



Home Care Ontario Online Submission: Elderly Persons Centres Program Review: Discussion Guide Questions

What is your vision of EPCs? What do you see as the most important role of EPCs in your community?

- With the aging population, EPCs could become the hub for the community, having both a physical and virtual presence.
- The fundamental role should be supportive and designed to equip the elderly person to continue to be engaged in their community. For example the loss of a spouse can trigger depression and/or disengagement from social activities. Partnerships with bereavement counselors/hospices could serve to provide programming related to loss and living as a single person.
- Activities are structured to reflect the continuum of need in the population – those that are well and independent to those with complex health and social needs. Activities could range from wellness (exercise, hobbies, information sharing) to clinics for treatment and respite.

Are there opportunities and advantages for EPCs to play a greater role and/or strengthen their current role? What are the barriers to doing so?

- The EPCs could be leveraged to provide a case management type role for persons in need of services, advice and/or advocacy.
- They could expand their scope beyond the social and recreational programs to programming with a therapeutic health goal.
- EPCs could partner with schools in order to connect the youth and older adults – online and in-person. Tutoring programs could be hosted as one way of making sustainable connections beyond that which is at the Centre.
- Barriers are potentially credentialing, liability, and funding for onsite services by partners.

What types of programs and services should EPCs be offering to clients? What EPC programs do you find most beneficial to you/your clients? What do you consider your core programs and services and which are particular to your centre's local needs?

- Specific services and programs could be aligned to respond to the groups. These could include:
 - Health - Disease specific clinics; have a physician or NP attend to provide general health assessments for those who cannot get to appointments.
 - Exercise
 - Advice / case management
 - Programs by home care service provider organizations such as safety in the home, companion services and respite
 - General Education - Guest speakers on a range of topics; university courses (perhaps through online connection).
 - Resource Library/Lectures – targeted at the needs and interests of seniors.
 - Caregiving supports

- Home care services that can be privately retained and/or funded by government
- Social – hobbies, special interests, cooking
- Skill Development – in response to life changes; general interest, and possible future employment

Thinking of the people EPCs serve, what gaps in programs and services are you aware of? What could be done differently to serve local seniors better?

- Suggest that the Centres be better promoted and that linkages to clubs and groups across the community be made.

EPCs have a variety of names, such as Seniors' Club, Seniors' Centre, Active Living Centre, and Golden Age Centre. Do you see any value in finding a different term to refer to their funding program, rather than "Elderly Persons' Centres"? Is there a benefit to having a common term that can be used to refer to all EPCs?

- A common term helps to normalize the programs and concept; and establish a common understanding of what is available. For example, there is a common understanding of a “school”, “hospital”, “store”.

What changes are you seeing in who is using EPCs? What are barriers to participation in the EPCs in your community (e.g. geographic, cultural or linguistic)? What could better encourage participation or volunteering in EPCs?

- Participation could be encouraged through programming with primary and secondary schools, which exposes the youth to the Centres and benefits of working together.
- Employer incentives that promote volunteerism as an employee activity.

Are there particular communities who are under-served? Should EPCs be targeting services more to older seniors (75+), pre-seniors (50-65?), or equally to all?

- EPCs should target seniors equally so that those who want to make use of the service are able to do so.

What are the staffing and volunteer recruitment, retention and skill issues facing you?

N/A

What types of staffing, volunteers and competencies do you think will be required in the future?

Organization/planning skills

Interpersonal skills – Patience, care, compassion, understanding

Communication skills

Knowledge of the aging process / needs of older adults

Technology and computer skills

Availability

Willingness to learn

Problem solving

Collaboration

EPCs provide services a variety of different ways, such as co-located with other organizations and in partnerships. Are there opportunities to make EPCs serve seniors better through more closely collaborating through partnerships and co-location?

Suspect that there would be many opportunities to leverage relationships between organizations in order to better serve seniors.

What can be done to encourage collaboration between EPCs and other service providers (e.g. public health or community support services) for better coordination of services?

- Efforts should be undertaken to ensure that other service provider organizations, such as members of Home Care Ontario, are invited to participate in planning, to offer programming, to offer information about services they deliver, and their role in the community.
- Service provider organizations should be invited to supply staff and/or provide their services on site at the EPC.

If you have any other comments on the Discussion Guide, or the EPC program in general, please include them here:

The future of EPCs should appeal to older adults of all income groups and be accessible in person 12 hours per day and around the clock through web based programs and resources.

About Home Care Ontario

Home Care Ontario, *the voice of home care in Ontario™*, is a member-based organization with a mandate to promote growth and development of the home care sector through advocacy, knowledge transfer, and member service. Home Care Ontario members include those engaged in and/or supportive of home-based health care. In Ontario, service provider organizations are responsible for providing nursing care, home support services, personal care, physiotherapy, occupational therapy, social work, dietetics, speech language therapy and medical equipment and supplies in the home to individuals of all ages. An estimated 58 million hours of publicly and privately purchased home care service is provided annually across the province.

For more information, contact:

Susan D. VanderBent, CEO

Phone: 905-543-9474 Email: sue.vanderbent@homecareontario.ca