

Executive Summary Report of Friendly Grant 2016 Activities



March 31, 2017

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Introduction

This report incorporates and summarizes all of the elements of project work associated with our Age-Friendly grant.

Community Asset Compilation

Our community asset mapping was aimed at determining how age friendly our rather rural communities were and to document the assets that were currently available. Information was compiled from previous surveys, our *Seniors Living Safer and Longer in their Homes/ Communities Survey*, local directories and completion of a *Checklist for Age-Friendly Rural and Remote Communities* ("Checklist of Essential Features of Age-friendly Cities."

www.who.int/ageing/publications/Age_friendly_cities_checklist.pdf [Web site]. Geneva, Switzerland: World Health Organization, 2007).

Whereas a significant strength in the skills and experiences of seniors was identified, it was apparent that many of the everyday needs to enable seniors to live safely and comfortably in their own homes are not.

Overall:

Outdoor spaces- the area is beautiful and there are walking trails and sidewalks in some areas. Many local businesses and the Municipality have some accessible features. Many smaller communities have no grocery stores, gas stations or convenience stores. Most have a local church although in recent years, several have been consolidated.

Transportation- there is limited public transportation available and, in general, transportation is a widespread issue.

Housing- there are limited housing options available and, as indicated above, the supports to enable seniors to live in their own homes or communities are very limited, especially those who have income challenges.

Respect and social inclusion- again, there is considerable variation. In many situation, seniors are treated with respect whereas, in others, their worth as contributors is not acknowledged. There are several projects underway aimed at better understanding social inclusion and isolation in our areas.

Social participation- the area clubs for seniors are active in hosting events and activities for seniors, but many do not belong to these clubs. Some are challenged to attend events and activities because of mobility, transportation and financial challenges.

Communication and information- there are two local area TV stations and a radio station. Communication through the local churches reaches many. The Richmond County Literacy

Network is very active and there are several local libraries. However, many are not 'computer literate' or have no internet access.

Civic participation and employment opportunities- there are many seniors active in their communities however, they receive little formal support. Representation of seniors' issues is increasing. There are volunteer recognition events.

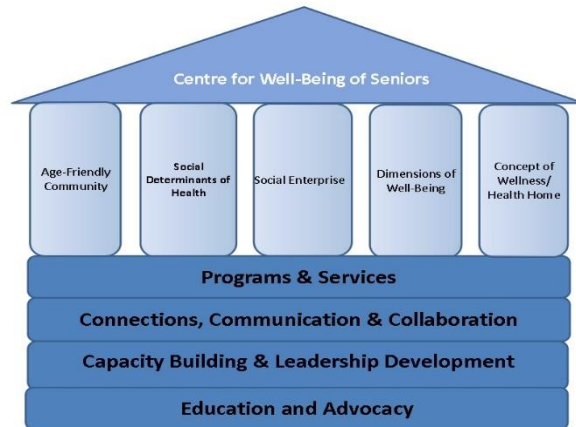
Community support and health services- there are local health professionals located throughout the area and there is a hospital in Richmond County. Services such as palliative care and respite care are inadequate now and not yet prepared for the predicted increase in area seniors.

It also became apparent that there were considerable discrepancies among communities with respect to their available assets and challenges. Our asset mapping reinforce the need for a Centre for Well-Being of Seniors in the area.

Proposed Centre for Well-Being of Seniors Model-Research (input modified)

Briefly, the proposed Centre will be for all seniors (age 55 years +) of Richmond County (and potentially, the Strait Richmond Area), volunteers of all ages and younger participants in intergenerational programming. It is conceived as a not-for-profit, charitable organization. The stakeholders/builders of the Centre will be the population of Richmond County working together through a collective impact approach, forming cross-sector partnerships with a common agenda, performing mutually reinforcing activities and connecting through continuous communication to achieve enhanced health of Richmond County seniors.

The Centre will be a virtual entity with a fixed location only for the Centre administrative staff. The Centre will function through vertical and horizontal collaboration/integration (see proposed governance structure below). Services and programs will be provided through linking with other partners and collaborators. Partners and collaborators will undertake united actions based on the platforms and pillars illustrated below. There was general Think Tank participant agreement that these foundational pillars would be appropriate for any proposed Centre. However, there is a need to increase the understanding of these pillars and related concepts by the broader community.



Foundational Pillars

The proposed model is based on five foundational pillars.

- Age-Friendly Community
- Social Determinants of Health
- Social Enterprise
- Dimensions of Well-Being
- Concept of Wellness/Health Home

The **first pillar** represents an age-friendly community. The eight essential components of an age-friendly community are illustrated in the figure below.



(World Health Organization, Public Health Agency of Canada)

The **second pillar** represents the social determinants of health (with an emphasis on highlighted areas). The social determinants of health include the following:

1. **Income and Income Distribution**
2. **Education**
3. Unemployment and Job Security
4. Employment and Working Conditions
5. Early Childhood Development
6. **Food Insecurity**
7. Housing
8. **Social Exclusion**
9. **Social Safety Network**
10. Health Services (**community-based**)
11. Aboriginal Status
12. Gender
13. Race
14. Disability (**accessibility**)

The **third pillar** features a social enterprise business that will provide needed services to seniors while generating income to reinvest in the operations. This will serve a dual purpose in that it will meet an unmet need in the community, while also contributing the financial sustainability of the Centre. An additional benefit will be the opportunity to potentially employ seniors as well as explore other inter-generational ideas.

The **fourth pillar** embraces the dimensions of well-being. Well-being is a broader concept than health as it is generally conceived. Individuals, groups and communities may have many areas of potential well-being: social, emotional, spiritual, environmental, occupational, intellectual, physical, aesthetic and civic engagement. Implied in this definition is the understanding that people can have many areas of well-being even if one or more areas are compromised. Well-being implies a self-perceived sense of satisfaction with one's life. Most people value feeling secure, belonging, having a purpose, being of significance, achieving fulfillment and continuity of persons and place (Nolan, 2006).

The **final pillar** adopts the concept of wellness/health home. A wellness home is a community development approach that values collaboration, partnerships where planning occurs with community members to ensure the most appropriate and accessible services are available; where the social determinants of health are addressed from a root cause perspective; and where health equity and social justice are foundational beliefs.

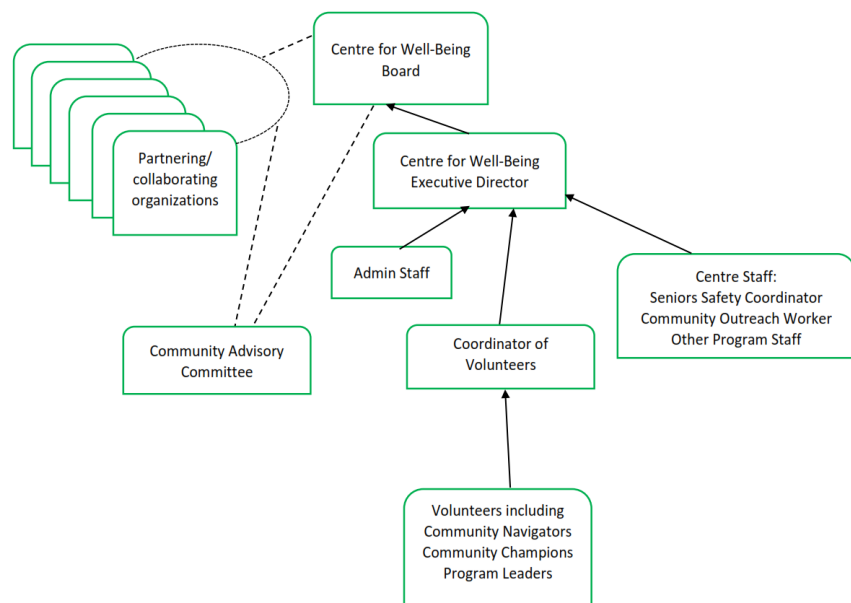
All services and programs will be evidence-informed and based on best practices. All services and programs will be monitored and evaluated to ensure their effectiveness and relevance. Specific services and programs will evolve in accordance with the needs of the communities of Richmond County/Strait Richmond Area. A volunteer mentoring and education program will support community volunteers of all ages; these volunteers will be critical for the success of the Centre.

Virtual integration, as proposed in our model, is facilitated by:

- central co-ordination (if possible, by a neutral body)
- clear goals and reasonable boundaries
- inclusiveness in design and development
- not being too large – smaller groups work better
- cohesion increased through the development of ‘boundary spanning individuals’
- by using IT and shared guidelines and protocols
- professional leadership
- avoiding over-regulation and instruction
- avoiding ‘network capture’ by one professional group or institution
- having a clear business plan and mandate for management
- engagement and connectivity
- adding value to members and others.

(Goodwin et al, 2004)

We believe these elements have been embedded in our proposed collaborative governance structure is illustrated below.



enterprises increase community member involvement and result in overall improvements to the well-being of communities.

Through our *Seniors Living Safer and Longer in Their Homes/Communities* survey as well as from Think Tank participants, many gaps in programs and services in our area were identified. When asked what services and programs they would like to see offered in their communities, the following were identified as most needed:

- companion visits
- yard work support
- snow and ice removal
- house cleaning
- safety assessment of their home

When asked what services and programs are currently available, the above services were notably absent in most communities. This survey reinforced the perception that there is a gap between what is needed, what is available and what is affordable. A social enterprise arm as part of the Centre could provide a menu of services such a lawn maintenance and yard work, snow and ice removal, household chores, minor car and house repairs, meal preparation, transportation to appointments, pet and house sitting, and respite care to name a few.

Two potential social enterprise ideas were briefly discussed by Think Tank participants.

ONE STOP SHOPPING

The first idea under consideration is a ‘one call’ request by seniors for assistance with daily living tasks that they are no longer able to do safely or do not have the skills.

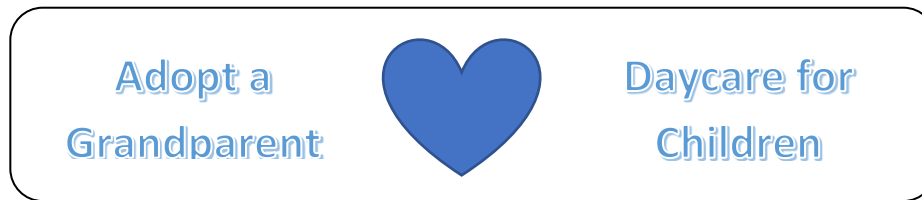
One call can get you there; one call can access all!

Requests would be matched up with providers and the Centre staff would make the necessary arrangements to have the work completed. All service providers would be part of a team that has been vetted by the Centre. Often mobility issues, transportation issues, financial issues, food insecurity, poverty, chronic disease, medications and mental illness prevent seniors from living a full, safe and productive life in their own homes.

For those not able to afford the market rate, assistance of lower cost or partially funded services provided by a social enterprise business (through volunteer and paid staff), seniors will receive the assistance necessary to stay in their homes longer. With the Province’s commitment to *Ageing in Place*, such a business model is ideally suited to help reach this desired outcome.

ADOPT A GRANDPARENT CHILD CARE

Another second social enterprise idea would be a Home-Based Child Care Service, *Adopt a Grandparent Child Care*.



One of the challenges in living in rural communities is recruiting young professionals to relocate. This is in part due to the lack of child care. A business that engages seniors in providing child care would also be an ideal fit for the Centre and would contribute greatly to the economic prosperity and revitalization of our community.

There are very few day care centres in our community and many parents must travel to another community to drop off their children in a private home and then go to work. At the same time, there are many seniors in our communities whose own children are living away and this would provide an ideal opportunity for them to use the many skills they have acquired through their lifetime of parenting, while generating a small income or participating in a barter arrangement to access services they need from the One Stop Shopping business. This service could be full time, part-time or on occasion where a parent has a sick child, or when there are school closures. In addition, this business idea would promote inter-generational programming and provide an opportunity for cultural traditions, language and history to be shared with future generations.

Where we are in our Social Enterprise Journey

The Canadian Social Enterprise Guide (second edition) gives steps to follow when exploring the idea of developing a social enterprise. These steps include:

1. develop vision and objectives for the enterprise
2. generate ideas and identify opportunities
3. conduct a pre-feasibility analysis (develop way to screen potential ideas/opportunities)
4. undertake a feasibility study of one or two ideas/opportunities
5. do a business plan
6. implement the social enterprise
7. measure the outcomes
8. adapt and evolve

We are early on in our journey towards establishing a social enterprise. We have general agreement that any social enterprise undertaken should benefit the well-being of seniors in our area, particularly those who are challenged by the social determinants of health. Seniors would also participate as leaders and providers of services/programs. Any social enterprise undertaken would reflect the foundational pillars of the proposed Centre as well as the values and principles established for the Centre.

During the two Think Tanks, there was early exploration of resources needed for any social enterprise as well as identifying two major gaps in availability of services/programs locally as outlined above. Our hoped for financial outcome is an enterprise that can generate substantial revenue to support the Centre.

Importance of Community Engagement

Authentic community engagement is critical to the further development and implementation of the proposed Centre and potential social enterprise. Respectful community engagement will ultimately achieve better outcomes and will go a long way to ensure the community is engaged and takes ownership. Engaging community and stakeholders is not always an easy thing to do; it must be intentional and takes time.

Real, sustainable community change requires the initiative and engagement of community members.

Helene D Gayle

The implementation of a business idea into a social enterprise at this stage in development is premature. This was confirmed during both Think Tanks where it became apparent that selling the idea of a Well-Being Centre is going to require its own public engagement strategy to ensure wider community buy-in. This will require a leadership team who can move this Model from a conceptual idea into a reality.

Assuming the community endorses and buys into the proposed model, beginning a social enterprise will require several critical steps to ensure its success. Setting up and operating a successful social enterprise within the Centre will require a desire to meet a need (or demand),

planning, people management, marketing, and risk assessment. While a social enterprise can provide the Centre with the opportunity to diversify their sources of revenue, it will not likely be solution to meet all the financial needs to operate the organization. In the early years, a social enterprise may need a significant investment of staff resources to ensure its success. It may take some to begin to generate a profit. A social enterprise, from a sustainability perspective, is a long-term strategy for a not-for-profit, not a short-term solution.

As we travel further along the journey to achievement of our Centre for Well-Being of Seniors in Richmond County/Strait Richmond Area, we “need to change our mindset from activities, strategies and programs to what is the change state we desire for our community”.¹

Monitoring and Evaluation Processes

The monitoring and evaluation processes will be based on the framework of the Canadian Index of Well-Being (see below) as well as the expected outcomes for the programs and services provided and evidence-informed recommendations for the development of the Centre (see below). In addition, the UK NHS has many useful resources as potential evaluation models including <http://clahrc-gm.nihr.ac.uk/demonstrator/>.



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¹ Putting collective impact into practice in Maine communities- Workbook, October, 2012; p. 6.
² https://uwaterloo.ca/canadian-index-wellbeing/sites/ca.canadian-index-wellbeing/files/uploads/images/CIWcommunityvitalityEN_0.PNG

The ongoing monitoring and evaluation will include both qualitative and quantitative assessments. As well as tracking participant numbers and provider and participant satisfaction, we will use interviews, focus groups/community conversations and surveys. To enable a fuller understanding of the Centre's effectiveness, we will employ alternative ways of allowing people to express their feelings (for example, photography, story-telling, etc.).

Expected Outcomes and Benefits for Our Communities/Evidence-informed Recommendations for Programs and Services

Expected outcomes for Centre:

- Seniors are engaged in endeavours that decrease the impacts of frailty, illness and disability on independence and quality of well-being of themselves and other seniors
- Seniors increasingly identify and contribute to the community their knowledge and skills
- Increasing numbers of seniors are physically active and receive proper nourishment
- Upstream endeavours to decrease the impact of the social determinants of health are undertaken
- More seniors who were previously unengaged and inactive within their community are participating
- Caregivers feel supported and have access to needed resources

Recommendations:

1. Interventions should include those focussed at a society/community level as well as those focussed at the level of an individual,
2. Efforts to deepen understanding of prevention and amelioration of chronic disease in seniors could include walking with a senior through her/his community to understand challenges and opportunities, a "walk in the shoes" of a senior with a chronic condition(s) and/or the use of photographs, theatre, poetry and art to expand the ways seniors can express the realities of their lives.
3. Undertake theory-/literature-based novel interventions to engage and motivate seniors to become physically active and meet the appropriate age-related standard for exercise,
4. Evaluate (quantitative and qualitative methods) any interventions piloted,
5. Use methods to evaluate a participant/potential participant's change readiness,
6. Involve participants and potential participants in decision-making related to programs and services,

7. Use interventions that include theory-/evidence-informed approaches to motivation, mentoring and ongoing monitoring,
8. Incorporate physical activity action plan into participant's wellness/health home record.
9. Have an outreach component to every service and program where feasible and beneficial,
10. Incorporate interventions that foster independence, interdependence, relationships, learning and participant involvement in their creation and content,
11. Integrate volunteers into services and programs wherever appropriate,
12. Services and programs adopt a long-term approach,
13. Associated staff have or receive education to acquire appropriate skills and training to interact with young and old,
14. Young and old participants understand what is expected prior to any intervention,
15. Activities should be focussed on developing relationships,
16. Activities should be shaped by participants and include mutual benefits for all participants.

Actions

Completed:

- Summary reports from both Think Tanks were forwarded to all participants.
- The Age-Friendly grant report incorporates all community inputs obtained (Think Tanks, surveys, presentations)
- This concludes the scope of work for the Dr. Kingston Memorial Community Health Centre Age-Friendly grant
- If the community wishes to move this model forward, this will require a leadership team be developed
- Seven individuals (four seniors) agreed to take part in a follow up meeting to help identify a more permanent Steering Committee.

The top six priorities for action identified by Think Tank participants were:

1. Form a steering committee
2. Develop a work plan and budget
3. Explore and secure start up funding
4. Identify community champions and partners
5. Develop a communication/engagement strategy to get community buy-in
6. Inform and work with Governments (municipal, provincial, federal)

There has been strong support and enthusiasm for the idea of a Centre of Well-Being for Seniors within the Richmond County/Strait Richmond Area. However, to turn that dream into reality will require sustained effort and participation by area seniors, those who interact with seniors as well as Municipal and Provincial governments.