

Tsleil-Waututh Nation

People of the Inlet



Squamish Nation

Skwxwú7mesh Stelmexw



United Way

Better at Home is funded by the Government of British Columbia.

**Better
at Home**

United Way helping seniors
remain independent.



Prepared by:

Michelle Morning Star Doherty
Turtle Island Indigenous Education Corporation
May 2013

Better at Home is funded by the Government of British Columbia.

United Way



United Way helping seniors
remain independent.

**Better
at Home**

Table of Contents

Acknowledgements	4
1. Introduction	5
1.1 'Better at Home' Introduction	5
1.2 Description of the local community development approach	6
1.3 Community development activities	7
1.4 Methodology and Data Sources	7
2. Community	8
2.1 Description of local Elder population: Demographic Information	8
2.2 Description of the Nations	
Tsleil-Waututh Nation	9
Squamish Nation (North/West Vancouver)	10
Squamish Nation (Squamish Valley)	11
Reserve (neighbourhood) Distribution of Elders	11
Elder Survey, Focus Groups (1) & Social Indicators: Results	12
'Better at Home' Priorities	
2.3 Summary of Community Assets: Stakeholder Interviews	13
Tsleil-Waututh Nation	13
Squamish Nation – North/West Vancouver	15
Squamish Nation – Squamish Valley	16
2.4 Suggested opportunities for service integration/coordination	18
3. Community Readiness	22
3.1. Explanation community readiness that reflects community	22
consultations & meetings	
3.2 Potential Risks	23



4. Local 'Better at Home' Program Details 24

 4.1 List of preferred services from the 'Better at Home' Basket of Services 24
 that reflect community consultations

 4.2 Key Criteria for Agency Selection – Yuustway Health Services,25
 Squamish Nation

5. Recommendations and next steps26

 5.1 Timeline26

 5.2 Program continuity and evaluation 26

 5.3 Overall 'Better at Home' should consider26

 5.4 Social Enterprise 27

 5.5 Funding Opportunities: New Horizons for Seniors Program 29



Acknowledgements

It was an honour to meet with Elders and Stakeholders at the Tsleil-Waututh Nation & Squamish Nation to present the United Way Lower Mainland “Better at Home” program.

Located in what is known today as North Vancouver, West Vancouver and Squamish, the Tsleil-Waututh & Squamish Nation Reserves are home to almost 1,000 Elders aged 65+. It was inspiring to work with the Elders to determine their priorities through conversations, focus groups and surveys.



With great appreciation to the many Elders who gave their time, consideration and participation; the kind, caring and committed Stakeholders who work with Elders; the extraordinary, supportive people at United Way Lower Mainland; and the Government of British Columbia for supporting the ‘Better at Home’ program that recognizes that Elders are indeed ‘Better at Home!’

Huychka-Siem, All my Relations!

A handwritten signature in black ink that reads "Michelle Morning Star Doherty".

*Michelle Morning Star Doherty
Turtle Island Indigenous Education Corporation*



1. Introduction

1.1 'Better at Home'

'Better at Home' is a program that helps Elders 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 Elders, 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

Squamish Nation's Yuustway Health Services has been identified as the central 'Better at Home' site, with the 'Better at Home' Basket of Services managed and delivered by the agencies that work directly with Elders in three locations:

- Tsleil-Waututh Nation (North Vancouver)
- Squamish Nation (West & North Vancouver)
- Squamish Nation (Squamish Valley)

Michelle Morning Star Doherty of Turtle Island Indigenous Education Corporation was contracted as community developer to assess community readiness, identify Elders' assets, needs and priorities in regards to the 'Better at Home' Basket of Services.

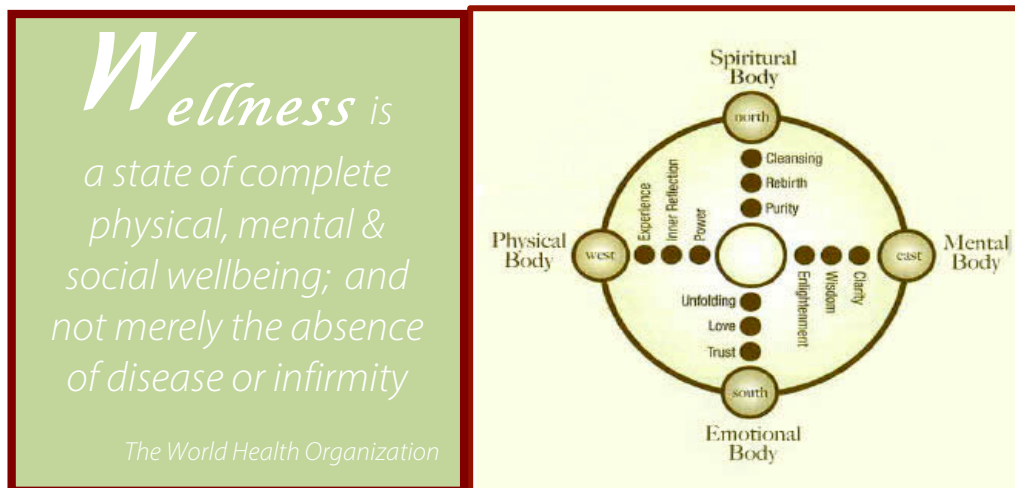


This report reflects the findings of the community developer and will be used by Squamish Nation Yuustway Health Services to design an appropriate local 'Better at Home' program that meets community needs with Tsleil-Waututh Nation and Squamish Nation (West & North Vancouver and Squamish Valley).

1.2 Description of the local community development approach

Approaches to health, wellness and community development focus on the potential of a broad range of assets (rather than the challenges) that include Elders, Stakeholders, Volunteers and Youth.

The health and wellness of Elders is vital to the health of First Nation communities, and this approach supports a holistic community development process is both traditional and contemporary.



1.3 Community Development Activities

These methods informed the asset-mapping document developed with the three communities, the roadmap for the community development process during the consultation process, and the development of the final report.

	Tsleil-Waututh	Squamish W/N Vancouver	Squamish Valley
Stakeholder Interviews	4	2	5
Elder Presentation	1	50	1
Elder Survey/Focus Group	1	27	1

1.4 Methodology and Data Sources

Documentary analysis: we reviewed information provided by the Stakeholders, Statistics Canada and other data sources as well as notes from all community based sessions

Focus Groups: we facilitated in person group discussion sessions and surveys with Elders interested in the project. We held a meeting to present ‘Better at Home’ and the Basket of Services to Elders at Tsleil-Waututh and Squamish Valley before we interviewed Stakeholders. We reported our findings to the Elders before conducting the Elder Survey/Focus Group. The results of these meetings were analyzed and distinctive elements noted.

At Squamish Nation in North Vancouver, we presented the ‘Better at Home’ program, conducted a survey, focus group and Stakeholder input on the same date due to scheduling challenges. We aggregated the data collected and forwarded it to the Stakeholders for Review and final approval before submitting this Report to United Way Lower Mainland ‘Better at Home’ Program.

Stakeholder Interviews: we conducted a group interview with Squamish Valley Stakeholders, and telephone interviews were held with Tsleil-Waututh Nation Stakeholders. Squamish Nation (West & North Vancouver) provided a typed and hand-written response.

Survey Analysis: we conducted an analysis of data collected and presented the findings



2. Community

2.1 Description of the local Elder population: Demographic Information

Tsleil-Waututh Nation and Squamish Nation (Squamish Valley & North / West Vancouver) have a combined population of 994 Elder members living on Reserve.

These Coast Salish Nations are closely related through their culture, traditions, and familial and geographic connections.

A major difference in the communities is the location of the reserves:

- Tsleil-Waututh Nation is suburban
- Squamish Nation (North Vancouver) is semi-urban
- Squamish Valley is rural



2.2 Description of the Nations



Tsleil-Waututh Nation “Our Journey”

“Before contact with Europeans, the Tsleil-Waututh population was great, with our oral history telling us that there were up to ten thousand Tsleil-Waututh members living throughout the traditional territory.

“Our ancestors’ survival was dependent on cycles of hunting, harvesting and preserving foods, and on trading using our land and water transportation networks and protocols we had with our neighbours...

“Our Elders tell us that once Europeans arrived, a significant portion of our population was decimated through disease. There are also many stories that tell of how our people strived other difficult times – colonialism, the reserve system, and residential schools.

“Throughout these hard times and despite obstacles, our people helped to build Vancouver and North Vancouver, persevered in our stewardship of the lands and waters of our territory, continued practicing and passing down our language and culture however we could. We found our way through the change that was happening in the world around us.”

Tsleil-Waututh Nation	M	F	Total
55 to 59	35	75	110
60 to 64	35	35	70
65 to 69	15	20	35
70 to 74	10	10	20
75 to 79	5	10	15
80 to 84	10	5	15
85 +	0	5	5
Total:	110	160	270



2.2 Description of the Nations



Squamish Nation – “Our History”

“The Skwxwú7mesh Úxwumixw (Squamish People, villages and community) have a complex and rich history. Ancient connections are traced within our language through terms for place names and shared ceremony among the Salmon Peoples of the cedar longhouse.”

“We are the descendants of the Coast Salish Aboriginal Peoples who lived in the present day Greater Vancouver area, Gibson’s Landing and Squamish River watershed. The Squamish Nation has occupied and governed our territory since beyond recorded history.”

“Sixteen Síiyam (Chiefs) remain from a long line of leaders, and current Skwxwú7mesh generations can trace their connections to one or more of the strong leaders and speakers who signed the Amalgamation on July 23, 1923. The Amalgamation was established to guarantee equality to all Squamish people and to ensure good government.”

“The Skwxwú7mesh stelmexw (Squamish People) continue to reside in the area now described as the lower Mainland of British Columbia. The largest proportion of Squamish Nation members reside on several urban reserves in the city of Vancouver, North and West Vancouver and the municipality of Squamish, BC.”

Squamish Nation North /West Vancouver	M	F	Total
55 to 59	60	70	130
60 to 64	50	60	110
65 to 69	40	55	95
70 to 74	30	50	80
75 to 79	30	60	90
80 to 84	20	60	60
85 +	30	65	95
Total:			660



Squamish Nation - Squamish Valley	Location	Total
	Brackendale	22
	Cheekye/Cheakam	12
	Squamish Valley	10
	Stawamus	15
	Yeakwaupsum	5
Total:		64

Reserve (neighbourhood) Distribution of Elders	Population	Percentage	Ranking
Squamish Nation: North/West Vancouver	660	66%	1
Tsleil-Waututh Nation	270	27%	2
Squamish Nation: Squamish Valley	64	6.4%	3
Total:	994		

Cheekye/Cheakam, the northernmost reserve, is over 14km north of Squamish, followed by Yeakwaupsum. There are significantly less services and community amenities in these communities.

There is no access to public transit, and therefore there is less frequent access for Elders to attend meetings, enjoy social outings, grocery shopping, etc. These factors create increased social isolation for Elders in the Squamish Valley.

For these reasons Squamish Valley should receive special consideration and priority in terms of the enhanced transportation service 'Better at Home' could provide.



Elder Survey, Focus Groups & Social Indicators: Results, 'Better at Home' Priorities

A combined total of 47 Elders from Tsleil-Waututh Nation and Squamish Nation (North Vancouver, Squamish Valley) participated in surveys and focus groups. Elders were also asked to prioritize needs in relation to non-medical home support services and the 'Better at Home' Basket of Services.

	Tsleil-Waututh Pop: 270	Squamish N/W Van. Pop: 660	Squamish Valley Pop: 64
Survey & Focus Group	10 Elders	27 Elders	10 Elders
Sex	Females x 2 Males x 2 N/A x 6	Females: 10 Males: 10 N/A x 7	Females x 5 Males x 4 N/A x 1
Age	80+ x 2 75+ x 1 70+ x 3 65+ x 0 55+ x 4	80+ x 4 75+ x 2 70+ x 6 65+ x 8 55+ x 5	80+ x 3 75+ x 2 70+ x 1 65+ x 1 55+ x 3
Household	Living Alone x 3 Husband/Wife x 2 Children x 4 Grandchildren x 1	Living Alone x 3 Husband/Wife x 13 Children x 11 Cousin x 1	Living Alone x 3 Husband/Wife x 4 Children x 3 Grandchildren x 1
Social Indicators:			
Access to Healthy Food	Yes: 8 / No: 2 80%	Yes: 25/No: 2 92%	Yes: 9 / No: 1 90%
Elders Living Alone	3 30%	3 11%	3 30%
Social Connectedness	Yes: 6/No: 4 60%	Yes: 20/No: 7 74%	Yes: 7/No: 3 70%
Accessible Transportation	Yes: 6/No: 4 60%	Yes: 20/No: 7 74%	Yes: -/No: 10 0%
Priorities:			
'Better at Home' Basket of Services	1. Transportation 2. Grocery Shopping 3. SimpleHomeRepairs	1. Friendly Visiting 2. Transportation 3. Light Yard Work	1. Friendly Visiting 2. Transportation 3. Light Yard Work



2.3 Summary of Community Assets: Stakeholder Interviews

Elders are considered to be the greatest asset of the Tsleil-Waututh and Squamish Nations. Many still live in their own home or in multi-generational homes. They are independent and vital, volunteering their time, especially with youth in their community.

Stakeholders from Tsleil-Waututh Nation and Squamish Nation (North/West Vancouver and Squamish Valley) were interviewed and asked a series of questions relating to what they provide Elders now, community gaps and assets, and the Elder demographic in greatest need. Stakeholders were also asked to prioritize, the ‘Better at Home’ ‘Better at Home’ Basket of Services they felt would be most beneficial to their community, and were also asked to share their thoughts.

	Tsleil-Waututh: Stakeholders
What supports and/or services are you providing Elders now?	<ul style="list-style-type: none"> • Elder’s program support, activity, cultural, arts & crafts, social activities, community events • Elders coordinator (full-time) plans outing, trips, dinners, and fundraisers, residential school applications and workshops on health-related topics
What Assets do you notice?	<ul style="list-style-type: none"> • Home & Community Care Program (for Elders with limited abilities and need), foot care nurse, mobile diabetic clinic (Seabird Island), pharmaceutical medication reviews, annual Elder’s Wellness Day (May) • Community Health Nurse (full-time) meets with Elders at luncheons or meetings once a month to monitor health needs, take blood pressure, etc. She visits with Elders in their homes every other month, and meets with those who have chronic conditions periodically to monitor their prescriptions and contact their doctor if required • In-Home Care provides Elders with limited services such as home chores, cleaning and meal preparation after assessment • Education Coordinator developing proactive health and wellness strategies with Stakeholders that will help Elders remain active through walking, swimming, cultural and recreational activities • Families of Elders that help Stakeholders work with the Elder • Community Kitchen where Elders teach Youth how to cook, can fish, storytelling, etc. • Gymnasium and the Elders Lounge • Youth Groups



	Tsleil-Waututh: Stakeholders	
What Gaps do you notice?	<ul style="list-style-type: none"> • Transportation. Elders (especially fragile Elders) cannot 'just go into a taxi,' they need more help. Elders who are still active do not have access to their own bus. • Elder services are dependent on age and need, not wellness • Health Guidelines and VCH Guidelines only provides resources for Elders who qualify to go into a home • Funding to provide Elders who are unable to attend weekly luncheons with Meals on Wheels lunch program, help them shop, prepare food • Training for family members or those who care for Elders, so they can stay in their own home, rather than having to put them in an Elders/Elders facility 	
What groups most need the most attention and why?	<ul style="list-style-type: none"> • Elders 65+ need the most attention due to mobility and health issues • Junior Elders aged 50 to 65 who are needy due to chronic health and wellness problems • Elders aged 50+ that live alone 	
In your opinion, what demographic group is in greatest need of the services proposed by 'Better at Home'?	<ul style="list-style-type: none"> • Elders 65+ • Junior Elders aged 55+ are more numerous, so therefore have the greatest need. 	
Do you think there is a demographic that is underserved (who and why?)	<ul style="list-style-type: none"> • Junior Elders aged 50 to 65 who are needy due to chronic health and wellness problems, who are not able to work a full time job • Isolated Elders who are estranged from family and do not come out of their homes 	
Comment	<ul style="list-style-type: none"> • "Better at Home" is long overdue and will fill many of our gaps. • The profound effect of residential school on several of our Elders who attended 	
Priorities	Stakeholders	Elders
'Better at Home' Basket of Service	<ol style="list-style-type: none"> 1. Friendly Visiting 2. Transportation 3. Light Housekeeping 	<ol style="list-style-type: none"> 1. Transportation 2. Grocery Shopping 3. Simple Home Repairs



Squamish Nation North/West Vancouver: Stakeholders							
What supports/services are you providing Elders now	<ul style="list-style-type: none"> • Home and Community Care <p>Medically assessed clients 19 and over who require home support services that include:</p> <ul style="list-style-type: none"> • Personal care • Bathing assistance • Assisting with activities of daily living • Nutritional support (meal prep) • Light house keeping • Accompaniment to medical appointments 						
What assets do you notice?	<ul style="list-style-type: none"> • Accessible Elders programs – welcoming with an inviting atmosphere 						
What gaps do you notice?	<ul style="list-style-type: none"> • Transportation to appointments along with specific travel to shopping • Friendly visits to clients who are marginalized due to health conditions or lack of family involvement • Shopping – spend time to shop for needed items with the Elder present to enable them to choose specific items rather than sending someone out to quickly pick up a few things for them • We need more interaction between Elders & Youth 						
What groups most need the most attention and why?	The most attention should go to Elders in the community who are not connected necessarily to a social group or lack family supports. Elders who are mobility challenged and isolated, and those that live alone						
In your opinion, what demographic group is in greatest need of the services proposed by 'Better at Home'?	Members aged 50+, especially those who are not healthy with disabilities and multiple barriers						
Do you think there is a demographic that is underserved (who and why?)	<ul style="list-style-type: none"> • Marginalized group of elders or disabled members of the community who need advocacy and support to carry on with basic things most people take for granted 						
Comment	We should look at prevention and promoting role models that lead healthy lifestyles						
Priorities	<table border="0"> <tr> <td>Stakeholders</td> <td>Elders</td> </tr> </table>	Stakeholders	Elders				
Stakeholders	Elders						
'Better at Home' Basket of Service	<table border="0"> <tr> <td>1. Transportation</td> <td>1. Friendly Visiting</td> </tr> <tr> <td>2. Friendly Visiting</td> <td>2. Transportation</td> </tr> <tr> <td>3. Grocery Shopping</td> <td>3. Light Yard Work</td> </tr> </table>	1. Transportation	1. Friendly Visiting	2. Friendly Visiting	2. Transportation	3. Grocery Shopping	3. Light Yard Work
1. Transportation	1. Friendly Visiting						
2. Friendly Visiting	2. Transportation						
3. Grocery Shopping	3. Light Yard Work						



	Squamish Valley: Stakeholders
What supports / services are you providing Elders now?	<ul style="list-style-type: none"> • Basic home & community care on a limited budget • Operations do keeping the yard and basic home repair • Part-time Elders Driver who provides transport to social gatherings, patient travel and funerals, "which are now sadly held almost weekly." • Elders are assisted with hydro, oil, and natural gas or propane • A Lifeline necklace or bracelet is available to Elders that live alone (not all choose to take it)
What Assets do you notice?	<ul style="list-style-type: none"> • Our very active Elders Group • Elders do presentations, with some becoming the 'Elder-in-Residence' so that they can help teachers and students learn about the residential school experience • Elders sit on the advisory committee for education, the enhancement committee, and they do (healing) Circles for our youth • Our Staff and 1 Youth • 1 x Elders Van – 6-7 passenger van • 1 x Elders/Community van • 1 x wheelchair access vehicle
What Gaps do you notice?	<ul style="list-style-type: none"> • Vehicles but no funds for a driver or gas • Due to the location of the Squamish Valley reserves where Elders reside, there is little to no public transport that is available for Elders • Friendly visits. Elders are home alone during the day because everybody works • No 24 hour care, only p/t care or 8 hour care when Elders have severe medical conditions
What groups most need the most attention and why?	<ul style="list-style-type: none"> • The 65+ elders • Junior Elders that are medically challenged. The services to those individuals are limited because we only provide services for 65+, so there is a gap in that 55+ who have the multi-medical challenges as there is no services for them, e.g. stroke, heart problems, diabetes
In your opinion, what demographic group is in greatest need of the services proposed by 'Better at Home'?	<p>Demographic for the residential reserves are a challenge for us – we are 5 small reserves that are spread about 10 miles apart:</p> <ol style="list-style-type: none"> 1. Stawamus 2. NorthYards 3. Mamquam 4. Brackendale 5. Cheekeye (the most northern reserve, no public bus service)



	Squamish Valley: Stakeholders	
Do you think there is a demographic that is underserved (who and why?)	<ul style="list-style-type: none"> • Junior Elders & Northern community elders who have no access to public transit • Out of 60 Elders, 35 are 65+, 25 are 55+ and some are already under a doctor's car 	
Is there anything else I should know?	<ul style="list-style-type: none"> • Squamish Valley is the most important - and the most overlooked. We have needs, so split the 'Better at Home' resources 3-ways • We do not want to be forgotten, but we are 40 miles away • While appreciative of the resources they receive, they also get limited services from North Vancouver • In North Vancouver, they have public transit, theirs runs every hour • In Squamish Valley, it takes an hour to get downtown. The taxi service is not the best and is more expensive than North Vancouver • Squamish Valley is (almost) considered a rural community 	
Priorities	Stakeholders	Elders
'Better at Home' Basket of Services?	<ol style="list-style-type: none"> 1. Transportation 2. Friendly Visiting 3. Grocery Shopping 	<ol style="list-style-type: none"> 1. Friendly Visiting 2 Transportation 3. Light Yard Work



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 Elders.

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.”*

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 ↑	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.
High ↓	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 Elders is needed in order to enhance service delivery of “Better at Home” in Tsleil-Waututh and Squamish Nations (North and West Vancouver & Squamish Valley):



- a) **Address the most isolated, at risk Elders as priority through ‘Better at Home’** especially those who are geographically or socially isolated, or who live alone aged 65+
- b) **Address the needs of Junior Elders aged 55+ who have chronic health problems**
- c) **A need to address the geographic realities of Squamish Valley** and to a lesser extent, Tsleil-Waututh Nation. Squamish Nation’s Yuustway Health Services in West Vancouver will service these sites, including both North Vancouver sites
- d) **Development of enhanced Service Delivery Team** in each location whereby Volunteers would receive an honorarium for providing some “Better at Home” Basket of Services. A secure security system must be initiated with all Volunteers to ensure Elders feel, and are, safe
- e) **Development of enhanced Service Delivery Team** in each location whereby Volunteers would receive an honorarium for providing some “Better at Home” services. A secure security system must be initiated with all enhanced Work Experience staff to ensure Elders feel, and are, safe
- f) **Continue to develop long-term collaboration between medical and non-medical supports** so that seamless services provide greater continuity for Elders.

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

Squamish Nation Yuustway Health Services will be the lead agency for 'Better at Home' for Squamish North Vancouver, Squamish Valley and Tsleil-Waututh Nation. Yuustway Health Services is the agency best positioned to collaborate and coordinate services.

Squamish Nation Yuustway Health Services will;

- Develop a collaborative plan to identify the competencies and assets of each community
- Create a 'Better at Home' Advisory Committee comprising Elders and Stakeholders
- Develop a safe and secure enhanced Volunteer and enhanced Work Experience Team to provide 'Better at Home' services



3.2 Potential Risks

The key risks include not following through on the suggestions outlined in item *2.4 Suggested opportunities for service integration/coordination* of this document.

The other key risks include:

- a) Inability to address the most isolated, at risk Elders as priority through “Better at Home”
- b) Breakdown in addressing the geographic realities of Squamish Valley
- c) Failure to develop supports and services for Junior Elders aged 50+ with chronic health conditions
- d) Lack of development of a strong enhanced Volunteer and enhanced Work Experience Bank and administration to ensure safety of Elders
- f) Collaboration collapse between Squamish Nation sites (North Vancouver, West Vancouver & Squamish Valley) and Tsleil-Waututh Nation



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:

Tsleil-Waututh Nation:

1. Transportation
2. Grocery Shopping
3. Simple Home Repairs

Squamish Nation – North and West Vancouver:

1. Friendly Visiting
2. Transportation
3. Light Yard Work

Squamish Nation – Squamish Valley:

1. Friendly Visiting
2. Transportation
3. Light Yard Work



4.2 Key Criteria for Agency Selection – Yuustway Health Services, Squamish Nation

- i. 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
- ii. Knowledge of the client group/Access to Elders
- iii. Recognition of the diversity of each communities
- iv. Collaboration between Stakeholders and Elders
- v. Flexibility/Adaptable over time
- vi. Listening Skills
- vii. Promotional skills (Referrals, outreach, match referral with service delivery)
- viii. Physical infrastructure/location
- ix. Need foundation-volunteers and coordination
- x. Connecting to First Nations
- xi. Connections to faith based supports
- xii. Address safety of clients in home



5. Recommendations and next steps

5.1 Timeline

Timeline for the community development process that creates the conditions for more fulsome and deep community engagement and involvement. This should be continue to be considered in future community development timelines.

5.2 Program continuity and evaluation

The need to calculate return on investment and consider evaluation and sustainability as important considerations in the 'Better at Home' program.

5.3 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 that is based on the Social Return on Investment and cost benefits analysis
- It would be detrimental to the health and wellbeing of Elders, Junior Elders and Stakeholders to provide 'Better at Home' services and then have them taken away if funding is lost

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

- i. Vancity – Demonstrating Value
- ii. Caledon Institute: Social Return on Investment: Strengths & Challenges
- iii. Tamarack Institute: Literature Review of Evaluation Methods & Methodologies, Community Development Evaluation Research



5.4 Social Enterprise

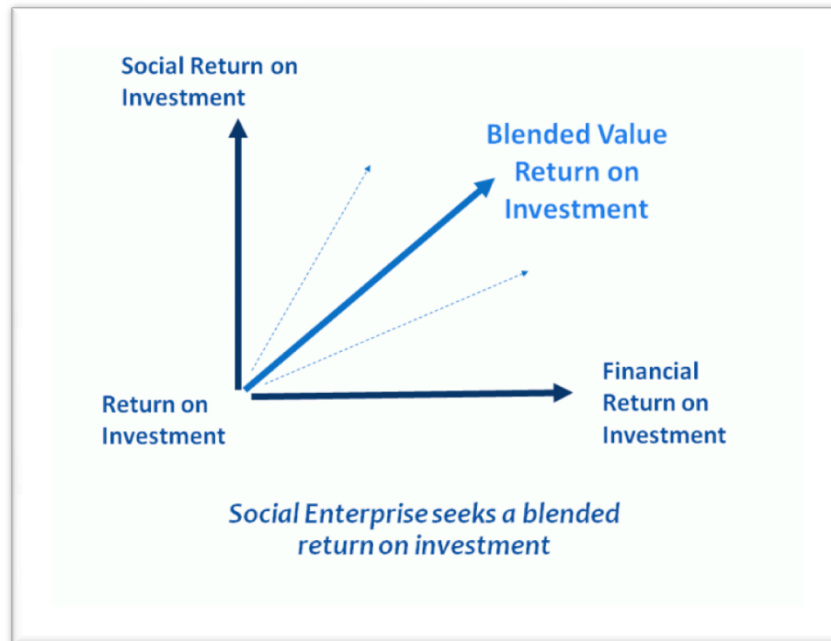
The benefits of developing a Social Enterprise for long-term sustainability should not be overlooked. According to 'social enterprise' definitions on the website of Vancouver-based organization Enterprising Non-Profits;

- *“Social enterprises are businesses owned by non-profit organizations, that are directly involved in the production and/or selling of goods and services for the blended purpose of generating income and achieving social, cultural, and/or environmental aims. Social enterprises are one more tool for non-profits to use to meet their mission to contribute to healthy communities.”* Social Enterprise Council of Canada
- *“Social enterprises are businesses whose primary purpose is the common good. They use the methods and disciplines of business and the power of the marketplace to advance their social, environmental and human justice agendas.”* Social Enterprise Alliance, USA
- *“A social enterprise is a business that trades for a social and/or environmental purpose. It will have a clear sense of its ‘social mission’: which means it will know what difference it is trying to make, who it aims to help, and how it plans to do it. It will bring in most or all of its income through selling goods or services. And it will also have clear rules about what it does with its profits, reinvesting these to further the ‘social mission.’”* Social Enterprise, UK
- *“A social enterprise is an organization that applies commercial strategies to maximize improvements in human and environmental well-being, rather than maximizing profits for external shareholders. Social enterprises can be structured as a for-profit or non-profit, and may take the form of a co-operative, mutual organization, a social business, or a charity organization.”* Wikipedia

Despite the differences however, there are common themes across all definitions: they are businesses; they create community impacts and social values; and they limit or don't have distribution of profits and assets to individual shareholders.



So rather than a defined thing, social enterprises are much more a means to achieve value, measuring success with a 'blended value bottom line.'



Two Examples of Social Enterprise could be:

Tsleil-Waututh Nation could develop Service Delivery Teams at the recently acquired (formerly named) Plymouth Elementary School in North Vancouver that could offer services such as those provided through 'Better at Home', e.g. Jim's Mowing, Rent-a-Hubby, etc.

Squamish Nation could develop a scheduled 7-day-a-week Commercial Transit System from the Northern Squamish Communities to Squamish, Squamish to Totem Hall and/or the 'Home of Salish Service' Gas Station to the Elder Centre at Capilano Reserve, to the Seabus, to Tsleil-Waututh Nation and return.



5.5 Funding Opportunities – New Horizons for Seniors Program

As mentioned previously in this Report, funding sources are limited for Elders wellness.

A Call for Proposals for the *New Horizons for Seniors Program* opened on May 15th (deadline July 5, 2013) for ‘Community-Based Programs for Seniors.’ First Nations Bands, Tribal Councils and Aboriginal organizations are eligible for funding of \$25,000 per year. Projects cannot exceed one year, and cannot be renewed.

“Community-based projects under the New Horizons for Seniors Program (NHSP) that enable seniors to share their knowledge, skills and experiences with others and help communities increase their capacity to address local issues are eligible to receive up to \$25,000 per year, per organization.

Projects must address one or more of the program's five objectives:

- 1. promoting volunteerism among seniors and other generations;*
- 2. engaging seniors in the community through the mentoring of others;*
- 3. expanding awareness of elder abuse, including financial abuse;*
- 4. supporting the social participation and inclusion of seniors; and*
- 5. providing capital assistance for new and existing community projects and/or programs for seniors.”*

Further information:

Human Resources and Skills Development Canada website:

<http://www.hrsdc.gc.ca/eng/seniors/funding/community/index.shtml>

