Chapter One
Working Together Collaboratively

Community organizations, formal service providers and partners working together collaboratively to improve the overall health of seniors.

Why Collaboration is So Important

To create healthy communities that can best respond to the many complex issues that impact seniors and find the best solutions to support them takes a lot of work. Relationships and strong partnerships don't materialize out of thin air. The ability to partner effectively with other organizations in the community is an essential ingredient in working collaboratively. When we work collaboratively, we can achieve outcomes that might otherwise be impossible. Collaboration requires a great deal of effort. People may represent organizations or occupations, but we are all people and *relationships are built between individuals, not organizations.* These relationships are necessary to create a shared vision and promote commitment to collaborative approach.

When we decided to apply for this funding, we knew that no one organization was solely responsible for the health and well-being of seniors in Richmond County. We knew that it would be important to involve many organizations and people if we were going to be successful. We also knew that every rural community was different and it is important to be aware of the assets and strengths in Richmond County. Much effort was made to ensure both our partners and potential supporters were identified and invited to be part of this project. We also knew that it would be important to create strong ties with the formal system of supports that are provided through the health care umbrella to address issues of mental health and addictions.

Finally, we knew our approach, that involved many organizations and people working together would create the best possible outcomes for seniors in Richmond County.

Community Collaboration... Key to Success

When the MIND-BODY-SPIRIT Project kicked off, it became very clear that the need for collaboration between groups would be vital to address seniors living in social isolation with mental health and addictions issues. Throughout the duration of the project, the Project Team collaborated with partners to improve and create programs for seniors that were based on research, best practices and relied on existing community assets. We used a grassroots, ground-up approach to create a system of programming that would work best for our population group resulting in on-going collaboration for sustainable action on seniors' health.

One of the way that we decided to involve the many partners and supporters was to gather folks together in the same room at the beginning of the project to brainstorm, discuss and get feedback on building a framework for collaborative programming. The project was just getting underway in September 2017 and in October we organized a brainstorming session.

MIND-BODY-SPIRIT Project

PARTNER THINK TANK – OCTOBER 19, 2017

We invited members from local seniors clubs, representatives from the municipality and Nova Scotia Health, our local nursing homes, Department of Community Services, continuing care, partners such as the Richmond County Literacy Network, Telile Community Television and several other organizations that provided services to older adults.

Outcomes for the day were:

- To discuss the outcomes and plans for the project.
- To learn from each other about current community-based services that support seniors as well as explore ideas to collaborate on ways to improve.
- To identify partners to host some of the programs and brainstorm ideas related to reaching seniors for participation uptake.

This first session was important to ensure all the organizations involved with seniors were aware of the project, and felt they had something to contribute. It was also important as many would prove to be partners during the project and strong supporters and champions.

Bringing people together at the beginning of the project ensured they felt they had an opportunity to contribute and that allowed us to tap into the many assets in the community and the experience people brought to the table.

Community Health Collaboration Forum – Looking to the Future

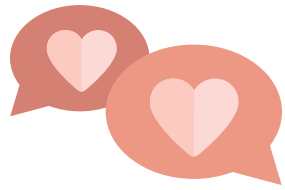
As the project was in the wind down phase, a second forum was hosted two years later in October 2019 through MIND-BODY-SPIRIT (MBS) project to gather stakeholders together to share ideas about the future. Since collaboration was the foundation of the project, and it was important to ensure that the partners involved in the project had the opportunity to come together and reflect on the experience and look at ways we could continue to collaborate in the future.

Groups represented at the forum included:

- NS Dept of Community Services
- NSHA – Mental Health & Addictions
- NSHA – Continuing Care
- Dr. Kingston Memorial Community Health Centre
- NSHA – Long-term Care
- NSHA – Health Promotion
- Richmond County Literacy Network
- New Dawn Homecare
- Guysborough County Home Support Agency
- Réseau Santé Nouvelle-Écosse
- Community Skill Exchange-Richmond County TimeBank
- Isle Madame and Area Grief and Bereavement Group
- Fleur de Lis Seniors Club
- Seniors Take Action Coalition

Highlights of the discussion and recommendations on what is needed to move forward:

Communication/Information



- An **innovative communication process** so that all stakeholders know what others can offer them and what they can offer others.
- **Online** as well as in print **direct to home**: (e.g.: using Richmond Reflections to communicate all options to clients and to communicate with one another).
- Communication for a purpose (e.g.: hub, anchor, menu of services, central location, bank of information, inventory).
- A way to **connect and share** what resources are available to people in the area.
- Re-establishment of communication pathways reduced during recent changes in leadership in NSHA and government services.

Civic/social participation (ongoing collaboration processes)

- **People** to ensure collaboration is ongoing.
- **Acknowledgement** that there are gaps in knowledge and skills in our communities in advocacy, critical thinking and communication and discuss ways to **address** this with training.
- A push for **change from competition to collaboration** (community engagement).
- **A system** to break down this barrier/disconnection between decision makers and community voices.
- Collaborative **values.**
- **More collaborators** from other areas not present at the forum (e.g.: crime, transportation, youth representatives, municipality, schools, First Nations)
- **Flexibility between formal and informal** services (e.g.: privacy concerns re referrals) and other barriers.
- A way of **bridging into other communities** and growing community-based services that are working well (e.g.: Isle Madame Bereavement Group, Louisdale WE CARE days).
- Working to address the gaps through **advocacy and collaboration** (e.g.: free transportation, mental health services, affordable and accessible medical equipment, and palliative care at home).

Social Inclusion

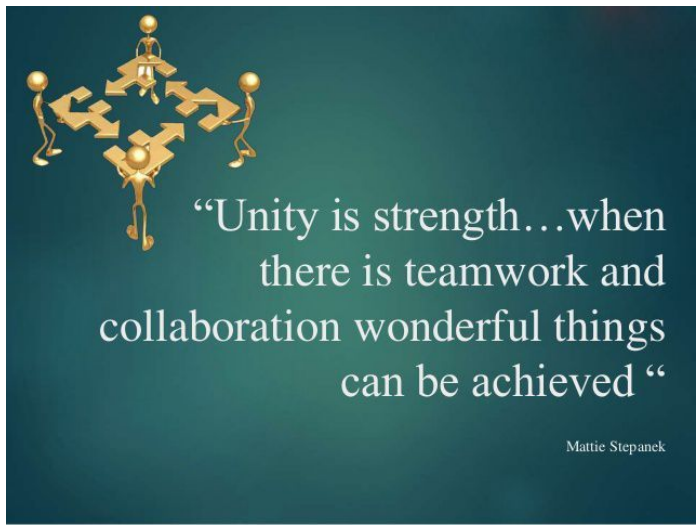
- **Better/innovative** transportation, homecare, housing, etc. (logistics).
- Promote **welcoming communities** for youth and young families.
- **Valued roles** for all ages.
- Build a **strong workforce** from the ground up.
- A **community that values** the passion and contribution of its seniors and all community members at any age.
- **Seeking out** and valuing of seniors who make up 47% of the demographic in Richmond County for their experience, knowledge and skills.

Evaluation (in order to realize a collective vision)

- **Ensuring we are using the best resources** in community programs and services (e.g. best practices, evidence-based, ability to be measured, proof of legitimacy) to create a smoother collaboration between formal and informal services.
- **Keep up with changes** in options and best evidence-based services, models.
- **Trust needs to be built** with formal service providers so that we can collaborate on services provided by community groups. Therefore, community-based services need to be credible and validated.
- A **measurement** system so that we know what services to grow (e.g.: community-based bereavement group on Isle Madame can be spread across the county with our support to that volunteer group).

Learning & Development

- **Learning in community leading to engagement** (e.g.: volunteers/community mobilizers trained in areas of interest to spread knowledge to clients).
- **Using what we know** to grow collaboration (co-op model, Antigonish/ Coady movement).
- **Community Development –** build and grow our own support.
- Community-based **facilitator training.**
- **Understanding roles of existing supports/networking** within formal and informal agencies (e.g.: case conferencing).



What do we need to be more successful?

- An anchor/backbone organization that can take the lead in our community to address issues such as seniors mental health.
- A shift the idea that organizations need to compete for resources into one of collaboration.
- Increased knowledge and training in preparing grant applications and sharing of potential funding sources.
- More partnerships to avoid duplication of services and re-inventing the wheel.
- Better communication between organizations, both formal and informal.
- Collaborative values
- Access to training to build capacity in the community for a better understanding of the social determinants of health and how they impact health.
- Training on the value of collaborative approaches and collective impact.
- Stronger role for the Community Health Board to serve as facilitator of initiatives such as this.
- An acknowledgement that one size does not fit all and rural communities sometimes need a different approach.
- Explore options (funding)
- Network and access (individual referrals)
- Partnership building
- Learning ; Knowledge; Insight
- Participation
- Ensure information on programming and services is provided to them.
- Ensure they have all relevant information to consider such as the well-being model that was developed and other models that might be considered.

Role of the Advisory Committee

The Advisory Committee was a key component of a collaborative approach….
The ability to partner effectively with other individuals and organizations is essential to build healthy communities.

When we embarked on this project, we knew that no **one** organization in Richmond County had all the needed experience, knowledge and skills needed to take on this project. One of the ways that we decided to ensure we had access to the experience and skills required to ensure a successful project was to form an Advisory Committee.

The project team, which consisted of a the project coordinator, a Board member from the Kingston Community Health Centre, another staff member involved in seniors programming and a project advisor, spent time at the beginning of the project talking about how to best engage partners, discussed the role of the collaborators and project supporters.

We knew that it wasn't possible to achieve the outcomes of this project without the input and active participation and many others. We knew that the outcomes of the project would be far more successful we could draw on others to support us. For the duration of the project we had the support of an Advisory Committee. Members of the Advisory Committee were available to provide feedback related to the project, identify opportunities and potential partnerships. They also were great champions of the overall goals and activities of the project.

The role of the Advisory Committee:

- Attend regular Advisory Committee meetings (in person or via Skype)
- Provide information, act as a sounding board and offer advice to the Project Coordinator.
- Provide feedback on, and ideas for, initiatives related to the goals of the project.
- Provide linkage and communication among similar and complementary groups and activities within the Strait Richmond Area.

Members were chosen based on their knowledge, experience and skills in the area of community development and working with older adults.

See Terms of Reference in Resource Section