

‘Delta “Better at Home”



Final Report

This report is a synopsis of the community development consultation sessions for “Better at Home” in Delta as well as the recommendations resulting from that process.

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“When individuals and communities do not govern self, they risk being ruled by external forces that care less about the well-being of the village.” (Hodge, 2009)

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Deirdre Goudriaan

1. Introduction

1.1. “Better at Home” program introduction

“Better at Home” is a program that helps seniors with simple day-to-day tasks so that they can continue to live independently in their own homes and remain connected to their communities.



The program is funded by the Government of British Columbia and managed by the United Way of the Lower Mainland, with services delivered by local non-profit organizations. The

“Better at Home” program is designed to address the specific needs of local seniors, allowing communities to choose from the following basket of services:

-
- friendly visiting
 - transportation to appointments
 - light yard work/ snow shoveling
 - simple home repairs
 - grocery shopping
 - light housekeeping

The community of Delta (including Tsawwassen, North Delta, Ladner and Tsawwassen First Nation) were part of the community consultation process. Deirdre Goudriaan of Team Play Consulting Inc. was contracted as the community developer to assess community readiness, identify seniors' assets, needs and priorities in regards to the basket of services, and help identify the potential lead organization best suited in the community to deliver the "Better at Home" program.

This report reflects the findings of the community developer and will be used by the lead organization to design an appropriate local "Better at Home" program that meets community needs.

1.2. Description of the local community development approach

Asset-based approaches to health promotion and community development imply a focus on potential much more than on problems. In general, a move to asset-based community development over the last couple of decades has meant more focus on, and mobilization of, a broad range of assets that exist in a community rather on its needs, problems and deficiencies.

The asset-based community development process empowers communities to go beyond simply identifying strengths, but also empowers individuals and organizations within the community to build on those strengths. This approach leans towards community

Well-being is "the highest possible quality of life in its full breadth of expression...high levels of democratic participation and development of robust health" (Canadian Index of Wellbeing and University of Waterloo, 2012)

health and the development of our individual and collective potential and well-being. Well-being is "the highest possible quality of life in its full breadth of expression... high levels of democratic participation and development of robust health" (McKessock, July 2012). This

community development process focused on systemic and cultural considerations (how the neighbourhoods and service providers work) and the development of assets and potential in people (seniors, families and professionals that support seniors).

This premise of community development and health promotion builds upon the belief that as human beings we are constantly developing, learning and growing. Building on these assets at the community level helps increase our potential in such a way that it supports greater collaboration and health of the citizenry (seniors in this case) as well as the health of the planet.

The community development activities included:

- A series of eleven stakeholder interviews with professionals and seniors across the community. These people possessed information relevant to seniors (often through direct experience) or as service providers (these providers offered a variety of services and supports to seniors) and had important input regarding “*Better at Home*” services;
- A community based asset mapping document that included human, social and demographic analysis of the community of Delta;
- A series of six community based focus groups (two in North Delta including one for Punjabi speaking seniors, three in Ladner (one with McKee Seniors Recreation Centre, one held at Ladner Pioneer Library and one with the Low Vision Group) and one held in Tsawwassen at Kin Village.
- Two community meetings occurred in order to ensure representation from both North and South Delta residents. One in North Delta at Deltassist and the other in Tsawwassen at South Delta Baptist Church.
- A paper and web based survey collected 147 survey responses (we gathered some of these from seniors by telephone or during in-home meetings as these seniors were unable to attend the community meetings) and;



-
- A meeting with seniors and service providers to determine the collaborative partners and lead agency best positioned to provide “*Better at Home*” services in Delta.

These methods informed the community development processes in Delta. The roadmap for the community development process consisted of dynamic steering or adjusting as we moved throughout the consultation process and in the development of the final report.

1.3 Methodology and Data Sources

- a) **Documentary Analysis:** we reviewed all reports, project materials and information provided by service providers including:
 - The Corporation of Delta,
 - Fraser Health,
 - Statistics Canada,
 - BC Stats,
 - Deltassist website,
 - Other academic data sources as well as notes from all community based sessions.
- b) **Focus Groups:** we facilitated in person group discussion sessions with seniors interested in the project as well as eight community-based meetings (six seniors’ focus groups and two community meetings). We held a stakeholders meeting to determine the lead agency and collaborating partners in the community. The results of these meetings were analysed and thematic and distinctive elements noted.
- c) **Stakeholder Interviews:** we conducted one-on-one in-person and telephone interviews with seniors and senior serving organizations both private and not-for-profit and with representatives from the Corporation of Delta and Tsawwassen First Nation.
- d) **Survey Analysis:** we conducted paper and web based surveys with seniors and professionals. In some cases, we completed one-on-one telephone and in-home surveys with seniors (if they were not able to get out to meetings), and surveys were available in strategic community locations (libraries, consultation meetings, recreation centres, Kin Village etc.). We also collected surveys from families and service providers. We completed an analysis of the collected surveys including hand written and web based submissions and themed the anecdotal data into categories.

2. Community Profile

2.1. Description of the local seniors' population

Demographic Information

Delta is a corporation made up of three different geographical community centres (North Delta, Tsawwassen and Ladner). As a whole the community of Delta borders with Surrey to the east, 0 Avenue to the north, Point Roberts, USA to the south and Richmond to the west.

Archaeological evidence from the area dates back to over 8,000

years when Coast Salish First

Nations had seasonal settlements near the present day Alex Fraser Bridge. Delta became a municipality in 1879.

Fraser Health anticipates the overall population of Delta will grow by “12,392 people or 12.3 percent between 2011 and 2031.” (Health & Business Analytics, Population Health Analysis Team, December 2011).

Together, these geographic areas comprise the municipality of Delta and are home to a little less than 100,000 people. “The municipality of Delta has experienced 3.3 percent population growth since 2006.” (Statistics Canada, 2011). A 2011 report by Fraser Health (Health & Business Analytics, Population Health Analysis Team, December 2011) anticipates the overall population of Delta will grow by “12,392 people or 12.3 percent between 2011 and 2031.”

Delta has the second highest number of seniors with Bachelor’s Degree or higher education in the Fraser Region. (Services, 2010)

According to the 2011 *United Way Senior Vulnerability Report* (United Way of the Lower Mainland, 2011), approximately 15,455 people aged 65 and older live in Delta representing 14.6 percent of the overall population in Delta. This number will grow by “7,754 people by 2020.” (Health & Business Analytics, Population

Health Analysis Team, December 2011). Delta has the second highest number of seniors with Bachelor’s Degrees or higher education in the Fraser Region behind White Rock/South Surrey. (Decision Support Services, 2010).

The proportion of the population aged 65-years and older with little or no income who receive the maximum Guaranteed Income Supplement (GIS) in Delta is 3.3 percent of women and 2.1 percent of men (BC Statistics Agency, 2010). The GIS is a federal income assistance program payable to pensioners with little or no income beyond Old Age Security.

The Integrated Health Network (IHN) and Office of Family Practice in Delta through Fraser Health are still in development and may be operational in 2014. Integrated Health Networks are a way to address chronic health conditions and ensure complex conditions are effectively managed and that people are connected to physicians.

Corporation of Delta

North Delta houses approximately 51% of the total population base or 50,930 persons (Cousins, D., 2013). Ladner and Tsawwassen house approximately 24,466 persons in each location. Altogether, Delta's three senior recreation centres have a total of 3050 members. A recent seniors profile by the Corporation of Delta reported the following distribution of seniors across the three geographic regions in Delta:

Community Distribution of Seniors in Delta

Distribution of Seniors in Delta (Corporation of Delta, 2013)

North Delta: There are approximately 12,000 seniors aged 55 plus who live in North Delta. Seniors account for 23.5 percent of the population in North Delta.

Ladner: There are approximately 7,000 seniors 55 plus who live in Ladner. Seniors account for 28 percent of the population in Ladner.

Tsawwassen: There are approximately 7,000 seniors 55 plus who live in Tsawwassen. Seniors account for 28 percent of the population in Tsawwassen.

First Nations People

For the 2006 census, (Statistics Canada, 2006), Tsawwassen First Nation lands consisted of the Tsawwassen reserve. In 2006, the Aboriginal population on Tsawwassen First Nation lands numbered 200. Of these, 98 percent reported First Nations (North American Indian) as their Aboriginal identity, with the remainder reporting another Aboriginal identity group (Métis or

“The concept of cultural safety evolved as Aboriginal people and organizations adopted the term to define new approaches to healthcare and community healing. It develops the idea that to provide quality care for people from different ethnicities and cultures, people must provide that care within the cultural values and norms of the individual.” (Brascoupe, 2009).

Inuit). 8 percent of the Aboriginal population on Tsawwassen First Nation lands were 55 and older. In 2006, 5 percent of the Aboriginal population on Tsawwassen First Nation lands had knowledge of an Aboriginal language. It is widely accepted that Census data often does not accurately represent the population of First Nation’s people (Statistics

Canada, 2006).

Aboriginal people are known to experience higher levels of under-coverage in the Census than other Canadians do. There are several reasons for this including the exclusion of people from the Census who are homeless or living in rooming houses, and the decision of some Aboriginal people to not identify themselves as Aboriginal or to not complete the Census form. The demographic data may also include a number of Aboriginal people of mixed ancestry or those who may not strongly identify with the more traditional Aboriginal community. For all of these reasons, the data here must be interpreted with caution.

In Canada, Aboriginal people have historically experienced a history of colonization, and cultural and social assimilation through residential schools, The Indian Act and other policies that led to historical trauma and the loss of cultural cohesion. This historical approach continues to undermine the role of Aboriginal people as partners in their own care, health and community supports. Consequently, this report contains recommendations that support development of a distinct Aboriginal strategy within the “Better at Home” program.

Tsawwassen First Nation offers the Frog Bus program that provides events, programming activities and an Elders program on the reserve. The Frog Bus does not provide transportation. The band provides yard care for elders who live on the reserve and family members help provide home repairs (when they live nearby). The current band projects serve approximately 30 elders and some of the services could be optimized through the supports available from “Better at Home” basket of services. However the Band is in a significant growth phase with the development of a 724 hectare (1,800 acre) property on the north side of Highway 17 between the Deltaport Terminal and 52nd Street so this may significantly influence service needs in the future.

Katie Alexander (Health and Social Services Worker) and Cindy Baird (Elder’s Worker and Social Housing Clerk) identified the primary needs of seniors living on the Tsawwassen First Nation. In order of priority, these needs include:

1. housekeeping supports,
2. home repair for elders who do not have family nearby,
3. grocery shopping and transportation.

Tsawwassen First Nation is served by TransLink however many elders live a fair distance from where the main bus line drops them off and it is difficult for people to walk home unassisted with groceries or packages.

Tsawwassen First Nation provides an Elder’s luncheon twice per week on Tuesdays and Thursdays, one outing per month and an annual Elder’s Day celebration. They also provide numerous inter-generational programs that facilitate cross-generational transfer of indigenous language and cultural skills such as canning salmon. The Band also provides support for seniors to attend the provincial Elder’s gathering.

Immigrant and Newcomers

Delta, like most areas across the Fraser Region, has increased numbers of newcomers and immigrants. Additionally, “28 percent of people in Delta identify as newcomers or immigrants.” (Health & Business Analytics, Population Health Analysis Team, December 2011). Punjabi and Mandarin are the most dominant non-English languages. The top two visible minorities are Punjabi and Mandarin speaking people. Most of these increases are specific to North Delta. The proportion of new immigrants in the Delta Local Health Area is 27.3 percent according to (Statistics Canada, 2006). In Delta, Punjabi is the first language for 4,940 people and Chinese is

the first language for 2,670 people (Statistics Canada, 2006). These were the most common mother tongues among seniors who knew neither English nor French.

The Progressive Intercultural Community Services (PICS) Society based in Surrey provides some services and supports to North Delta based immigrants and newcomers. They

collaborate with George Mackie Library to provide English language training and settlement services and they also provide the Welcoming and Inclusive Communities Program co-located at Deltassist. Many Punjabi speaking seniors in North Delta reported that they accessed services from the PICS Surrey location as well.

S.U.C.C.E.S.S. provides weekly settlement counseling services at George Mackie however they serve a low number of seniors.

Options Community Resources Society provides settlement services to North Delta newcomers and immigrants as well.

Supports to newcomers and immigrants are important because many face challenges accessing health and social services because of language and cultural barriers and some face literacy challenges in their first language. Some

newcomers and immigrants also experience difficulty finding employment and are more likely to have lower incomes and health decline after arriving in Canada.



Many South Asian newcomers and immigrants in North Delta access services and supports from religious communities in Surrey or through Surrey-based non-profits such as DiverseCity Community Resources Society or PICS. Deltassist also provides services and supports to newcomers and immigrants in Delta.

2.2 Social Indicators for seniors in Delta

Access to Healthy Food

In 2008/2009, 34 percent of Canadians aged 65 or older (more than 4.1 million) were at nutritional risk across Canada. “Gaining or losing more than 10 pounds (4.5 kilograms) in the past six months and skipping meals ‘almost every day’ were the main drivers of nutritional risk” (Ramage-Morin and Garriguet, 2013). A higher percentage of women than men were at nutritional risk: 38 percent versus 29 percent. About “half (49 percent) of people living alone were at nutritional risk, compared with 28 percent of those who lived with others” (Ramage-Morin and Garriguet, 2013). The likelihood of nutritional risk doubles for people with



depression (62%), compared with people without depression (33%) (Ramage-Morin and Garriguet, 2013).

In terms of vulnerability for seniors in Delta, access to healthy, nutritious food is one of the major factors that impacts seniors health (consumption of fruits and vegetables in particular) and “Fraser South (50.5%) had smaller proportions of seniors consuming five or more servings of fruits and/or vegetables each day than Fraser

East” (Statistics Canada, 2012; Statistics Canada, 2013).

The Delta Food Coalition (DFC) is a network of community based organizations working together to address food security issues in Delta. Earthwise Society is the lead agency in the Coalition. Other active members include Deltassist, Delta Boys and Girls Club, and Delta Farmland and Wildlife Trust.

This year, the Earthwise Society and the DFC will operate a monthly Pocket Market (small scale farmer’s market) at Kin Village from April to November. This year’s Pocket Market project is

based on last year's successful pilot program that ran pocket markets at three Delta locations: Kin Village, McKee Seniors Recreation Centre, and Deltassist. Local farmers and Earthwise Farm provide low cost produce. The goal of the program is to provide healthy, inexpensive food to seniors.

The Earthwise Society and the DFC operate a food gleaning program in which volunteers harvest fruit and produce in the community that would otherwise go to waste. Various community agencies retrieve and distribute produce free to clients. The free produce is available to any community agency that can distribute it in the community. Deltassist is one of the agencies that access the program in order to provide free, healthy food to seniors.

In addition to providing food, the gleaning program is an additional benefit for seniors who are no longer able to care for or harvest fruit from their trees.

North Delta Farmer's Market begins in mid-June at the Firehall Farmer's Market in Delta. The Farmer's Market did not access the low income nutritional coupons this year however they may do so next year. If they did so, this would help address the nutrition risks of seniors with low income and improve access to healthy food.

Meals on Wheels

There are two Meals on Wheels service providers in Delta. In North Delta, Meals on Wheels program is a volunteer supported program that delivers a low-cost mid-day meal to anyone who cannot prepare an adequate meal for him or herself and is in Surrey. The program also provides clients with regular informal social contact. The program runs Monday to Friday.

Residents of North Delta receive service from the Surrey/North Delta Meals on Wheels program located in the Old Yale Road area of Surrey. The Surrey/North Delta Meals on Wheels program serves approximately 300 meals to seniors in North Delta each month.

Deltassist in Ladner and Tsawwassen operates meals on Wheels - South Delta. Meals are prepared at Kin Village. This program serves approximately 25 individuals per month, 8 in Ladner and 14 in Tsawwassen per month.

North Delta Food Bank

The North Delta Depot supported by Surrey Food Bank operates every 2 weeks out of the North Delta Evangelical Free Church. Over 50 percent of the client base is over 40 years old. The average number of seniors 65+ served per month is 20. The average number of individuals

between 50-64 years of age is about 45. Approximately 20 percent of the clients served in North Delta receive disability benefits or pension.

Seniors Living Alone

The number of older adults living alone is also rising steadily in Delta. Women are more likely to live alone than men are, and that likelihood increases with age according to the 2006 Census (Statistics Canada, 2006). In part this is due to women's longer life expectancy. In Delta/Richmond sub area, "7,095 seniors lived alone in 2006 (21.2 percent of all seniors) (United Way of the Lower Mainland, 2011). With the supports that "Better at Home" proposes seniors may be able to live independently in their homes longer.

Accessible Transportation and Built Environments

According to the Delta Seniors Community Planning Report (Delta Seniors Community Planning Team, 2010) and anecdotal data gathered from interviewees accessible and affordable transportation options are the most important service needed through the "Better at Home" program. Public transit in Delta especially outside of peak commuting times is inadequate.

North Delta Transportation

- People are often let off the bus in unfamiliar areas, and there are not always sidewalks in place nor sidewalks with curb cuts;
- Using a taxi is expensive and accessing the North Delta Seniors' bus requires that seniors call ahead and provide the reason they need the service. Seating is limited for scooters and walkers.
- TransLink bus drivers often do not lower the bus for seniors with groceries and this makes getting on the bus difficult.
- The Sunshine Hills (west of Scott Road and 60th Avenue) and Canterbury Heights (112 Ave to Burn's Bog) area in North Delta do not have any form of public transit, this makes public transportation impossible for seniors in these areas.
- Delta does not have commuter buses and the buses typically operate along Scott Road, 64th Avenue and 72nd Avenue corridor and walking to this area from other areas in North Delta is often difficult.
- Travel to Surrey for medical appointments can be difficult as well.

Ladner Transportation

In Ladner, there is a regular shuttle bus however a one hour window is necessary to use this service and it comes at certain times and is not always convenient, nor wheelchair/scooter

accessible either. Seniors reported that scooters are great for accessing services in the community but not in inclement weather. HandyDART and the Corporation Seniors buses are not available on demand and with HandyDART you need to book as far as one week in advance and the wait times can be very long. At the time of writing this report, cutbacks were announced to HandyDART and seniors were being referred to Taxi Savers for taxis. Seniors reported this option was very costly. The Canadian Cancer Society provides volunteer drivers for cancer services and appointments. Travel to specialists in Vancouver or Richmond is a difficult issue. Some people do access Taxi Savers and find it works well.

Ladner and Tsawwassen have a community shuttle service that connects residents from outlying areas to the central core of each community (you need a one hour window to access the service) it is not always convenient nor is it always wheelchair or scooter accessible.

Recently the Corporation of Delta began operation of a bus in North Delta for seniors. The bus offers easy access to local medical services, recreation centres, shopping locations and other community amenities. The home base for the North Delta Seniors Bus is Kennedy Seniors Recreation Centre. The bus will travel throughout North Delta making curb-side stops to pick up



and drop off seniors at requested locations. Upon request, the bus may be available to go to neighbouring communities for medical services.

The bus has 16 seats and plenty of space for walkers. It is also equipped with an automatic lift and can accommodate two wheelchairs.

The Seniors Bus operates from 9:30 am - 3:30 pm on Tuesdays, Wednesdays and Fridays. All rides are subject to

availability. The North Delta Seniors Bus service was provided in part through an Age-Friendly Grant, a partnership between the Government of BC and the Union of British Columbia Municipalities (UBCM).

The McKee Seniors Recreation Centre in Ladner is close to a community shuttle bus that runs hourly. Kin Village in Tsawwassen has a community shuttle that runs hourly, but it does not go

directly to the door. Riders have to walk a short distance to get to the bus stop. There is however coordination issues with the Ladner Exchange to connect to a bus that travels to Vancouver and there is no sheltered stop on this route. Some seniors noted the walking distances from drop off points are difficult especially when carrying groceries.

The next step for the Seniors Community Planning Team regarding transportation includes creating more linkages, research, education and exploration of alternative transit options. Given the geographic realities of the community and the lack of public transit development that has occurred south of the Fraser River it is not surprising that transportation is a priority.

2.3 Social Connectedness

Social connections are important. Socially isolated seniors are more likely to suffer poor physical or mental health than are seniors with active social lives. “Over 60% of seniors in the Fraser region reported high levels of social support” (Health & Business Analytics, Population Health Analysis Team, December 2011). The majority of seniors living in Fraser region reported



having a “somewhat strong to very strong sense of community belonging” (Health & Business Analytics, Population Health Analysis Team, December 2011). However, 7.2 percent of seniors over age 65 in the Delta area suffer from dementia as well. (Ministry of Health, 2009). Dementia is a health condition that

gradually causes a person to lose their ability to remember, learn and speak with others. Over time, a person with dementia will have increasing difficulty thinking, making decisions, and carrying out daily activities. Dementia may also influence the number and quality of social connections.

Approximately 22.9 percent of Delta seniors live alone. (Statistics Canada, 2006). This is important as living alone may also lead to increased social isolation. The Public Health Agency of Canada recognizes social support as an important determinant of health. When there are

high levels of social support and social connectedness seniors remain independent and healthy. Researchers have noted that seniors living alone are at increased risk of social isolation and more likely to suffer a fall. Compared to those living with others, seniors living alone were found to have reduced health status and increased health risk behaviours (Kharicha, 2007).

Anecdotally, the community developer received at least 10 inquiries from seniors in Delta for immediate supports through “Better at Home”; many people were distressed when they learned the program was not yet available as their need was urgent.

Percent Population Change by Age in Fraser Region (Fraser Health 2011)	Year 2011-2016	2016-2021	2021-2026	2026-2031
Age 65-85	21.2%	20.6 %	19.7%	17%
Age 85+	24.5	15%	17.4	22%

“The (65+) population across BC will continue to increase significantly from 15.0 per cent in 2010 to 23.7 per cent in 2036” (BC Statistics Agency, 2010) (p. 5). This will significantly affect the need for services to older adults. Delta’s proportion of that senior’s population is 18.3 percent. (Statistics Canada, 2006).

For the first time, since Census reporting began persons 65 years of age and older outnumbered 0 to 14 year-olds in BC. The 2011 census counted 688,710 British Columbians who had crossed the milestone 65, slightly more than the 677,360 who have not yet made it to 15 (2011 Census Fast Facts: Toddlers and Teetotallers, 2011)

Age distribution of seniors in the Local Health Area of Delta (Ministry of Health, 2009)

Delta Local Health Area	Total	Men	Women
65 to 69 years	6460	3242	3218
70 to 74 years	5846	2450	3396
75 to 79 years	3461	1551	1910
80 to 84 years	2602	1089	1513
85 years and over	2397	828	1569

Economic Security

Economic security allows for more disposable income, greater access to services and supports and a higher standard of living. At the community level, this supports enhanced access to health, education, transportation, and recreation. Delta has one of the lowest proportions of low income seniors in the Lower Mainland at 15.1 percent. This however does not negate the fact that approximately 8.4 percent of seniors have low income in Delta. (Statistics Canada, 2006).

Seniors Centers

Kin Village Community Centre (Tsawwassen)

The Kin Village Community Centre is a full-service seniors' recreation facility that offers a range of programs, activities and social events for seniors. Kin Village is owned and operated by the Kinsmen Retirement Centre Association.

The Kin Village Community Centre is part of the larger Kin Village complex that offers independent living (North and South combined offer 96 suites), supportive housing (Vidal Court offers 45 suites), assisted living (South Court offers 68 suites) and residential care (118 residents). An adult day program serves 11 clients. There is also an Elder College onsite that offers a range of life-long learning and personal growth courses.



Kennedy Seniors Recreation Centre (North Delta)

The Kennedy Seniors Recreation Centre offers a wide range of recreational and leisure opportunities. There are drop-in fees for activities, or an annual membership is \$15. Kennedy Seniors Recreation Centre has a non-profit board that oversees operations. The Corporation of Delta provides recreation, leisure and cultural programs through each of the senior's centres.

Kinsmen Recreation Centre (Ladner)

The Kinsmen Recreation Centre is a full-service seniors' recreation facility that offers a range of programs, activities and social events for seniors. The facility is only open when booked. The Kinsmen Recreation Centre is owned and operated by Kinsmen Seniors Society.

McKee Senior's Recreation Centre (Ladner)

McKee Senior's Recreation Centre offers a range of programs, activities and social events for seniors 50 and over. There is a small fee for activities, and an annual membership is \$20. The Centre operates with volunteer members of the non-profit McKee House Seniors' Society in



partnership with the Corporation of Delta -Delta Parks, Recreation and Culture.

Surrey/Delta Indo-Canadian Seniors Centre (Surrey)

The Surrey/Delta Indo-Canadian Seniors Centre is a non-profit organization located on the Surrey side of the Surrey/North Delta border. The Centre attracts a large number of seniors from North Delta. The organization caters mainly to the needs of seniors in

the South Asian community. The facility operates on a flexible, open drop-in basis and offers separate floors for men's and women's social activities.

The organization occasionally offers a Technology Access Program funded by Federal Government and Vancouver Community Network. The program educates participants about basic computer skills and provides access to computers and the internet. All services provided are free. The organization does not offer any services or support outside of the facility.

Other: Centre on Aging (University of Victoria) Ladner

The University of Victoria – Centre on Aging is a multidisciplinary research centre to advance knowledge in the field of aging based on the twin standards of scientific rigor and applied relevance. The overall goals are to contribute to improving the health and quality of life with an increasingly diverse population of older adults, and to assist their families, health care providers, and governments in meeting the challenges and potentials of an aging society.

In 2002 the Ladner satellite office was established. A major focus of activity of the Ladner Office is recruiting and training volunteers to deliver self-management programs and training health care professionals to use self-management support strategies.

2.4 Local Caregivers Networks

South Delta Caregiver's Network

This volunteer organization offers ongoing monthly support group meetings for caregivers, as well as educational series that cover topics like communication techniques, role and lifestyle changes, accessing and using community resources, and legal and financial issues. The public education sessions run two times per year at a cost of \$25 to participants. The monthly drop-in program is free.

The Centre for Supportive Care at the Delta Hospice supports The South Delta Caregiver's Network. Program participants may self-refer or receive referrals through local service providers. The South Delta Caregiver's Network mainly serves residents of Tsawwassen and Ladner, although there are no restrictions on who can participate in their programs.

Family Caregivers Network of Surrey/Delta

The Caregivers Network of Surrey/Delta (<http://caregiversnetworksurreydelta.com/>) is a non-profit group that offers support to those who provide unpaid care to a family member or friend with a disability, chronic or long term illness or frailty. Support may include telephone support, support groups, peer counselling, educational series, buddy system, information and referral. *Though this is beyond the scope of "Better at Home" there is an urgent need in Delta to offer supports for caregivers.*

2.5 Service and Support Assets

A list of services and supports is currently available to seniors in Delta through Deltassist_ (Delta Seniors Community Planning Team, 2013). The assets from the focus groups are listed and categorized below:

Corporation of Delta Services
<ul style="list-style-type: none">• McKee and Kennedy Seniors Recreation Centre's (offered in conjunction with a non-profit society)
<ul style="list-style-type: none">• Bus services in North Delta
<ul style="list-style-type: none">• Snow Angels program is a non-emergency snow shovelling service.
<ul style="list-style-type: none">• Seniors Week activities
<ul style="list-style-type: none">• Seniors Advisory Committee (sporadic meetings)
Food Services
Meals on Wheels –North and South Delta (Kin Village and Deltassist)
<ul style="list-style-type: none">• Surrey Food Bank – Services provided in North Delta

<ul style="list-style-type: none"> • Thrifty Foods and Sendial Delivery Services
<ul style="list-style-type: none"> • Deltassist Grocery Shopping and Delivery
<ul style="list-style-type: none"> • Earthwise and Delta Food Coalition (gleaning and pocket markets)
<ul style="list-style-type: none"> • Earthwise and Firehall Farmer's Markets
<ul style="list-style-type: none"> • Save on Foods/Safeway Delivery/Sendial
<ul style="list-style-type: none"> • Nurse Next Door
<ul style="list-style-type: none"> • Honey Do
Health Services
<ul style="list-style-type: none"> • Fraser Health
<ul style="list-style-type: none"> • Home health
<ul style="list-style-type: none"> • Mental health
<ul style="list-style-type: none"> • Home support
<ul style="list-style-type: none"> • Nurse Next Door
Home Repairs
<ul style="list-style-type: none"> • Seniors Repair Services Society (retired journeymen)
<ul style="list-style-type: none"> • In many cases, people wait for family or friends or pay for services. If they choose to pay for services, it is hard to find reliable, affordable and trustworthy repair people and often seniors are reluctant to open their doors to repair people as they worry about their safety or fraud.
Friendly Visiting
<ul style="list-style-type: none"> • Deltassist
<ul style="list-style-type: none"> • Various faith communities
Transportation
<ul style="list-style-type: none"> • HandyDART
<ul style="list-style-type: none"> • TransLink
<ul style="list-style-type: none"> • Canadian Cancer Society Driver Services
<ul style="list-style-type: none"> • Taxi Saver (provides half price taxis if \$100 purchase is made)
<ul style="list-style-type: none"> • Private Home Support Agencies
<ul style="list-style-type: none"> • Nurse Next Door
<ul style="list-style-type: none"> • Honey Do
<ul style="list-style-type: none"> • Driving Miss Daisy

2.6 Other Needs

Delta has other identified needs that were beyond the scope of the current “Better at Home” structure and we have captured these in case other seniors programs are able to provide them or the scope of “Better at Home” changes over time. They are:

1. A network of caregiver support services across the Lower Mainland.
2. Enhanced supports for caregivers.
3. Address the needs of isolated and home bound seniors who are unable to participate in this process.
4. No public washrooms on the Skytrain line.
5. Lack of continuity between health authorities. This is especially important for South Delta residents who often access health services in Vancouver Coastal Health region.
6. Many seniors in Delta access services and supports in Richmond or Surrey due to a lack of available services in Delta.
7. Absence of a social plan or social planning function within the Corporation of Delta.

3.0 Summary of Community Assets

3.1 Delta Communities in Action

The Delta Communities in Action project is a senior’s community development initiative funded by the United Way of the Lower Mainland. This grassroots project was driven by the desire to bring together a wide range of partners to identify local issues, and establish goals and targets in order to improve the quality of neighbourhood life and take action to bring about positive community change.

Phase One of the project established a series of measurable community indicators that included seniors well-being. Phase Two engaged the broader community, including seniors and seniors groups, in a series of round table discussions to identify and move forward on priority issues. A “growing sense of isolation and disempowerment” was a common theme across sectors. Phase Three focused on access to services as a specific issue across all age groups (seniors, families, and youth) and in all three areas of Delta (Tsawwassen, Ladner, North Delta).

The Delta Communities in Action initiative established an infrastructure for community engagement and action across a range of community sectors, including seniors’ issues.

3.2 Delta Seniors Community Planning Team

The Delta Seniors Community Planning Team (DSCPT) funded by the United Way of the Lower Mainland consists of seniors, service providers and community groups from Delta who meet regularly to get informed about and respond to the changing needs and issues facing seniors in the community. The Deltassist Family and Community Services program hosts this group.

The DSCPT has three working groups that address some of the key challenges faced by seniors: Support Services Action Team, Housing Action Team, and Transportation Action Team. The purpose of each group is to educate, inform and mobilize Delta residents and decision makers to respond to the needs of seniors.

The Support Service Action Team surveyed seniors about the kinds of services they need now and in the future, where they find that information and how to promote ease of access. The report they produced notes that support services and transportation rank as the most needed services. In regards to how seniors find information and access programs, the report found that “Seniors find information through the senior’s centres and cited media as the easiest way to access this information” (Delta Seniors Community Planning Team, 2010). The Support Service Action Team also hosted three public workshops in Ladner in November 2012 on the topics of Power of Attorney, Frauds and Scams, and Problem Gambling.

The Housing Action Team focuses on having a range of affordable housing options for seniors in Delta. This task group surveyed residents to learn about their current and projected housing needs. The group noted most respondents currently live in single family residential housing and their top four needs were:

- Low rise apartments
- 55+ buildings
- Single family homes
- Assisted and supportive living

In particular North Delta residents expressed concern about the lack of seniors housing options. Ladner residents noted a desire to be closer to amenities and services and Tsawwassen residents noted the needs for homes with age-friendly designs. This team recommended a hub or village planning approach to address housing needs especially in North Delta. The Housing

Action Team also created a brochure on how to make homes safer. The brochure included contact numbers for federal and provincial assistance.

The Transportation Action Team asked people if they could easily get where they needed to go in Delta. This group outlined numerous improvements to the transportation options including liaising with TransLink and United Way and studying alternate transportation plans for seniors. The Transportation Team completed a walkability exercise and identified which areas need upgrading.

3.3 Corporation of Delta- Delta Seniors Advisory Committee

The Delta Seniors Advisory Council (SAC) is currently in its first year of operation. The purpose of the Delta Seniors Advisory Committee is to provide a vehicle for seniors' input into municipal services, identify shortfalls in supporting seniors' needs and respond to applications for development that may have a benefit to the ageing population.

According to the Committee's Terms of Reference, the priority for the first year is to develop a Work Program as guided by the Mayor. At this point, the Committee is gathering information to identify gaps and assign responsibilities for areas such as transportation, services, housing technology, and aging in place. The most recent Committee minutes available online at the Corporation of Delta website were dated October 2012. It was anticipated that a draft work plan would be available for the next Committee meeting. As of the writing of this report, the Corporation of Delta [website](#) contains agendas and minutes for meetings in July, September and October 2012, and does not indicate that another meeting has taken place since October 2012.

The Terms of Reference state that the Committee will meet a minimum of four times per year. The minutes of each meeting indicate that subsequent meetings are held at the call of the Chair (Mayor Jackson).

The Committee consists of eleven volunteer members appointed by Council. There are seven staff positions that include the Mayor, the Chief Administrative Officer, one member of Council, one representative from Fraser Health, and senior staff representatives from other municipal departments. There are four community members on the Delta Seniors Advisory Committee, two from North Delta, and one from Tsawwassen and Ladner.

According to Committee minutes posted on the Corporation of Delta website, the main actions of the Committee have been hearing reports from various community groups and gathering information on current programs and upcoming opportunities. The Committee has received presentations from municipal groups such as the Department of Parks, Recreation and Culture, and the Department of Engineering. External groups such as Fraser Health and the Healthy Communities Initiative have presented as well. The Committee has reviewed current topics such as abuse of seniors, loneliness in seniors, and recent advances in technology that support seniors' safety. Various resources were tabled including the "Better at Home" website.

There are individuals that sit on both the SAC and Delta Seniors Community Planning Team, so there appears to be consistent lines of communication between these two groups. However the continuity and sporadic meeting schedule appears inadequate to address important action plans for seniors in Delta through the Corporation.

In addition to inviting delegations to present to the SAC, the SAC intends to rotate meeting locations between local senior's centres. So far, the SAC has met at Kin Village and McKee Seniors Recreation Centre.

The most recent minutes indicate that in addition to moving forward with the work plan, upcoming priorities for the SAC are to develop a seniors' resource guide and receive updates on the Office of the Seniors' Advocate in BC (now defunct).

3.4 Seniors needs related to non-medical home support services

Seniors' needs were determined through four separate processes including six separate seniors' focus group sessions, two community meetings, stakeholder interviews and community wide surveys. The results from the focus groups and community session were themed, as were the stakeholder interviews and survey results. The survey data was collated and categorized and

Transportation was the primary need consistently identified throughout the community development processes.

paper surveys were entered into the data so all results could be included in the collation process. Transportation was the primary need consistently identified throughout the

community development processes and through the other data collection methods.

The themes are colour coded by “Better at Home” service delivery area and community. These themes varied somewhat during the focus groups when the group voted on priorities within the “Better at Home” service categories:

Focus Groups Service Priorities									
Community	First Priority			Second Priority		Third Priority	Fourth Priority	Fifth Priority	Sixth Priority
North Delta	Transportation			Housekeeping		Home Repair	Yard Work	Grocery Shopping	Friendly Visiting
North Delta (Punjabi Speaking)	Transportation			Housekeeping		Home Repair	Yard Work	Grocery shopping	Friendly Visiting
Ladner (Heritage Library)	Housekeeping	Home Repair	Yard Work	Grocery Shopping	Friendly Visiting				
Ladner (Low Vision Group)	Transportation			Grocery Shopping	Friendly Visiting	Home Repair	Housekeeping		
Tsawwassen (Kin Village)	Transportation			Grocery Shopping	Friendly Visiting	Home Repair	Housekeeping	Yard Work	
Ladner (McKee Seniors Recreation Centre)	Yard Work			Grocery Shopping		Transportation	Friendly Visiting	Home Repair	Housekeeping

Transportation, grocery shopping and home repair appeared most consistently in the top three priorities during the focus group sessions.) There were significant differences noted in Ladner in particular so the program needs may differ in that area.

At the two community meetings held in North and South Delta, the group voted on the top priorities for services and the following priorities emerged. These priorities vary in some cases from the results above (different people attended these sessions).

Service Priorities from Community Meeting North Delta	Service Priorities from Community Meeting South Delta
1. Transportation -1st priority	Transportation- 1st priority
2. Grocery Shopping -2nd priority	Grocery Shopping- 2nd priority
3. Housekeeping-3rd priority	Home Repair and Yard Work-3rd priority
4. Home Repair- 4th priority	

3.5 Stakeholder Interview Themes

We completed eleven stakeholder interviews and met with other important contacts and connections who contributed important information across the community. These interviews were conducted one on one either in person or over the phone and included the perspective of seniors and professionals who deliver services to seniors in both non-profit and private organizations.

Assets

In many ways, the geographic communities within the municipality of Delta still feel like a smaller community where people genuinely care about one another. Unfortunately, the municipality of Delta as a whole does not appear to see itself as one community, and decisions affecting community development often appear to be based on the localized needs of geographic communities rather than on a broader and more integrated understanding of the municipality as a whole. In our estimation this has only served to fragment and isolate people who could easily be working together to address the needs of Delta as a whole. The Delta Seniors Community Planning Team and Deltassist are notable exceptions.

“We have a large number of volunteers in the community centre and a very active Rotary as well. Tsawwassen has a community feel and the community is very supportive” (Ellis, 2013). Collaborate Delta is one possible forum to network and collaborate moving forward.

The faith communities throughout Delta provide many informal supports to seniors (friendly visiting and meals) in the area, and are well positioned to identify and connect with isolated seniors that do not access formal supports for whatever reason. Faith communities such as Crossroads United Church, Ladner United Church and the Guru Nanak Gurdwara exemplify collaborative approaches to community building in the North Delta area.

The Delta Seniors Community Planning Team is notable with its desire and passion to advance the issues of seniors in Delta in a united fashion. They have numerous areas of focus and have accomplished a great deal since their inception. They use a constructive, asset-based approach to overcoming barriers and provide the community with an effective vehicle for advocacy and change.

During the senior’s consultation in Ladner, a number of innovative and collaborative ideas came forward during focus group sessions that highlighted the potential for change and development in Delta. Including these “creative and innovative” approaches is critical in ensuring that new services have the flexibility to meet the emerging and changing needs of seniors in Delta.

Challenges

Transportation is a significant issue throughout Delta, especially in situations where Delta residents need to travel to neighbouring municipalities for medical services. Taxi costs are prohibitive for most people and the bus service is often inadequate. Many people use private services such as Driving Miss Daisy or Nurse Next Door, while others use HandyDART. Seniors report increasing difficulty relying on informal supports such as friends and family who may be limited for time or have other obligations or challenges themselves.

Though the issue of social isolation and the need for friendly visiting did not emerge as a



priority during the consultation process, a large number of seniors reported knowing people who are isolated. “One of the hardest things to deal with is the isolated senior – how to address this need.” (Chattha, 2013). We experienced this need firsthand as we received calls and emails from people about the urgent

need for services and supports. Caregivers in particular are very isolated and have little support for respite services in the community. A lack of supports for caregivers can lead to chronic

stress and burnout of the caregiver, and hospitalization of the person who is being cared for, even when hospitalization may not be the most medically, socially or economically appropriate option. The Delta Police Department, through the Community Police Station program, is currently piloting an outreach program to lonely and isolated seniors. The need for this program, and the fact that it falls within the mandate of a community policing initiative, highlights the cross-sectoral implications of isolated seniors in terms of a community's overall health and safety.

The Corporation of Delta appears to have fewer seniors' services compared to other municipal governments and a general lack of intentional social planning for the needs of its residents. "The Corporation does not seem to recognize the needs of seniors. All they are interested in is roads and buildings" (Confidential, 2013). The lack of an intentional social planning process at the municipal level is also a barrier to community consultation processes such as this that seek



to understand and respond to the unique needs of a community. The recently formed Seniors Advisory Council has the potential to be a vehicle for advancing seniors' issues in Delta, providing that they receive the mandate and support to adequately represent seniors and advocate for change at the municipal level.

Although it is beyond the scope of "Better at Home," there are limited housing options for seniors in Delta and as a result many Delta seniors choose to leave the community to live in nearby municipalities such as Surrey or Richmond. This shifts the burden of service provision to neighbouring municipalities and is at

odds with an "aging in place" philosophy.

There are no current links to post-secondary institutions in Delta and this potentially creates a large gap for research and cooperative student linkages.

For South Asian seniors there is a need for adult day care services that are sensitive to the fact that newcomers and immigrants may not have functional English language skills and may not

be literate in their first language. Language and transportation barriers are likely contributing factors to experiences of isolation in South Asian communities.

Access to grocery services is another issue for seniors in Delta. A number of challenges related to transportation were described earlier, and these also apply to situations where seniors need to rely on transportation services to get to and from the grocery store. Even for seniors living within walking distance of grocery stores, mobility or other ageing issues can limit seniors' ability to get to the store and carry groceries back. There are some grocery stores that deliver however they tend to have minimum orders or charge for delivery which is a barrier for seniors living on a limited income.

3.6 Survey Results

Between March and June 2013, we distributed two formats of 'Better at Home' surveys throughout Delta. One format was designed to gather feedback from seniors and caregivers. A second format was designed to gather information from service providers and professionals. These surveys were a tool to determine the priorities for services through 'Better at Home'.

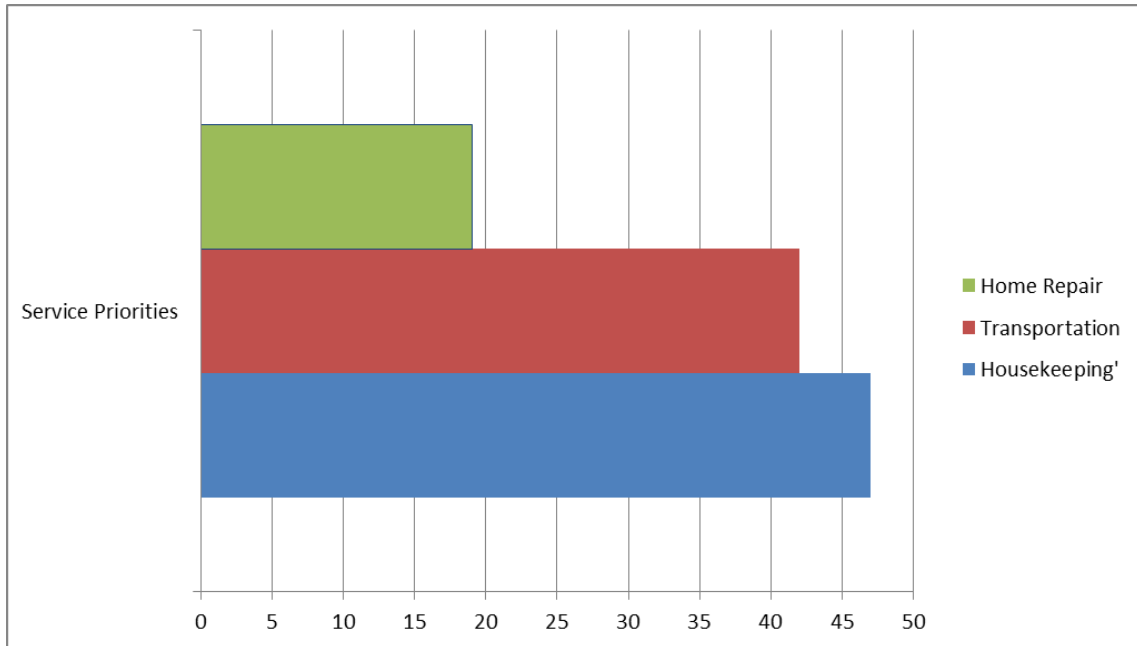
Surveys were available at all six primary seniors focus group sessions held in Delta - Tsawwassen (one focus group), Ladner (three focus groups), and North Delta (two focus groups).

147 seniors, family members and professionals had input into the survey results for 'Better at Home'.

We also collected surveys at the two community meetings (one in North and South Delta). We distributed surveys throughout the community at Fraser Valley Public Library locations, through the senior's planning team, at McKee and Kennedy Senior's Recreation Centres, at recreation centres, Deltassist, Augustine House, and Kin Village. Chelsea Reed (University of Victoria student) at Deltassist helped collect surveys in numerous community locations throughout Delta as well. In an attempt to connect with more isolated seniors, we conducted several surveys over the phone or by mail. These seniors were unable to attend the senior's focus groups or community meetings. By mid-June we collected 147 surveys from seniors, families and professionals.

Service Priorities for Better at Home (based on survey results)

Our surveys asked seniors about the most pressing priorities in Delta based on the basket of services provided through “Better at Home.” Housekeeping, transportation and home repair ranked the highest service priorities across the community. Friendly visiting and yard work ranked fourth and fifth respectively. The full overview of survey results is available in a separate report.



What demographic group most needs these services?

Based on the survey results and anecdotally from the in person focus groups and community meetings, it appears that the demographic group most in need of the “Better at Home “ services is ages 65-74 years and older. The gender and age breakdown of survey results appears below however this is not a significant enough sample size to hypothesize the needs of the senior’s population in Delta.

Male Respondents Age	Percentage of Respondents
Age 55-64 years	19.05%
Age 65-74 years	61.9%
Age 76-84 years	19.05 %
Age 85 plus	0 %

For female respondents, the age distribution is as follows:

Female Respondents Age	Percentage of Respondents
Age 55-64 years	14.29%
Age 65-74 years	51.65%
Age 76-84 years	23.08%
Age 85 plus	10.99%

3.7 Priorities for “Better at Home”

Priority	Surveys	Focus Groups	Community Meetings	Stakeholder Interviews
1	Housekeeping	Varies by group (see page 28 of this report.)	Transportation	Transportation
2	Transportation		Grocery Shopping	Friendly Visiting
3	Home Repair		Results vary by community	Housekeeping

4.0 Suggested opportunities for service integration/coordination

Throughout the community development process the community developers acted as a “mirror” for the community. This is critical stance that reflects back to the community its own developmental stage and state. The community developers also held a vision that pointed towards a gap-free continuum of services for seniors in Delta. Kania and Kramer note that “large-scale social change requires broad cross-sector coordination” (Kramer, Winter 2011.) (p.1).

Collective impact initiatives are a type of collaboration that differs from typical collaboration processes as they require long-term commitments by people from different sectors to solve a specific social problem. Their actions ideally should be supported by five key developmental activities that contribute to this outcome. These include:

-
1. A desire to create collective impact. This requires all partners to have a shared vision for change through agreed upon actions.
 2. Development of a shared and common measurement system.
 3. Agreement upon mutually reinforcing activities. Each stakeholder focuses on activities they excel at in a way that supports and coordinates with the other partners.
 4. Development of deep levels of trust and a desire to uncover common motivations.
 5. Resources to coordinate the time and attention needed to make the collaboration successful.

The following diagram is helpful in thinking about how this type of collaboration requires higher capacities and enhanced skills and relationship development in the community. In a time of shrinking resources and increased competition, we need innovative solutions for impactful collaboration that can eventually provide more integrated frameworks of service delivery in our communities. This model may validate some of the progressive approaches already being adopted by Deltassist, the Delta Seniors Community Planning Team, and other promising organizations like Collaborate Delta.

Integration	Process	Purpose
Low ↑ ↓ High	Networking	The exchange of information for mutual benefit. This requires little time and trust between partners. Clearing house for information.
	Coordination	Exchanging information and altering activities for a common purpose. Match and coordinate needs and activities. Limit duplication of services.
	Cooperation	As above plus sharing resources. It requires a significant amount of time and high level of trust between partners.
	Collaboration	In addition to the other activities described, collaboration includes enhancing the capacity of the other partners for mutual benefit and a common purpose. Building interdependent systems to address issues and opportunities. Sharing resources and making equal commitment.
	Integration	Fully integrated activities with single budget, management and accountability processes.

Adapted from: Integrated Health Promotion: a practice guide for service providers.
(Government of Australia, 2003)

Addressing complex issues in our communities requires an articulated “story” in the minds of the people to address the interconnected pieces they believe are necessary to bring about the change they are working for and the processes by which that change might happen. Sometimes a theory of change is clearly articulated; sometimes it is embedded in the structure and assumptions of the plan. We take the view that a clearly articulated theory of change allows all those involved in a project to grapple with the complexity of what is required to bring about meaningful change and work with each other most effectively.

5. Community Readiness

5.1 Key Criteria for Agency Selection (from community meetings)

Criteria for the Service Provider

The criteria for the service provider was not discussed at each consultation meeting due to time restrictions however the following points came forward and we prioritized this list of criteria at the stakeholder meeting. The full list from the consultation sessions appears below:

- Continuity of services
- Good matching process
- Creating trust and connecting people with common interests
- Deliver programs in each and all geographic area of Delta
- Central access line for all services (with a human connection)
- Must offer services in a variety of languages
- Dependable and reliable service
- Knowledgeable about services
- Well established with past experience in the community
- Understand cultural issues/cultural sensitivity and safety
- Communicates according to the client's needs
- Connected to clients
- Flexibility and adaptability with service delivery
- Promotional/outreach capacity
- Respectful
- Ability to "think outside the box"
- "Cross border issues"



-
- Services that are used get expanded

5.2 Explanation of community readiness that reflects community consultations and meetings

In late May and early June 2013, two community meetings were held to determine the priorities across Delta and determine the criteria for the lead service provider (Deltassist). Following the community meetings a smaller meeting consisting of key stakeholders was held and the list of criteria was further refined to include:

1. The lead service provider must be connected to the community (know and serve the community, have an existing community profile, have experience with seniors programs, and provide continuity and connections between services) and have the capacity to outreach effectively to the community in order to reach isolated seniors.
2. The lead service provider must communicate effectively with stakeholders.
3. The lead service provider must demonstrate accountability. This includes demonstration of financial accountability, honesty, reliability, successful partnerships and holding the confidence of the community.
4. The lead service provider must be engaged in evaluative and accreditation processes that result in programming that adapts to the changing needs of the community.
5. The lead service provider must have a process for matching volunteers with seniors that honours the importance of trust and cultural sensitivity.

5.3 Potential Risks Moving Forward

The logistical challenges of Delta's geography and the variable needs of seniors across the three geographic communities present a range of challenges to the lead service provider.

The distinct needs of Delta's immigrant, newcomer and First Nations populations present another set of challenges to the lead service provider.

Lastly, the urgency of need for many of the "Better at Home" services in Delta presents an immediate challenge to the lead service provider.

5.4 Local “Better at Home” Program Details

5.5 List of preferred services from the “Better at Home” basket of services that reflect community consultations

6.0 Proposed Lead Agency

6.1 Identified Lead Agency

Deltassist was the agreed upon local service agency that was best positioned to provide “Better at Home” services in Delta. Deltassist has agreed to coordinate services with Tsawwassen First Nation, PICS, Fraser Health, Delta Seniors Community Planning Team, Nurse Next Door, and Seniors Repair Services.

6.2 Other Needs

Delta has other identified needs that were beyond the scope of the current “Better at Home” structure and we capture these in case other seniors programs are able to provide them or the scope of “Better at Home” changes over time. They are:

1. A network of caregiver support services across the Lower Mainland.
2. Supports for caregivers.
3. Address the needs of isolated and home bound seniors who are unable to participate in this process.
4. No public washrooms on the Skytrain line.
5. Lack of continuity between health authorities.
6. Many seniors in Delta access services and supports in Richmond or Surrey due to a lack of available services in Delta.

7.0 Next Steps and Recommendations

Integration of existing services to seniors is needed in order to enhance service delivery of “Better at Home” in Delta:

a) **Consider a dedicated Aboriginal Strategy**

The United Way should consider a dedicated Aboriginal Strategy for delivery of ‘Better at Home’ services in Delta. A dedicated Aboriginal Strategy would ensure that seniors in Tsawwassen First Nation (TFN) benefit from a cultural safety approach, and that the Band is empowered to determine and manage services into the future. Further discussions should include TFN representatives in order to facilitate this process. Tsawwassen First Nation has distinct needs and culturally appropriate ways of providing services to elders. Every effort should be made to collaborate or provide a mechanism that supports the band in providing its own “Better at Home” program for elders, especially given the projected growth for TFN. A new approach to address the well-being of Aboriginal elders is necessary for two reasons:

1. Persistently poor outcomes in health, social, economic and political indicators among Aboriginal people as compared with the non-Aboriginal population; and
2. Current delivery models of programming often do not meet the needs of Aboriginal people.

b) **Address the most isolated, at risk seniors as priority through “Better at Home”.**

Throughout this community development process the community developers received numerous calls, inquiries and emails from distressed seniors and caregivers asking for immediate supports and services. When possible and appropriate, the community developers referred people to existing services. The urgency of these requests emphasizes the need to implement the “Better at Home” program as soon as possible and to identify ways to prioritize and address the most urgent needs in the community.

c) **Address the geographic realities of Delta.**

The large geographical gaps between the three communities that make up the whole of Delta present logistical challenges. While it is essential to have central access to supports and services, the delivery of “Better at Home” services may need to be customized in order to meet the unique needs of each geographic community.

d) **Enhance access and supports to immigrant and newcomer seniors.**

Punjabi speaking seniors in North Delta are a demographic that will need particular

consideration in regards to the design and delivery of services. Enhancing access and supports to this particular cultural group will be best accomplished through community based links to North Delta South Asian residents/champions or in collaboration with PICS. Deltassist the lead agency has agreed to coordinate services with PICS.

e) Enhance collaboration between non-profit and private service providers.

Nurse Next Door, a private service provider, and Senior Citizens Repair Service, a non-profit group, both provide low-cost minor house repairs, renovations, and maintenance for seniors 55 years and over, and for people with disabilities. Services include plumbing, carpentry, electrical work, gas fitting, painting, wall papering, yard work, and general handyman services. Deltassist will convene a meeting at the end of June 2013 to determine a working agreement with these groups.

f) Consider a revised engagement strategy for Better at Home.

Throughout this process, we have been struck by the number of urgent calls and the number of seniors that could not participate in the consultation sessions and community meetings. Part of the community consultation process should work to address the needs of isolated and vulnerable seniors as well so their voices can be captured in the consultation process. We have made extraordinary efforts to do so in this community and more is possible in this community and others across the province.

g) Support long term collaboration between medical and non-medical supports for seniors, and caregiver supports.

Seamless services that provide greater continuity for seniors are possible through enhanced collaborations between the developing Integrated Health Network, Office of Family Practice, Fraser Health-Home Health, BC Nurse's Union, private home care service providers and faith based services. There is a large gap in Delta and dire need to support caregiver's caring for an aging or ill partner.

There were two additional planning sessions in process in late June and early July 2013 between the identified partners for the "Better at Home" program in Delta. The community developers have every confidence that the agencies will consider the results of this process in their service delivery. We wish them great success in delivering the program.

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Appendices appear under separate cover

Appendix A – Delta Community Profile/Asset Mapping Report

Appendix B- Delta Senior’s Consultation Process Synopsis

Appendix C- Delta “Better at Home” Survey Results

Appendix D- Media Coverage