

'Better at Home'



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“You cannot predict the outcome of human development. All you can do is like farmers create the conditions under which it will begin to flourish.” (Aronica, L. and Robinson K., 2009)

Acknowledgements

Community development processes such as this one are only successful through the cooperation and engagement of people. Thanks to the many seniors, service providers, families and other professionals in Langley that had input into this report. Thank you for the time and energy you invested in meetings, telephone calls, creating connections, access to information, and support for delivering the survey, focus groups and community meetings. I appreciate your passion for seniors and your ongoing community commitment. I also extend my thanks to Eirikka Brandson and Christien Kaaij at United Way of the Lower Mainland for their support during this process.

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 a local non-profit organization. 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
 - snow shoveling
 - light yard work
 - simple home repairs
 - grocery shopping
 - light housekeeping

Langley City and Township hereafter know as Langley has been identified as a potential Better at Home site. Deirdre Goudriaan of Team Play Consulting Inc. was contracted as community developer to assess community readiness, identify seniors' assets, needs and priorities in regards to the basket of services, and help identify a 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.

This approach supports community development processes to go one step further by expanding upon the assets that we are aware of, and then can grow.

This approach leans towards community 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" (Canadian Index of Well Being, 2012).

Team Play Consulting Inc.

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 Well Being, 2012). This community development process focused on systemic, cultural (how the neighbourhood or 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 we can develop as human beings toward a future informed by learning, building on our assets and increase our potential in such a way that it supports greater collaboration and health of the citizenry (seniors in this case)and the planet.

The community development activities included:

- A series of fifteen 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 in to seniors and had important input on ‘*Better at Home*’ services;
- A community based asset mapping document that included human, social and demographic analysis;
- A series of three focus groups including one community meeting in the community;
- A paper and web based survey that collected more than 110 survey responses and;
- A meeting with seniors and service providers to determine the collaborative partners and lead agency best positioned to provide ‘*Better at Home*’ services.

These methods informed the asset mapping document developed on the community, the roadmap for the community development process (dynamic steering) during the consultation process and the development of the final report.



Team Play Consulting Inc.

From left to right: Rose Puszka, Alzheimer’s Society, Marilyn Fischer, Seniors Life Choices, Deirdre Goudriaan, Team Play Consulting Inc., Sherry Baker, Community Response Network, Carla Robin, LSCAT, Janice McTaggart, Langley Senior Resources Society

Methodology and Data Sources

- a) **Documentary analysis:** we reviewed all reports, project materials, information provided by service providers, The City and Township of Langley, Fraser Health, Statistics Canada and other 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 one community based meeting. We held a 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 Township and City of Langley.
- d) **Survey Analysis:** we conducted an analysis of all surveys collected including hand written and web based submissions and themed the anecdotal written data into categories.

2. Community Profile

2.1. Description of the local seniors’ population

Demographic Information

Langley City and Township has a combined population “of 25,081 seniors” according to the 2011 census. (Statistics Canada, 2011). According to Fraser Health (2011) approximately three percent of people in the Langley’s have Aboriginal ancestry. The Langley area is home to two distinct bands of First Nations people – Kwantlen and Katzie First Nation. Additionally, “16.6 percent of people in Langley identify as newcomers or immigrants.” (Fraser Health, 2011) Korean and Mandarin are the most dominant non-English languages.

There is a new Integrated Health Network (IHN) in Langley through Fraser Health. 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. “The number of seniors that are part of the Home Health Integrated Health Network in Langley is 821. The majority of these seniors are 65 plus and frail elderly; a breakdown of ages is not available.” (Raja, S. Personal communication, Fraser Health, 2012).

Township of Langley

According to 2011 census data, the Township of Langley population was “104,177.” (Statistics Canada, 2011) and there were “9,379 seniors aged 65 and over.” (Statistics Canada, 2011). The age distribution of that population appears below:

Age distribution of seniors in the Township of Langley (Statistics Canada, 2011)

| Township of Langley | Total | Men | Women |
|---------------------|-------|-------|-------|
| 65 to 69 years | 4,620 | 2,260 | 2,365 |
| 70 to 74 years | 3,155 | 1,530 | 1,625 |
| 75 to 79 years | 2,445 | 1,160 | 1,280 |
| 80 to 84 years | 1,890 | 785 | 1,105 |
| 85 years and over | 1,770 | 610 | 1,160 |

Neighbourhood Distribution of Seniors (Township of Langley, 2011)

| Township of Langley | Percentage of Population | Ranking |
|---------------------|--------------------------|---------|
| Murrayville | 21.364 | 1 |
| Brookwood/Fernridge | 18.335 | 2 |
| Walnut Grove | 17.033 | 3 |
| Fort Langley | 15.546 | 4 |
| Willoughby | 11.495 | 5 |
| Aldergrove | 11.476 | 6 |

*Note to readers-Aldergrove area based seniors have significant geographical challenges, as do seniors from Fort Langley, Brookwood/Fernridge and Walnut Grove. Although Aldergrove seniors have the lowest number of seniors by neighbourhood, there are significantly less services and community amenities in that community.

This includes a reduced amount of access and less frequent public transportation, lack of access to recreation centres and meeting spaces in the community, and fewer grocery shopping alternatives etc. These factors create increased social isolation and reduce ease of access to

services for seniors in that area. For these reasons, Aldergrove should receive special consideration and priority in terms of the services 'Better at Home' provides.

Concurrent to this process, the Township of Langley hosted two consultation meetings in Aldergrove regarding development of a community centre facility planned for 2014. Online input options are available through a survey on [PlaceSpeak](#). This new infrastructure could potentially influence available amenities to seniors by 2014. It is important for seniors to advocate for their needs in this process and it is also important for service providers to have a role in advocating for the needs of seniors services in Aldergrove.

Aldergrove should receive special consideration and priority in terms of the services 'Better at Home' provides.

Immigrant and Newcomers

The Township of Langley like many areas in the Fraser Region has experienced increases in the numbers of newcomers and immigrants. The top two visible minorities are Chinese and Korean people.

| Visible Minorities | Total Numbers | Percentage of Population |
|--------------------|---------------|--------------------------|
| Chinese | 2,355 | 25.4 |
| Korean | 1,900 | 20.5 |
| South Asian | 1,445 | 15.6 |
| Filipino | 580 | 6.3 |
| Southeast Asian | 895 | 9.6 |

(2006 Census, Statistics Canada)

City of Langley

The population of the City of Langley is currently "estimated at 27,085." (Statistics Canada, City of Langley and Metro Vancouver, 2011). Much of the planned growth for the City of Langley will focus on density development in these neighbourhoods.

Neighbourhood areas:

- Douglas Neighbourhood
- Simonds Neighbourhood

- Blacklock Neighbourhood
- Uplands Neighbourhood
- Alice Brown Neighbourhood
- Nickomekl Neighbourhood

The City of Langley reports “2,152 unattached individuals, this number includes seniors, with a low income.” (City of Langley, 2009) These unattached seniors may also account for the higher percentage of low income households in Langley.

Age distribution of seniors in the City of Langley (Statistic Canada, 2011)

A recent report on active aging in Langley (City of Langley, 2010) noted that seniors over 85 years of age are the fastest growing cohort of seniors. Special attention to this age cohort through ‘Better at Home’ may assist these residents to remain active and independent.

| City of Langley | Total | Males | Females |
|--------------------------|-------|-------|---------|
| 65 to 69 years | 1,115 | 530 | 590 |
| 70 to 74 years | 825 | 370 | 455 |
| 75 to 79 years | 660 | 265 | 395 |
| 80 to 84 years | 805 | 240 | 565 |
| 85 years and over | 835 | 255 | 580 |

Visible Minorities

According to the 2006 Census (Statistics Canada) Chinese and Korean are the most predominant visible minorities in The City of Langley followed by Filipino residents. The Aboriginal population represents “3.6 percent of the total population” of Langley residents. (Statistics Canada, 2006). In terms of refugee’s approximately 370 Karen people (a persecuted Burmese ethnic and religious minority group) fleeing from Myanmar have settled in central Langley. “The seniors from this group have specialized needs including English as a second language, low

In terms of refugee’s, approximately 370 Karen people (a persecuted Burmese ethnic and religious minority group) fleeing from Myanmar have settled in central Langley. This group merits special attention through the services provided by ‘Better at Home’.



literacy, many live in poverty, experience social isolation and may be experiencing the impact of trauma from living in refugee camps.” (Collins, K. Personal communication, 2012). This group merits special attention through the services provided by ‘*Better at Home*’.

| Visible Minorities | Total Numbers | Percentage of Population |
|--------------------|---------------|--------------------------|
| Chinese | 5 45 | 21.3 |
| Korean | 4 80 | 18.8 |
| Filipino | 3 60 | 14.1 |
| Latin American | 2 55 | 10.0 |
| Black | 2 55 | 10.0 |

First Nations

The Langley area is home to two distinct bands of First Nations people – Kwantlen and Katzie First Nation. Aboriginal people make up 2.6 percent of the population in the Township however it is widely known that the data from the First Nations bands is likely under reported and inaccurate in Census data. “Approximately, 505 Katzie and 225 Kwantlen people live on or off reserve in the area” (BC Treaty Commission, Department of Aboriginal Affairs and Northern Development Canada, 2006).

Katzie First Nation

The Katzie First Nation’s main reserve is located west of Port Hammond, near Maple Ridge and has a total of five reserves within four different local government jurisdictions, including two within Metro Vancouver’s Electoral Area ‘A’ and one area in Langley. “The total registered population in January 2012 was 505. This is one of the highest populations of on reserve people in BC. However, 39 percent of the Katzie population lives off reserve.” (BC Treaty Commission, Department of Aboriginal Affairs and Northern Development Canada, 2006).

“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.”(Cooney, 2009)

Kwantlen First Nation

Kwantlen First Nation is located on the Fraser River at Fort Langley. Their initial reserve was near the present day Patullo Bridge. The main residential community is located at McMillan Island near Fort Langley. In 1838, due to the fur trade and salmon industry, the Kwantlen moved downstream to

be closer to Fort Langley. “Today, Kwantlen First Nation ranks second behind the Squamish Nation in terms of area size and most number of reserves: six Indian Reserves as well as another, Peckquaylis I.R., is shared with Matsqui First Nation. Three of the seven reserves are located within the Metro Vancouver region. The Kwantlen First Nation is part of the Sto:Lo Tribal Council.” (BC Treaty Commission, Department of Aboriginal Affairs and Northern Development Canada, 2006)

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.

Social indicators for seniors in Langley

Access to Healthy Food

In terms of vulnerability for seniors in Langley, access to healthy, nutritious food is one of the major factors that impacts seniors health (consumption of fruits and vegetables in particular) and “less than half of all seniors in Langley do not consume the recommended 5-10 servings per day.” (Fraser Health, 2010). Healthy Food Bags are provided



through the City of Langley, Langley Senior Resources Society (LSRS) and Meals on Wheels for \$5.00 per bag. This program enhances access to healthy foods.

Seniors Living Alone

The number of older adults living alone is rising steadily in these communities. 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 longer life expectancy in women. In Langley, “28.3 percent of seniors live alone.” (Fraser Health, 2010). “In 2006, the proportion of seniors aged 75+ living alone was 53 percent in the City of Langley.” (United Way, 2011). Many “older adults over 80 who live on their own or with other non-family members are especially vulnerable,” to social isolation among other things. (Langley, 2007) With the supports that ‘Better at Home’ proposes seniors that live alone may be able to live in their homes longer.

Many “older adults over 80 who live on their own or with other non-family members are especially vulnerable,” to social isolation among other things. (Langley, 2007) With the supports ‘Better At Home’ propose seniors that live alone may be able to live in their homes longer.

Researchers have noted that seniors living alone are at increased risk of social isolation and are 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, K., Iliffe, S., Harari, D., Swift, C., Gillmann, G., & Stuck, A. E. , 2007).

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 percent of seniors in the Fraser region (Fraser Health, 2011) reported high levels of social support.” The majority of seniors living in Fraser region reported having a “somewhat strong to very strong sense of community belonging.” (Fraser Health, 2011) Recently, Vancouver Foundation released a report that noted people 25percent of people in Metro Vancouver feel alone more often than they would like and experienced poor health. (Vancouver Foundation, 2012). 6.8 percent of seniors over age 65 in the Langley area suffer from dementia as well. (Ministry of Health, PHC Dementia Registry as of November 2009.) Dementia may also influence the number and quality of social connections.

Economic Security

Economic security permits more disposable income and greater access to services and supports and a higher standard of living. At the community level, this provides greater access to health, healthy food, educational opportunities, transportation, and recreation expenses. According to Statistics Canada, 2006 approximately “7.3 percent of seniors in Langley are considered low income.” In 2010, “1.6 percent of seniors in Langley received the Guaranteed Income Supplement.” (BC Statistics Agency -Socio-Economic Profiles, 2010).

Accessible transportation and built environments

According to the Township of Langley Age Friendly Report in 2010 and data gathered through the community development process affordable transportation is the most important service that ‘Better at Home’ can provide. 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 the Langley Seniors Community Action Table (LSCAT) has also highlighted this area as its number one priority as well. Other than Central Langley area, the community is not (for the most part) walking friendly and many seniors noted the need for covered public transportation stops, more accessible walkways and snow removal from intersections during snow storms.



Many people in the community noted that HandyDART service is often unreliable and noted that medical appointments in particular are hard to plan for when you are reliant on HandyDART as often the appointment duration is unknown. BC Transit and TransLink offer a Taxi Saver Program for handyCard/HandyDART registrants living in Langley. This program provides a 50 per cent subsidy toward the cost of taxi rides. Passengers use coupons for taxi travel by booking directly with a participating taxi company, without having to pre-plan the trip, many people noted this service was appreciated however many were unable to use it because of the prohibitive cost.

The City of Langley updated their transportation plan and noted the need for increased walkways “The Pedestrian Plan identifies a strategy for enhancing connectivity to walk along

major roadways and to connect with key city-wide generators such as the downtown core, major parks and greenways as well as with transit stops “and the need for increased public transportation options. (City of Langley, 2004 updated in 2011)

Service and Support Assets

A comprehensive list of services and supports are currently available to seniors in Langley. The assets are listed and categorized. They also appear below in a Wordle, the largest words indicated frequency in the conversation.

| |
|--|
| City and Township Services |
| Langley City Seniors Recreation and Resource |
| <ul style="list-style-type: none"> • Outreach |
| <ul style="list-style-type: none"> • Bathing program |
| <ul style="list-style-type: none"> • Healthy living Bag |
| <ul style="list-style-type: none"> • Shuttle bus for shopping |
| <ul style="list-style-type: none"> • Driver’s program |
| <ul style="list-style-type: none"> • Volunteer Training Program |
| <ul style="list-style-type: none"> • Libraries |
| <ul style="list-style-type: none"> • Museums |
| <ul style="list-style-type: none"> • Fire Services –supports seniors related fundraisers |
| <ul style="list-style-type: none"> • Community policing |
| City of Langley |
| <ul style="list-style-type: none"> • Food and Friends |
| <ul style="list-style-type: none"> • Healthy Living Bag |
| <ul style="list-style-type: none"> • Seniors Programming |
| Township of Langley – 55+ and City of Langley-Parks and Recreation |
| Food Services |
| Meals on Wheels –Food delivery and Food and Friends program |
| <ul style="list-style-type: none"> • Food Bank – Soup, Aldergrove, Langley |
| <ul style="list-style-type: none"> • Gateway of Hope-Community meal daily |
| <ul style="list-style-type: none"> • Saint Jo’s – Soup kitchen Tuesdays |
| <ul style="list-style-type: none"> • St. Dunstan’s –Garden to Table |
| <ul style="list-style-type: none"> • Southgate and Brookwood Baptist – Friday dinner once a month |
| <ul style="list-style-type: none"> • Churches food bank |
| <ul style="list-style-type: none"> • Gold Card Catering |
| Grocery Delivery by IGA, Safeway and Price Smart |
| Shop at Home |



| |
|---|
| Health Services |
| Healthier Communities Partnership |
| 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 |
| Integrated Health Networks |
| Prescription Delivery |
| Lifeline Services |
| Not for Profit Supports |
| Brookwood Seniors Centre |
| Langley Senior Community Action Table |
| Langley Senior Resource Centre |
| <ul style="list-style-type: none"> • Recreation and fitness |
| <ul style="list-style-type: none"> • Education |
| <ul style="list-style-type: none"> • Meals |
| <ul style="list-style-type: none"> • Fellowship |
| <ul style="list-style-type: none"> • Outings |
| <ul style="list-style-type: none"> • Outreach |
| <ul style="list-style-type: none"> • Transportation |
| <ul style="list-style-type: none"> • Buddy Calls |
| <ul style="list-style-type: none"> • Advocacy |
| <ul style="list-style-type: none"> • Tax Clinic |
| <ul style="list-style-type: none"> • Housing Information |
| <ul style="list-style-type: none"> • Grocery Shopping shuttle bus |
| Community Response Network |
| Stepping Stones |
| <ul style="list-style-type: none"> • Mental health supports and advocacy |
| Alzheimer's Society |
| <ul style="list-style-type: none"> • Support for caregivers and those with the disease |
| Heart and Stroke Foundation |
| Langley Hospice- a range of bereavement/support/information services for Langley residents, as well as volunteer opportunities on site and at a thrift store. |
| Arthritis Society |
| Langley Arts Council |
| United Way |
| Friendly visiting by the Faith Community/Church based supports |

| |
|--|
| Old Age Pensioners - Aldergrove |
| Service Clubs |
| Housing |
| Lions Housing |
| Low Income Housing – high percentage of need |
| Transportation |
| HandyDART |
| TransLink |
| Canadian Cancer Society Driver Services |
| Taxi Saver (provides half price taxis if \$100 purchase is made) |
| Private Home Support Agencies |
| • Companion |
| • Meal preparation |
| • Nursing |
| • Light housekeeping |
| • Transportation |
| • Home Care agencies |
| • Driving Miss Daisy |
| • Private Care Residences |
| • Senior Life Choices |
| • Starting Point |
| • Lawn cutting services |
| Other Supports |
| Malls-Walking Clubs |
| Volunteer Opportunities |
| Small local business |
| Socials |
| Legion services-for veteran’s only/Veteran’s home support |

2.3. Seniors needs related to non-medical home support services

Seniors needs were determined through four separate processes including two seniors focus group sessions, one community meeting, stakeholder interviews and community wide surveys. The results from the focus and community session were themed, as were the stakeholder interviews. The survey data was collated and categorized and paper surveys were entered into

Transportation was the primary need consistently identified throughout the community development processes and through the other data collection methods.

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.

Focus Group Results

Three main themes emerged during the focus group sessions and they are below:

| Themes – Session One | Themes-Session Two |
|---|---|
| 1. Transportation - Access to transportation and connections. | Transportation - Lack of shelter at bus stops and poor service in terms of times especially on weekends. Transportation is extremely unreliable especially for medical appointments. |
| 2. Housekeeping –Help around the house especially vacuuming, housecleaning and meal preparation. | 2. Housekeeping Help -Cutting and preparing meals can get difficult, support for healthy eating (avoiding tea and toast) and help with vacuuming and changing bed linens is helpful. |
| 3. Social Connections- A need for increased social connections and a lack of visits and connections as well as development of a buddy system for check in purposes. | 3. Grocery Shopping/Friendly Visiting – These two needs tied in importance and participants noted it is important to have food delivery services if you can't get out and friendly visiting and shopping can be critically important for caregivers if your partner is ill. The group noted some grocery stores charge high fees for delivery services. |

These themes were consistent during the focus groups when the group voted on priorities within the 'Better at Home' service categories:

| Priorities for Services-Session One | Session Two |
|-------------------------------------|----------------------|
| 1. Transportation | 1. Transportation |
| 2. Housekeeping | 2. Housekeeping |
| 3. Friendly visiting | 3. Grocery shopping |
| 4. Home Repair | 4. Friendly visiting |
| 5. Yard work | 5. Home Repair |
| 6. Grocery shopping | 6. Yard work |

Transportation and housekeeping were consistently ranked number one and two with grocery shopping and friendly visiting identified as the third priority (this was slightly different between the two groups as one group ranked friendly visits higher than grocery shopping and the other ranked it slightly lower yet it held equal importance in the themes.) Thus, the four priorities from this process are:

1. Transportation
2. Housekeeping
3. Friendly Visiting and Grocery Shopping

At the community meeting, the following top four priorities emerged.

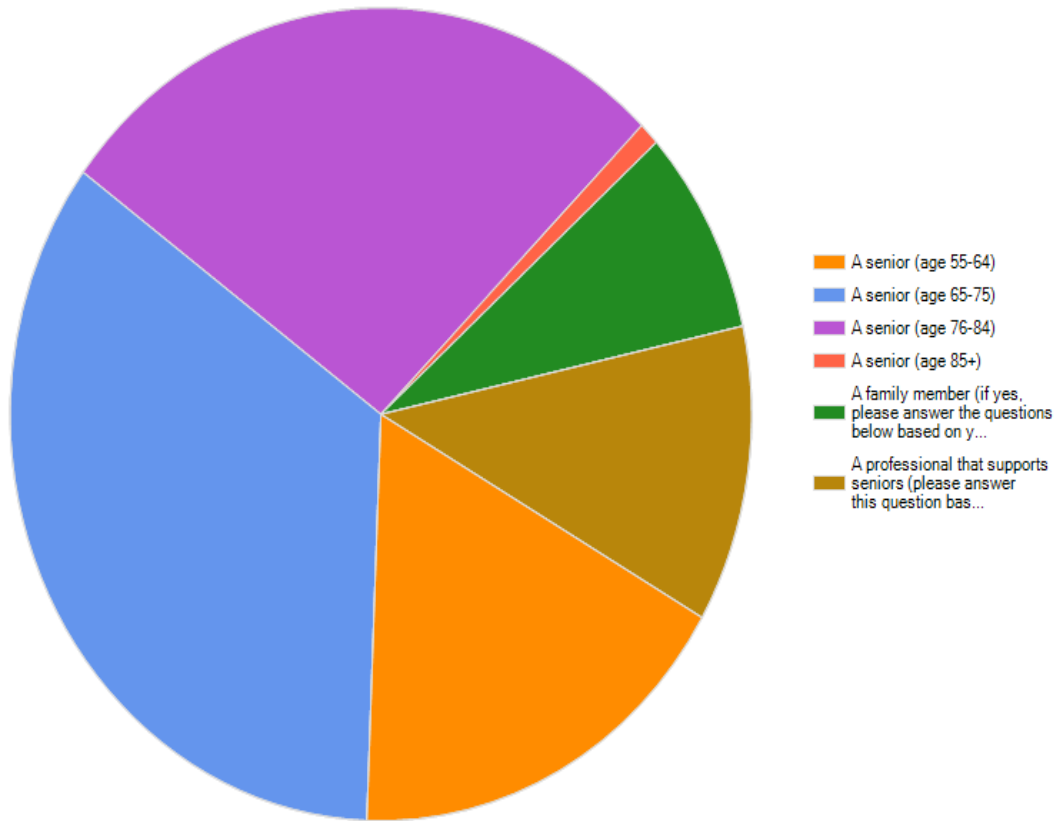
| Service Priorities from Community Meeting |
|---|
| 1. Transportation |
| 2. Friendly Visiting |
| 3. Housekeeping |
| 4. Grocery Shopping |

Though the order of priorities 2-4 changed at the community meeting the top four items have remained consistent across these data collection methods.

Needs identified in the survey process

113 people completed the web based or paper surveys during the community development process. 75 percent of survey respondents were female and 25 percent were males. 79 percent of survey respondents were seniors with the rest of the sample including professionals and family members.

Are you?



| Type of Survey Respondent | |
|--|-------|
| A senior (age 65-75) | 34.5% |
| A senior (age 76-84) | 27.3% |
| A senior (age 85+) | 0.9% |
| A family member (if yes, please answer the questions below based on your knowledge of your family member's needs). | 8.2% |
| A professional that supports seniors (please answer these questions based on your professional experience). | 11.8% |

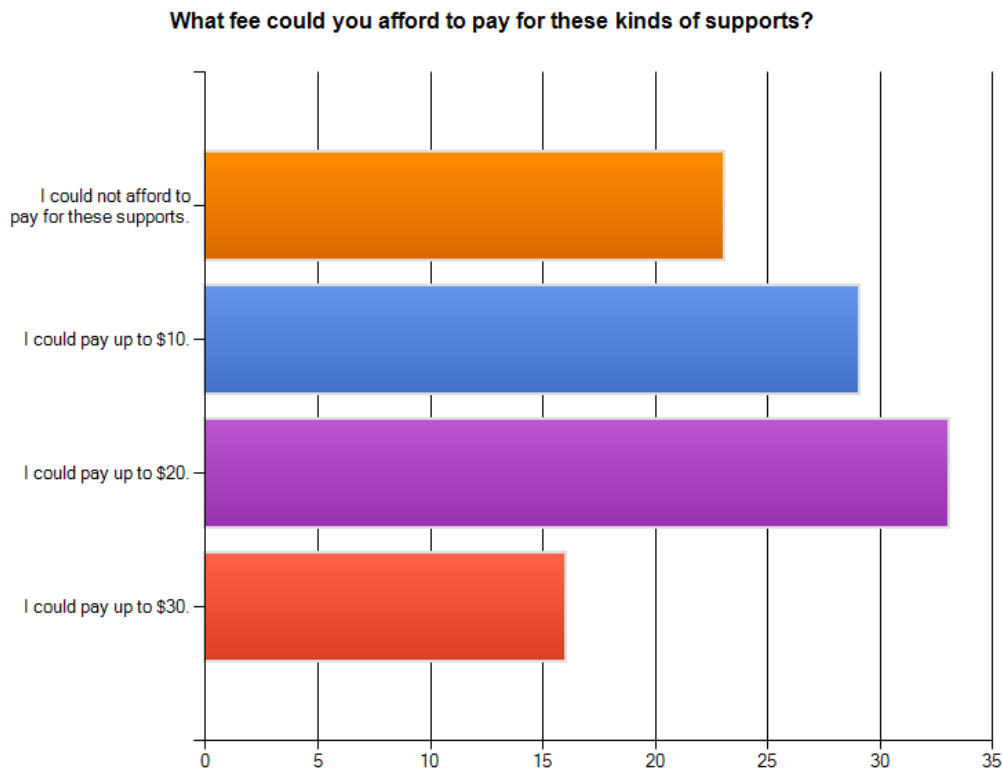
The top 4 needs identified through the survey process are consistent with those found in the interview and focus group sessions:

- 1. Transportation** – 47.3 percent of respondents ranked this as the top priority.
- 2. Grocery Shopping** – 36.4 percent of respondents ranked this as the second priority.
- 3. Household Help**- 29.1 percent of respondents ranked this as the third priority.
- 4. Friendly visiting/Group Activities with others** -25.5 percent of respondents identified friendly visiting and 33.6 percent identified group activities with others as the fourth priority.

*Although group activities was not a *'Better at Home'* service seniors consulted during survey development suggested use of this language to determine the need for social connections. It is also helpful data for senior serving organizations in the community.

Payment for Services

Most respondents (77 percent) indicated they could afford to pay a fee to access supports and 23 percent indicated they could not afford to pay for these supports.



Approximately 10 percent of respondents indicated they would be willing to provide supports to other seniors and 42 percent said they would need more details about helping before making a commitment. This is an important asset that can be explored by the lead agency in Langley and fits with the many volunteer roles seniors are involved in across the community.

Approximately 10 percent of respondents indicated they would be willing to provide supports to other seniors.

21 percent of survey respondents identified specific transportation and household help needs. These included things like moving, financial management, accessing computers, banking etc. 30 percent identified various types of social connections and the need for respite care. 5 percent identified assistance with pet care as a need.

In response to the question, is there anything else you would like us to know respondents indicated:

- Free security inspections are available through community policing.
- They would like assistance with personal care and medical costs for items not covered by Medicare (podiatry etc.).
- Social connections for social events as well as for intellectual purposes.
- More public education regarding health and mental health related conditions that impact seniors.

Stakeholder Interview Themes

There were fifteen stakeholder interviews as well as other important contacts and connections in 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

The following assets were predominant in analyzing theme in the data.

Many seniors especially those outside Langley City are fiercely independent and many have had to be because of lack of access to services and supports, transportation etc. Many still live on



large lots of land/on farms and in mobile homes. Many people identified the independence of seniors in the community as the principal asset. Seniors themselves have a huge capacity to volunteer and there are many senior serving private agencies in the community as well. There are numerous skills and gifts and this group of seniors has also begun to recruit younger seniors.

In terms of service assets the Langley Seniors Community Action Table (LSCAT) and the Healthier Community Partnership Table are mechanisms for positive collaboration in the community. There is a large contingent of youth in the community and this creates numerous possibilities for more inter-generational programming.

Challenges

In spite of efforts to create more seamless service to seniors, there remain isolated silos of service delivery in Langley and a need for a greater continuum of supports for seniors across the community (both medical and non-medical). Langley Senior Resources Society reaches over 1000 seniors in the community however they noted the need to increase access for immigrants and newcomer seniors and they do not currently serve Aboriginal elders, nor do they appear to address the need for cultural safety in the current model of service.

Transportation is a pressing challenge for the citizenry across the community and for seniors in particular. Langley Senior Resources Society operates a senior's only shuttle bus and in spite of this helpful service it still does not address the isolation of many seniors (who have access to few services or for those with no means to pay for services). To their credit, they are currently working with Better Environmentally Sound Transportation (BEST) and LSCAT to create more

transportation options for seniors and have developed a feasibility plan and are beginning implementation of the operational plan.

Social isolation is a significant challenge for many seniors (especially those with no access to transportation) and for Aboriginal, immigrant and newcomer seniors, who may not feel a sense of cultural safety in some of the existing services, the need may be even greater. In general, there is a need to address cultural diversity and cultural safety across services in Langley.

Few senior services and amenities are available in Aldergrove and to a lesser degree in Fort Langley and Fernridge/Brookswood. Seniors noted that access to reasonably priced grocery stores in Langley is a challenge especially for people with low income. There are few programs available for low income seniors and they tend to get less supports overall.

The City and Township of Langley do not currently have social planning capacity and the main linkages to programs and supports for seniors are through parks and recreation services, libraries and in some locations through arts/culture focused programming. However, the Township of Langley announced on December 7, 2012 that they will begin a Seniors Advisory Committee that reports to Township Council. This is an asset to seniors and the Township as well. The group will:

- represent the Township of Langley seniors' perspectives on municipal and other key seniors' issues (i.e. transportation, affordability, parks, cultural, and recreation services, and geographical service delivery)
- provide a voice for Township of Langley seniors, exchanging information about current issues and emerging concerns
- provide input to Township staff as requested on an ongoing basis
- work toward identified goals as outlined in an annual work plan (work plan may include hosting seniors discussion forums, support strategic planning for development of local senior services, public information, etc.)
- make recommendations to Council on related matters.

Numerous agencies mentioned that the City and Township of Langley do not currently financially support senior's services through existing non-profit partners at the moment. Future support would be a benefit to senior serving agencies and seniors themselves.

What demographic group most needs these services and what are the service priorities?

The answer to this question varied across the community however the replies appear to indicate that as older citizen's age their needs increase and that income level and personal factors (inability to access transportation, those with unsupportive families, or that cannot prepare meals) should also be a consideration. The following quotes from the interviews highlight areas of need:

- “70-80 year olds;
- Women under 65 living in poverty
- the 80 plus group- often they don't have supportive families or families are maxed out with what they can provide;
- I see the needs in the 85 plus group;
- Widowed seniors and those who are socially isolated;
- Single men over 70 years – often they don't have the skill set for cooking or housekeeping– getting out to appointments and getting groceries is a big issue;
- I would say any senior that has low income is an important group.” (Personal Communication from Interviewees, 2012)

Priorities for Better at Home

| What should the priorities be for 'Better at Home'? |
|---|
| 1. Housekeeping (esp. for those with pets) |
| 2. Affordable transportation |
| 3. Grocery shopping |
| 4. Friendly visiting |
| 5. Yard work-veggie and flower gardens |
| 6. Social Isolation |
| 7. Information and Referral |

Answers have been listed from most to least frequent. This is the only time that transportation did not appear in the first priority position; however the top four priorities remained consistent throughout all methods of data collection hence these areas were highlighted as priorities for 'Better at Home' service delivery.

Seizing Opportunities

For seniors who do not have English as a second language navigating community services and even just getting around the community can be very difficult. This includes the Korean, Karen Chinese newcomers and immigrants. It appears many Korean and Chinese residents closely affiliate with faith communities and have many, though perhaps not all of their integration, language and settlement needs met in that way. For the Karen people this is not as prevalent and there is a huge opportunity to address the need for integration, community connections, social isolation and transportation. Perhaps working closely with the provincial [Immigrant Services Society of BC](#) and [Langley Community Services Society](#) would help address translation and settlement needs as well as a greater continuum of supports for newcomers and immigrants in the community.

There are voluminous opportunities for intergenerational programming/volunteering and tapping into the energy of youth in Langley, University internships, school placements and other connections would provide students with great experience and expose them to the wonderful experience of getting to know the older adults in their community. There are numerous examples across BC and Canada of excellent intergenerational programming that can serve as a resource during the developmental process of *'Better at Home'*.



Statistics Canada, 2007 notes, "Given their high levels of involvement, seniors are more likely than other age groups to be "top volunteers", who are defined as the 25% of people who volunteered 171 hours or more annually and accounted for 78% of all volunteer hours across Canada." This resource and the willingness of 10 percent of survey respondents to volunteer indicate a desire by seniors to be active and involved community members.

The community of Langley especially in rural areas appears to be very neighbour oriented (caring for one another) Could these relationships be leveraged in outlying areas across the community to address the need for place based volunteers? This would address the need for consistency, long term relationships and trust. There may be mentorship or neighbourhood

models that could serve as templates for supporting this type of support and intervention through 'Better at Home'?

Neighbourhood association models that help address the older adults to age in place are in place in the U.S. through Naturally Occurring Retirement Communities, [NORC's](#) are neighbourhoods where residents remain for years, and age as neighbors, until the community naturally develops into a retirement community. It is possible for communities to band together and develops access to services to aid those needing 'Better at Home' assistance, thereby retaining the highest quality of life for all older residents.



There are other models in Canada noted below:

Demonstration Projects in the City of Edmonton:

http://www.edmonton.ca/for_residents/programs/aging-in-place-community-demo.aspx

Cooperative in City of Toronto:

<http://www.coophousing.com/AginginPlace.asp>

Connected Living: Technology based supports for aging in place

<http://www.connectedliving.com/>

It is noteworthy that the [Jericho Sub Neighbourhood Plan](#) adopted by The Township of Langley in May 2011 includes development of an aging in place neighbourhood referred to as the

Maples. The plan is for this community to provide a cooperative model of aging in place services.

2.4. Suggested opportunities for service integration/coordination

Throughout the community development process the community developer acted as a “mirror” for the community. This is critical stance that reflects back to the community its own developmental stage and state. Yet, the community developer also held a vision that pointed towards increased collaboration and a gap free continuum of services for seniors. This was also essential to the process. Kania and Kramer, 2011 note that “large-scale social change requires broad cross-sector coordination, yet the social sector remains focused on the isolated intervention of individual organizations.” (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, and
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 serve to provide more integrated frameworks of service delivery in our communities.

| 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 (2003).

Integration of these services to seniors is needed in order to enhance service delivery of 'Better at Home' in Langley:

- a) **Address the most isolated, at risk seniors as priority through 'Better at Home'.** As this report has highlighted the needs for low income, socially isolated, those who live alone

and who are aged 70 plus. This complete list is highlighted from interview transcripts on page 23 of this report.

- b) A need to address the geographic realities of Langley.** Aldergrove and to a lesser extent, other outlying areas of Langley have specialized geographical needs. Based on the rationale previously described Aldergrove should be highlighted for service consideration through *'Better at Home'* services.
- c) Access and supports to immigrant and newcomer seniors** (especially the Karen people), this is best accomplished through collaboration with Langley Community Services Society who is currently serving this population.
- d) Access and supports to First Nation elders from the Katzie and Kwantlen Band-** this is best accomplished by building a face to face relationship with both bands, the Sto:Lo and also with Fraser Health - Aboriginal Health.
*In regards to b and c, please note the recommendations earlier in the report about cultural safety and the intention to recommend a distinct strategy for Aboriginal groups through *'Better at Home'*.
- e) Development of a volunteer bureau** – Langley does not currently have a volunteer bureau although the Township of Langley appears to be investigating the idea along with Langley First (the nonprofit chamber of commerce). Given that neither of these initiatives is imminent, Sources Community Resources Society that provides some services in Langley should ideally support enhanced volunteerism in conjunction with Langley Senior Resources Society through their use of VolWeb and existing Langley based senior's services and volunteers. This can potentially provide a coordinated source of volunteers for *'Better at Home'*.
- f) Collaboration between non-profit and private service providers-** Three private service providers with links to seniors home support services expressed an interest in providing services in collaboration with Langley Senior Resources Society. It would be ideal if a continuum of services through collaboration between these agencies could be established as this would support a win/win/win outcome for LSRS/the private service providers and the seniors in the community. B Cared For, Comfort Keepers and House Calls Health & Wellness were asked to submit proposals for consideration to LSRS at the service providers meeting.
- g) Long term collaboration between medical and non-medical supports** for seniors is a potential long term outcome if enhanced collaboration efforts continue. Seamless

services that provide greater continuity for seniors are possible through enhanced collaborations between the Integrated Health Network, Fraser Health, Healthier Communities Partnership, Division of Family Practice, BC Nurse’s Union and others.

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.

The Tamarack Institute for Community Engagement notes that complex responses tend to:

- “develop and expand a shared understanding of the issue in its full complexity;
 - work across domains and at multiple levels;
 - be collaborative in nature;
 - embrace an action-learning approach;
 - develop customized, local responses; and
 - aim to make progress over the long term rather than seeking “quick fixes.”
- (Cabaj, M., 2006)

3. Community Readiness

3.1. Explanation of community readiness that reflects community consultations and meetings

Langley Senior Resources Society will be the lead agency in Langley for Better at Home. They are the agency best positioned to provide services to seniors and they have indicated an interest in addressing the identified needs through links with collaborative partners. The purpose of the service provider meeting was to decide on collaborative strategies with other interested community partners.

LSRS has many of the systemic capacities and has indicated a desire to host *'Better at Home'* service delivery and have agreed to collaborate with the other service providers to leverage



greater capacity or provide services and supports they do not currently have the capacity to provide. They also have a collaborative plan in place for communication and development of the advisory committee.

The Advisory Group will include representatives from different groups in the community but will not duplicate existing groups. Ideas for representatives on the advisory included:

- Faith based groups
- Aldergrove
- Seniors
- Community Response Network
- CARP
- City and Township
- PosAbilities
- Langley Community Services Society
- First Nations
- Fraser Health

The group agreed that LSCAT should be offered a presentation on *'Better at Home'* regarding the advisory role to determine who may be interested from that group first and then the remaining seats would be filled by recruitment afterwards.

During the service provider meeting the group used the criteria for *'Better at Home'* service delivery developed at the community meeting as well as the United Way criteria as a stepping stone to help frame the discussions regarding what agencies were best positioned to act as a collaborative partners with Langley Senior Resources Society. This helped us define the assets and challenges associated with offering the program locally.

We then identified the competencies and assets each of the other partners brought to the table and brainstormed collaborative solutions. The outcomes are as follows:

1. LSRS will have regular communication with BC Nurse's Association, Healthier Communities Partnership and LSCAT.
2. LSRS, Langley Together, City of Langley and Sources will work together to explore volunteer management in the community including use of VolWeb. Coordinate a follow up meeting of these partners to explore this in more detail.
3. Life Choices would like to play a role with informing seniors of the services – Submit a proposal to LSRS by December 7, 2012 or coordinate a meeting with LSRS.
4. Comfort Keepers can assist with appropriateness, matching and consistency of volunteer/employee management.
5. Development of a common criteria and referral form amongst agencies- LSRS to spearhead this.
6. B Cared For, House Calls and Comfort Keepers indicated interest in home visits and follow up and exploring potential synergies. Please prepare and submit a proposal for LSRS by December 7, 2012.
7. Table of Collaborators /Multi-disciplinary - through LSCAT/ Healthier Communities Partnership.
8. Stay connected and be inclusive (other age groups)/emerging areas.
9. Newsfeed-Connect to BC Nurses, Fraser Health and LSCAT.
10. Long term planning –Adjust to changing needs of seniors.

Volunteer Base- Though LSRS has a group of volunteers it is clear that a more diverse volunteer base would be helpful to implement the program this could potentially include youth, people from different cultures, neighborhood based affiliates and other community based options. See point e above regarding development of a volunteer base.

3.2. Potential risks going forward

The key risks include not following through on the agreed upon outcomes outlined in the plan for 'Better at Home'. These are detailed above in the previous section. The other key risks include:

- a) Inability to address the most isolated, at risk seniors as priority through 'Better at Home'. As this report has highlighted the needs for low income, socially isolated, those who live alone and who are aged 70 plus should be prioritized.

-
- b) Breakdown in addressing the geographic realities of Langley. Based on the rationale previously described Aldergrove should be highlighted for service consideration through 'Better at Home' services.
- c) Failure to develop supports and services for newcomer and immigrant seniors in a culturally safe manner especially for the Karen seniors.



- d) Failure to develop Aboriginal supports and services to First Nation elders from the Katzie and Kwantlen Band and the lack of a plan to address a stand-alone plan for an Aboriginal strategy .

**In regards to b and c, please note the recommendations earlier in the report about cultural safety and the intention to recommend a distinct strategy for Aboriginal groups through 'Better at Home'.*

- e) Lack of development of a strong volunteer bureau – Langley does not currently have a volunteer bureau although the Township of Langley appears to be investigating the idea along with Langley First (the nonprofit chamber of commerce). Given that neither of these initiatives is imminent, Sources Community Resources Society that provides some services in Langley should ideally support enhanced volunteerism in conjunction with Langley Senior Resources Society through their use of VolWeb and existing Langley based senior's services and volunteers. This can potentially provide a coordinated source of volunteers for 'Better at Home'.
- f) Collaboration collapse between non-profit and private service providers.

4. Local Better at Home Program Details

4.1. List of preferred services from the *Better at Home* basket of services that reflect community consultations

A summary of the community development process in Langley indicates these four service areas are priorities for service delivery:

- Transportation
- Housekeeping
- Grocery Shopping
- Friendly Visiting

The process for arriving at these priorities is described earlier in this document.

4.2. Proposed lead agency

Early in the process Langley Senior Resources Society indicated a desire and others in the community suggested them most often as the lead agency to deliver the 'Better at Home' services. LSRS also indicated a willingness to collaborate on service delivery. This was an important step towards meeting the significant and unaddressed needs of seniors and collaboration is an effective strategy to build upon the community assets.

The community meeting identified criteria for the lead agency in Langley to adhere to and we also used the United Way criteria. After the community meeting a service provider meeting was held that involved interested seniors, professionals and potential collaborative partners. The collaborative partners used these key criteria to help them arrive at key decisions related to the advisory committee and the role of collaborative partners.

Potential Lead Agency

- Langley Seniors Centre – Must engage other stakeholders
- Develop Advisory Committee –BC Nurses Association, First Nations, House Call orgs, employment programs
- Address geographic isolation of Aldergrove

Key Criteria for Agency Selection (from community meeting)

1. Capacity including financial, human resources, ability to provide range of services, volunteers training and recruitment (oversight and management), scheduling, matching and training of clients and contractors, outreach skills to clients and other service providers.
2. Knowledge of the client group/Access to seniors
3. Recognition of Diversity and Language needs
4. Collaboration between agencies
5. Established reputable position in community
6. Flexibility/Adaptable over time
7. Listening Skills
8. Collaboration with health care agencies (continuum of services)-Integrated Health Network, Dr. Fagan -referrals
9. Promotional skills (Referrals, outreach, match referral with service delivery)
10. Physical infrastructure/location
11. Need foundation-volunteers and coordination
12. Connecting to First Nations

-
13. Connections to faith based supports
 14. Address safety of clients in home

The process arrived at key outcomes and collaborations described in the community readiness section of this report.

5. Recommendations and next steps

Timeline for the community development process- Ideally a community development process should create the conditions for more fulsome and deep community engagement and involvement. This should be considered in future community development timelines.

Program continuity and evaluation -A prevalent theme that arose at the community meeting and also at the service provider meetings was the desire for long term continuity of this service. Representatives at the meeting stressed the need to calculate return on investment and consider evaluation and sustainability as important considerations in the 'Better at Home' program. This should be considered by the United Way and partner agencies delivering the service.

Overall Better at Home should consider:

- Recommendation to include Social Return on Investment and cost benefits analysis in calculations for the program to make the case for continued funding
- Need for long term funding
- It would be detrimental to seniors to give services and then have them taken away if funding is lost.

These resources and options could be considered for social return on investment evaluations:

- VanCity Demonstrating Value <http://ccednet-rcdec.ca/en/evaluation-SROI>
- Caledon Institute: [Social Return on Investment: Strengths and Challenge](#)
- Tamarack Institute: [Literature Review of Evaluation Methods & Methodologies Community Development Evaluation Research](#)

Aboriginal Strategy - The United Way should consider a dedicated Aboriginal strategy for delivery of 'Better at Home' in order to address the needs of Aboriginal Bands to be self-authoring into the future and to effectively address cultural safety in this population. Further discussions should occur between Sto:Lo representatives, Kwantlen and Katzie bands and Fraser Health Aboriginal Strategy to facilitate this process.

Serving Newcomers and Immigrants - Unfortunately, in spite of numerous attempts to invite and connect Langley Community Service Society into this community development process, I was only able to interview one representative from that agency late into this process. This raises trying questions about how effectively the culturally diverse needs of the Karen, Korean, Filipino and Chinese immigrants who are seniors can be integrated into this process. More efforts are needed by LSRS to formulate a workable strategy with Langley Community Services Society and effectively address the needs of Karen seniors in Langley.

Timeline for the Proposal Development-The timeline for the community development process was difficult however it was also very tight for the proposal development process. There are clear service implications that result from funding and grant development processes and of course program uncertainty for program participants. The unfunded hours and efforts extended by community partners should be recognized by funding bodies. Perhaps more generous established deadlines and conditions that both funders and the applicants are accountable for would enhance two-way commitment.

The next steps at the community level involve the development of the Langley proposal for service delivery of 'Better at Home' through Langley Senior Resources Society for the December 12, 2012 deadline.

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Appendices appear under separate cover

Appendix A - Summary notes from consultations

Appendix B- Asset Mapping Report

Appendix C - Proposed Advisory Committee members

Appendix D- Documentation of media coverage