financial, human, social and environmental. It is through participation in their community that people rethink problems and expand contacts and networks; building social capital. They learn new skills, building human capital. They develop new economic options, building physical and financial capital. They also can improve their environment.

4. From the Canadian Community Economic Development Network:

https://ccednet-rcdec.ca/en/what_is_ced

Creating vibrant, resilient and sustainable local economies

Community Economic Development (CED) is action by people locally to create economic opportunities that improve social conditions, particularly for those who are most disadvantaged.

CED is an approach that recognizes that economic, environmental and social challenges are interdependent, complex and ever-changing.

To be effective, solutions must be rooted in local knowledge and led by community members. CED promotes holistic approaches, addressing individual, community and regional levels, and recognizing that these levels are interconnected.