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

Summary Notes
TAPS Co-Creation Session
February 24, 2025

Topic #1: TAPS Data Party & Discussion

1A. Initial Reactions to Data Presented

- # of participants
  - Large variability in number of participants being served
    - Some questioned ability to meet all core program elements when participant numbers are high
    - Number of participants shifted drastically during and after COVID
    - Transportation and weather barriers to reach participants
    - Increases in participant numbers partly due to introduction of Community Connectors
    - Seasonal fluctuations in participant numbers (lower over summer months)
  - Uncertainty about what an 'ideal' number of TAPS participants would be
    - Programs would like to see UWBC set 'targets' or 'recommended participant numbers' (i.e., rough ranges of how many they should serve)

1B. Priority Populations

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

- TAPS programs reported that they have been successful in reaching priority populations
  - For participants that were involved before the priority populations came into place, they have been 'grandfathered' into the programs

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

- Transportation barriers in urban and rural areas
  - HandyDART is unreliable
  - Participants seem to get the most out of in-person programming
  - Concerns that most vulnerable are not being reached
- Challenges reaching certain populations
  - Issues reaching those who are isolated, Indigenous, and low-income (no phones)
  - Can be difficult to reach 'diverse' populations in rural areas
  - Taboos about being LGBTQ2S+ for certain cultures, so can be a difficult to reach population for this reason
  - Not speaking English as a first language can be isolating
- Challenges supporting people who are Deaf Blind (i.e., Intervenor accessibility/availability)
- Some older adults have difficulty losing some independence and accepting rides

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

- TAPS programs partnering with local organizations and businesses that already serve priority populations (e.g., BC Housing, First Nations communities, faith community, radio station advertisements, etc.)
- Strong relationships/partnerships with discharge department at local hospital (e.g., geriatric specialist refers participants)
- Diverse referral sources (e.g., Community Connectors, First Nations bands, community organizations, etc.)
- Purchasing a vehicle for transportation to TAPS program, as well as to medical appointments for seniors on specified days of the week
- Allowing participants to 'bring a friend' allows some to feel more comfortable
- HandyDART somewhat helpful to reach those who are isolated and/or low-income
- Offering food

1C. Core Program Elements

To what extent do TAPS programs offer each program element?

- Overall, TAPS programs indicated that they were offering all core program elements
    - However, some variability in what delivering each program element looks like
    - Some programs are offering 'drop-in TAPS', where participants simply come and join when they choose
- Programs highlighted the importance of tailoring TAPS to participants' interests

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

- General
    - Programs want clarification about what offering the core program elements looks like, as well as what UWBC's expectations are
    - Difficulties securing adequate physical space to host TAPS programming
    - Limited staff time/capacity
    - Challenges supporting very diverse populations (e.g., 100+ dialects and languages spoken for some programs). Not able to cater to cultural dietary needs, other culturally-specific needs, etc.
- One to one check ins
    - Some programs do not have capacity to check-in with participants daily
    - Some programs viewed this program element as 'unnecessary' depending on the participant
- Educational workshops
    - Difficult to find knowledge holders in all languages of participants
- Transportation
    - Difficult in urban and rural areas
    - Unique barriers for complex participants (e.g., people with disabilities, dementia)

- Rural - participants are often quite spread out geographically, alongside having limited access to public transportation and HandyDART. Considerable amount of time is spent driving seniors to participate.
- Difficult even with Aging in Motion/Transportation funding because programs cannot purchase vehicle/capital asset
- Cost to purchase vehicle for program is expensive

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

- Suggestions made:
  - Provide more flexibility in core program element definitions given the need to adapt in order to respond to their local context
  - Adjust one to one checkin requirement to check-in with all participants daily
  - Physical activity should not have to be offered by TAPS programs since many other programs in urban areas already offered such programming (partner to address program element, rather than duplicate)
  - Do not require transportation as a core program element in urban areas
  - Add transportation to medical appointments

Do TAPS programs charge participants to participate?

- Most programs charge for meals (range from $6 to $8)
- Most programs charge for transportation (range from $2 to $5 for round trip)

Topic #2: TAPS Handbook & Intake Form

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

Figure 2. Poll results: # of programs using the standardized TAPS Intake Form (N=18)

Figure 3. Poll results: # of programs using the TAPS 'Interview Guide' (N=17)

Notes About the Intake Form

- Reasons for not using Intake Form
    - Organizations having reporting responsibilities to other funders who have different information needs
    - Central intake done by 'social prescribers' who use their own intake form
- Consider revising the current question used to assess income (i.e., above or below $24K)
    - Even if participants are above $24K, they are still considered low income in today's standards
    - The question should ask staff/volunteers to consider the participants' home and living conditions alongside (or in replace of) quantitive income levels
- Other additions to the Intake Form: deeper dive into assessing social isolation; box if they require mobility aid/hearing aid/walker, etc.; more comprehensive capture of emotional and mental health status (e.g., add suicidal ideation).

Topic #3: Increased Funding & Program Expansion

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

- Program model information
    - Clear understanding of program model, program elements, and priority populations
    - Case studies of TAPS programs
    - Availability of all CORE resources for TAPS created over time
    - Ensure new programs have all reporting templates at start of program
    - Encouragement to attend COPs
- Encouragement of creativity and flexibility to meet individual needs
    - Movement programming options
    - Ways to connect individuals to community
    - Learning/education ideas (notary, public health, CRN, museum, etc.)
    - Sources of funding
    - Ways to support nutrition
    - Think outside of the box to meet program deliverables/participants' needs
- Mentorship
    - Site visits to successful TAPS programs to observe how they ideally operate
    - Opportunities for new programs to be mentored by successful TAPS programs
    - List of contact information for successful TAPS programs
- Space
    - Sufficient, dedicated physical space for programs to operate
    - Explore spaces that can be shared with other community groups
    - Central location
    - Accessible space (e.g., accessible washroom, parking, doors, etc.)
    - Cooking facility

- Consultation & Collaboration
    - Input from seniors and volunteers
    - Engagement of key community partners to build support for program (e.g., local government, Rotary, seniors groups, etc.)
    - Collaborate with local supports to offer transportation, when needed
- Permission to build slowly over time
- Staffing
    - Job descriptions and background experience expected for TAPS staff positions
    - List of minimum training courses for TAPS staff
    - Dedicated Coordinator to build trust and rapport with participants
    - Minimum recommended ratios of staff to participants
    - Cook trained in meal preparation for diverse seniors' diets
- Recruiting participants/referrals
    - Contact information for agencies/professionals that can provide referrals
    - Relationship building with local community partners where cross-referrals are possible
    - Promote program to settlement programs
    - Elements of fun and humour to engage seniors
    - Program marketing materials to increase referrals
- Complementary grant funding (i.e., Enhancement Grants)
- Improve accessibility for Deaf Blind seniors (e.g., more funding for interpreting, captioning)

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

- Clear model for service delivery
    - TAPS Handbook from the start
    - Clearly defined eligibility criteria
- More funding
    - Additional funding for transportation and food
- Transportation
    - Flexible transportation options
- Reporting
    - Clear expectations on what is required for reporting
    - More instructions on how to properly report (e.g., need to report where referrals come from)
- Staff
    - Training for staff and volunteers
    - Job descriptions for staff and volunteers
- Information
    - More information about Adult Day Programs and their eligibility criteria
- Physical space for programming with room to grow
- Collaboration

        - Stronger relationships with Better at Home agencies
        - Engaging volunteers who are seniors themselves for their valuable perspectives
        - Piggy backing on events already taking place in the community
        - Information sharing is key among TAPS programs (i.e., don't reinvent the wheel)
    - Building in safety procedures in case of emergency (profiles of participants with pictures)
    - Knowing that programs can charge for TAPS programming

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

- More staff and volunteers (and staff/volunteer hours)
    - Increases capacity to provide more 1:1 time connecting with participants; more touch points for participants
    - More staff on the floor to support seniors who are higher needs
    - More time for community collaboration and fostering partnerships
    - Creation of dedicated virtual programming Coordinator role
    - Occasional evening and/or weekend programming
    - Off-site trips where TAPS participants from different programs can meet
- Increased the number of participants
    - More provisions for priority populations (e.g., trans seniors)
- Expansion of activities offered
    - Chair yoga, luncheons, etc.)
    - More lunches for participants
    - Starting seniors social businesses (e.g., knitting, sewing)
    - Respite for caregivers
    - iPad lending program and increased tech support groups
- Addressing waitlist and unmet community need for TAPS
- Additional days of TAPS
- Hosting TAPS at 'satellite' locations for low-income seniors (e.g., housing complexes)
- Improved quality of programming
    - Better transportation services (drive/ride support for home bound clients)
- Improved supports for programs supporting Deaf Blind seniors (e.g., increased # of Intervenor hours)

Topic #4: UWBC Supports

4A. Community of Practice (COP) meetings

- Interest in continuing on with the TAPS COP, with modifications made:
    - Reduce frequency of COP meetings (consider shifting to quarterly)
    - Remove 'wellness moment' if meetings are 1-hour in length

        - Topics
            - Focus meetings on the latest challenges TAPS programs are facing and problem solving solutions
            - Skills building opportunities, perhaps through guest speakers
            - Detailed logistics for how core program elements are delivered
            - Reporting requirements for UWBC and how to plan for this
        - Consider rotating the day/time given that some programs have ongoing conflicts with the current standing meeting date/time
    - Restructuring sessions?
        - Strong interest in having quarterly regional COPs for all Healthy Aging funded agencies in certain geographic areas (i.e., in the Interior, all Healthy Aging funded programs meet on a quarterly basis).
            - The purpose of the quarterly meetings could be to explore opportunities for collaboration and supporting one another.
            - These meetings would need to be supported by a UWBC staff person as the 'backbone' for the meetings.
            - Also interest in 'regional' meetings once or twice a year where other partners are invited (e.g., HandyDART, Translink)

4B. Data Tracking Support

- Is there need for a unified case management system?
    - Data needs are different organization to organization
    - Some TAPS programs said that they do want/need a platform provided by UWBC that is 'unified' (like iUnite) to track 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 'double reporting'.
    - If UWBC is not going to provide a unified platform, programs would appreciate funding to purchase a platform to support reporting needs
- Are there issues with UWBC having access to participant-level data, such as PHNs?
    - Some programs reported that participants are hesitant to share their PHNs, while others indicated that they have not experienced any challenges with asking for it
    - If PHNs are going to be collected, there needs to be clarity on why it is being collected and what it is being used for
    - Some communities have Community Connectors do all intakes for new participants

4C. Support for Staff/Volunteer Trainings

- Specific trainings of interest:
    - Food Safe
    - Cultural competency training
    - Supporting people living with dementia

- Training for cooks to serve nutritious foods for seniors with diverse nutrition needs
- Mobility training (i.e., how to safely and appropriately transfer seniors)
- Standard First Aid Program
- Therapeutic activation training
- Mental Health Assessment
- Elder abuse/neglect
- Indigenous Ally Toolkit (Kaslo)
- Budgeting for staff (i.e., how to set and manage budget)
- Crisis management
- Recognizing self-neglect and substance use
- TAPS 'road show' where programs can visit each other for ideas
- CCMI motivation training
- ABCD Community Development
- SAIL training for home support and exercise
- Grant writing workshops

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

- Agreement from the health authorities that they will participate in the Community Collaboratives. Programs have struggled to get buy-in/support from health authorities.
- Support for information sharing across the health authorities (i.e., something from the MoH saying that information sharing is supported)
- Clarify what the role of the Community Connector is/is not
- More funding to support the collaboration ongoing rather than having UWBC coming in to try and support

4E. Other Desired Supports from UWBC

- Access to regular counselling for staff and volunteers of TAPS programs. Note that some staff do not have benefits in their jobs.
- More templates to support program operation (e.g., job descriptions, wage grids, etc.,)
- Clear communication regarding important program changes (e.g., formal memo indicating that PHN collection is now optional)
- Strong interest in continuing to have annual co-creation sessions in-person. Consider scheduling the sessions at less busy time of year given grant writing/reporting requirements at end of fiscal.
- Revisions to the TAPS Handbook, as needed, over time
- One-page document about using commercial vehicles (e.g., accessibility upgrades and license information)
- Support with food security challenges
- More non-medical and mental health support for people 'falling through the cracks'
- Consider re-naming TAPS given that the word sounds medical and doesn't mean anything in its acronym form