

Independence Network and Centre (ICAN)

Strategic Planning Report

November 2014
Bourget Consulting Services Ltd.

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1. Introduction

The ICAN Board of Directors and CEO met on November 8, 2014 to review the vision, mission and values of the organization, and to develop a new three-year strategic plan.

2. Overview of Environmental Scan

An environment scan was conducted by an external resource in October 2014. The consultant conducted interviews and focus groups with community stakeholders, the ICAN leadership team, staff and clients. The inquiry focused on knowledge and perceptions of ICAN, strengths, weaknesses, opportunities and threats, and priority directions for the organization. The consultant reviewed the key findings of the report with the Board. The full report may be found in Appendix A.

3. Vision, Mission and Values

The vision, mission and values needed to be modified to reflect the changes to ICAN's client population over the past few years. The vision was reviewed and revised. The new vision statement appears below.

Vision

Individuals have the optimal support to live independently within their community.

The mission statement was reviewed and the Board developed two versions – a short list – with which they will work to craft a final statement. A key question to be answered in developing the new mission statement is: how does our mission statement differentiate us from other organizations with similar mandates?

Short List of Mission Statements

- 1. We provide opportunities to live independently and inclusively in the community through individualized support and rehabilitation services.**
- 2. We promote independent living and community inclusion by providing individualized support and rehabilitation services.**

Values

There was insufficient time during the planning session to review and revise the value statements, so these will also be addressed by the Board at a later date. The existing value statements are presented below.

We value full participation in community life.

We are committed to:

- Providing specific services to meet the needs of persons with physical disabilities which support and challenge individuals in their efforts to promote independence
- Promoting the full societal inclusion of persons with physical disabilities through public education, advocacy and training.

We value respect for individuals.

We are committed to:

- Respecting each individual's inherent dignity and worth and right to make informed choices
- Respecting confidentiality
- Providing client-centred services with integrity and without discrimination.

We value responsibility and partnerships.

We are committed to:

- Inter-agency collaboration and sharing
- Educating individuals about balancing safety and risk in their lives
- Making the best use of community resources
- Providing opportunities for clients, staff and volunteers to contribute to decision making
- Developing and maintaining positive, respectful relationships and open communication.

We value our employees.

We are committed to:

- Supporting and developing competent, well-trained staff who are committed to quality service
- Making ICAN an employer of choice.

We value service excellence.

We are committed to:

- Setting and maintaining quality standards for services
- Continual quality improvement
- Being accountable to those we serve and the public
- Maintaining a strong and diverse volunteer base.

We value innovation.

We are committed to:

- A visionary leadership
- Anticipating and responding to emerging service needs
- Identifying and strategically considering new opportunities or trends.

4. Strategic Plan Goals

The Board adopted the following goals for the 2014-2016 Strategic Plan.

- 1-Improve awareness of ICAN services and policies.
- 2-Improve staff retention.
- 3-Build board knowledge of the health care sector.
- 4-Explore opportunities to develop new programming and partnerships.

5. 2014-2016 Strategic Plan

Goal	Objective	Activities	Lead	Target Date
1. Improve awareness of ICAN services and policies.	1.1 Educate internal and external stakeholders.	<p>a. Create quality improvement committee comprised of clients, staff and management.</p> <p>b. Quarterly report to Board.</p> <p>c. Update marketing materials</p> <p>d. Identify key stakeholders for distribution.</p> <p>e. Continue to support awareness raising work being done at local and regional CSS tables.</p>	a – e. CEO	<p>a. January 2015</p> <p>b. Quarterly</p> <p>c & d November 2014 and ongoing</p> <p>e. Ongoing</p>
	1.2 Continue to engage with media ongoing.	<p>a. Identify news-worthy, human interest stories internally and with CSS table - send out internal emails and create incentives (with support from a student intern if feasible).</p> <p>b. Reach out to media contacts with the stories.</p>	a & b CEO	a & b Ongoing

Goal	Objective	Activities	Lead	Target Date
2. Improve staff retention.	2.1 Research reasons for high turnover and develop solutions, if feasible	<ul style="list-style-type: none"> a. Contact former employees. Hold a focus group with them on reasons for turnover. b. Contact placement students who chose not to work with ICAN and identify reasons why c. Interview staff who have left and returned d. Review all data e. Develop and implement strategies to address issues that are ICAN-specific and provide report to Board. 	<ul style="list-style-type: none"> a. CEO with support from Conway b. Cory c. CEO d & e. Leadership Team 	<ul style="list-style-type: none"> a. February 2015 b. February 2015 c. February 2015 d. March 2015 e. April – May 2015
	2.2 Build staff skills and expertise through training opportunities	<ul style="list-style-type: none"> a. Review and identify opportunities to access funding for enhanced staff training, e.g., community grant. b. Develop and submit funding proposals. 	a & b CEO	a & b Ongoing

Goal	Objective	Activities	Lead	Target Date
3. Build board knowledge of health care sector.	3.1 Improve board capacity to navigate current climate in the sector	a. Rekindle internal government relations committee.	a. Board Chair	a. February 2015
		b. Generate recommendations for CEO, e.g., strategies to engage with funders and politicians.	b. Government Relations Committee	b. March 2015 and ongoing
		c. Identify educational topics for board and dedicate 10-15 minutes for a roundtable during meetings – start by sharing individual knowledge and expertise of board members and then bring in community stakeholders/funders.	c. Board Chair	c. November 2015 and ongoing
4. Explore opportunities to develop new programming and partnerships	4.1 Explore possibility of expanding services to low-acuity needs seniors	a. Continue working with CSS Regional Network sub-committee on expanding services to low-acuity needs seniors.	a & b CEO	a & b Ongoing
		b. Report back to the Board on progress		
	4.2 Explore possibility of developing more affordable housing	a. Invite Geoffrey Kolibash to present to the Board about the grant/loan for a feasibility review.	a. CEO	a. January 2015

Goal	Objective	Activities	Lead	Target Date
		<ul style="list-style-type: none"> b. Decide whether to proceed with feasibility grant. c. If yes, request support from Glen Thibeault. d. Apply for grant. e. Establish board committee. f. Ask Dennis Des Meulles from Sudbury Housing to make a presentation to the board on feasibility study grants for affordable housing. g. Identify stakeholders for project buy-in and assistance. h. Review report, make a decision and, if required, engage with funder. i. Explore funding opportunities for LT sustainability through corporate sponsors, community foundation funding, etc. 	<ul style="list-style-type: none"> b. Board c. Government Relations Committee d. CEO e-i. Board 	<ul style="list-style-type: none"> b. January 2015 c. February 2015 d-i. TBD

Goal	Objective	Activities	Lead	Target Date
	4.3 Develop partnerships to access funding and create synergies.	Continue developing collaborative proposals with NILA.	CEO	Ongoing
		a. Develop a short-list of boards to reach out to.	a. Staff	a-d 2016
		b. Review list and identify boards to reach out to.	b & c. Board Chair or Board member with an existing contact	
		c. Send letters of invitation.	d. TBD	
		d. Meet with other board reps.		
		a. Review opportunities to access funding for delivering training, e.g., community grant/Trillium proposal.	a & b CEO	a & b 2016
		b. Develop and submit funding proposal.		

6. Strategic Plan Board Calendar

Date	Actions	Lead	Related to Goal #
Nov 2014 and ongoing	Update marketing materials	CEO	1 – Improve awareness of ICAN's policies and services
	Identify key stakeholders for distribution.		
	Identify educational topics for board and dedicate 10-15 minutes for a roundtable during meetings – start by sharing individual knowledge and expertise of board members and then bring in community stakeholders/funders	Board Chair	3 - Build board member knowledge of health care sector
January 2015	Create quality improvement committee comprised of clients, staff and management and provide quarterly report to Board.	CEO	1 – Improve awareness of ICAN's policies and services
	Invite Geoffrey Kolibash to present to the Board about the grant/loan for a feasibility review.	CEO	4 – Explore opportunities to develop new programming and partnerships
	Decide whether to proceed with feasibility grant.	Board	
February 2015	Contact former employees. Hold a focus group with them on reasons for turnover.	CEO with support from Conway	2 – Improve staff retention
	Contact placement students who chose not to work with ICAN and identify reasons why	Cory	
	Interview staff who have left and returned	CEO	
	Rekindle internal government relations committee	Board Chair	3 – Build board member knowledge of health care sector.
	If Board decides in favour of feasibility review for housing, request support from Glen Thibeault.	Government Relations Committee	4 – Explore opportunities to develop new programming and partnerships
March 2015	Review all data from staff turnover investigation.	Leadership team	2 – Improve staff retention
	Generate recommendations ongoing for CEO, e.g., strategies to engage with funders and politicians.	Government Relations Committee	3 – Build board knowledge of health care sector.

Date	Actions	Lead	Related to Goal #
April – May 2015	Develop and implement strategies to address staff turnover issues that are ICAN-specific and provide report to Board.	Leadership Team	2 – Improve staff retention
2016	Develop a short-list of other boards to reach out to.	Staff	4 – Explore opportunities to develop new programming and partnerships
	Review list and identify boards to reach out to.	Board Chair or Board member with an existing contact	
	Send letters of invitation.		
	Review opportunities to access funding for delivering training, e.g., community grant/Trillium proposal. Develop and submit funding proposal.	CEO	
Ongoing	Continue to support awareness raising work being done at local and regional CSS tables.	CEO	1 – Improve awareness of ICAN’s policies and services
	Identify news-worthy, human interest stories internally and with CSS table - send out internal emails and create incentives (with support from a student intern if feasible).		
	Reach out to media contacts with the stories.		
	Continue working with CSS Regional Network sub-committee on expanding services to low-acuity needs seniors. Report back to the Board on progress	CEO	4 – Explore opportunities to develop new programming and partnerships
	Review and identify opportunities to access funding for enhanced staff training, e.g., community grant. Develop and submit funding proposals.	CEO	2 – Improve staff retention
	Continue developing collaborative proposals with NILA.	CEO	4 – Explore opportunities to develop new programming and partnerships

Appendix: Environmental Scan Report

Independence Centre and Network

ENVIRONMENTAL SCAN REPORT

Bourget Consulting Services
October 2014

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1. BACKGROUND AND KEY FINDINGS

The Independence Centre and Network (ICAN) Board of Directors retained an external resource to assist with their strategic planning process by conducting an environmental scan. In September and October 2014, the consultant conducted in-person interviews with seven community stakeholders from partner organizations and held focused group discussions with the leadership team, eight clients and 24 staff to identify strengths, weaknesses, threats, opportunities and priority directions for the organization.

Key themes that emerged as a result of the environmental scan are:

- ICAN is viewed in an extremely positive way among those who are aware of the organization. It is seen as a mature and stable organization. It has good relationships with partner organizations. ICAN is perceived as a leader in the community, as innovative and flexible, and as a strong partner and collaborator.
- Awareness about ICAN has improved over the past few years. However, there is still room for improvement with regard to the broader community and within the health services sector, i.e., among hospital staff and family physicians.
- ICAN provides high quality client services. The staff and management are experienced and caring, and they work well together.
- Staff retention remains a challenge. This is primarily due to wage disparities between ICAN and larger health services providers. Scheduling challenges also play a role.
- Limited funding resources combined with increasing service needs create ongoing pressures on the organization.
- Staff training needs to be improved to meet the increasingly complex needs of clients.
- Program expansions have benefited new client groups and grown the organization, but these have generated some anxiety about service reductions in the core client group (people with physical disabilities). Improving client/management communications might alleviate some of these concerns. Some improvements in staff/management communications could also be made.
- There are many opportunities for ICAN to build capacity with existing client groups and with new client groups. Most respondents are in favour of expansion, as long as current services are not compromised.

2. ENVIRONMENTAL SCAN RESULTS

Knowledge of ICAN Programs and Services

The service providers interviewed are very knowledgeable about the programs and services that ICAN provides. All of the respondents mentioned the range of services offered to people with physical disabilities and most also talked about the post-stroke program and the services and supports for frail seniors. Specific programs and services identified include: community based attendant care outreach and assisted living services for people with physical disabilities; on-site life skills training; assisted living services for frail seniors; supportive housing services; respite services; transitional beds for ALC patients; enhanced congregate care; and the post-stroke program in partnership with the hospital.

Clients who participated in focus groups are not as knowledgeable as service providers, but seem to have a fairly good understanding of the range of services offered by the organization. They identified the following services and supports offered by ICAN: assisted living, outreach and housing services for people with physical disabilities; and supportive services for frail seniors and stroke victims.

Perceptions of ICAN

Service providers

All of the service providers have a positive perception of ICAN and feel that the organization has a good reputation and image in the community. Their comments were focused primarily on perceptions of ICAN among other service providers however, not the community at large. One respondent said that because many of ICAN services are LHIN-funded, the LHIN is now more aware of the organization and what it does. The hospital is also more aware of what ICAN provides and is using its services more frequently. Three of the respondents said that ICAN is seen having strong leadership and as being a leader in the community, particularly within the community services sector. One respondent also noted that ICAN has been doing more marketing of its services, which has increased visibility.

ICAN is a well-respected organization.

*They are dedicated, innovative and come to planning tables with the broader picture in mind.
They are transparent.*

The CEO has really evolved as a leader and is taking extra leadership responsibilities in the community.
Service Providers

Clients, staff and leadership team

Both staff and clients agreed that those who are familiar with ICAN, i.e., clients, family members and partner service providers, have a positive perception of the organization. Outside of these groups however, awareness of ICAN in the community is thought to be quite low. Awareness of ICAN within the health services sector seems to have increased since ICAN began working more closely with the hospital (e.g., through the post-stroke program and Donato House), but there is still room for improvement. It was noted by some in the client group that the Board is continuing to try to raise the profile of the organization, but this remains a challenging task.

The leadership team was generally in agreement that those who know about ICAN have a very positive perception of the organization. In particular, the organization has good relationships with community partners, is well-respected and is viewed as a leader. ICAN also has a good relationship with the colleges for student placements. In the broader community, many people are still not aware of the organization, although awareness is growing because of the post-stroke program, the services for seniors, and the media campaigns that ICAN has been running for the past two years.

Nurses at the hospital have a positive view
Staff

When I was in hospital and they wanted my bed the social workers had suggestions that I could go to a senior's residence and ICAN never came up as a suggestion – none of nurses in the hospital seemed to know about it.
Client

Many in the medical community, like family doctors, are not aware of our agency and what we do and hospital services too – we run into that a lot.
Staff

Awareness at the hospital is greater – we're now getting referrals for outreach with a doctor's signature.
And we are getting calls from social workers and discharge planners
Leadership Team

Strengths

All of the respondents identified a number of key strengths of the organization. These are presented below in order of frequency of response.

- **High quality client services**

Service providers, clients, staff and the leadership team all said that high quality client services are a key strength of the organization. ICAN is seen as being very client-centred in its approach to service provision. The organization is a leader in terms of promoting and supporting self-directed care. The range of programs and services provided is impressive. Clients are generally very pleased with the quality of services. ICAN is also perceived as being skilled in translating policy into direct care provision

They've interpreted policy well and support clients well within the established policy frameworks.
Service Provider

- **Good staff and management, and strong teamwork**

Service providers, staff, clients and the leadership team all highlighted the quality of the staff and the management at ICAN as a key strength. The staff are dedicated and passionate about their work. Many have been with ICAN for a very long time and have a great deal of experience and professionalism. This provides stability to the organization and is also indicative of a good working environment. Staff said that there is the strong commitment of management to staff in terms providing training and staff appreciation, and the leadership team also emphasized the importance of staff recognition and appreciation. The majority of staff and the leadership spoke very highly of the positive relationships between staff and between staff and supervisors.

We have great teamwork. Everyone – staff, supervisors – everyone works together well.
Staff

We have long-standing full-time employees with many years of service – we have a good working relationship and collectively know the history so we can bring solutions from the past to current issues.
Leadership Team

When I work with them it goes well, they are very engaged staff – I don't see any dissent – it seems to be a happy place to work.
Service Provider

- **Experience, expertise and stability**

Responses from service providers, staff and the leadership team indicate that ICAN's years of experience and expertise have positioned the organization well to grow and take a leadership role in providing broader range of services. ICAN is seen as having a positive reputation and as being financially sound and stable. The organization provides services in a cost-effective and accessible way.

Definitely their years of experience is a strength and they are very sound financially.
Service Provider

- **Collaboration, partnerships and innovation**

From the perspective of service providers and the leadership team, ICAN excels at collaboration and partnerships. The organization is more than willing to work in cooperation with other providers to benefit clients, it is innovative, and it demonstrates the flexibility required to support a larger system of services. The organization is willing to take on new challenges when needed, such as the seniors' program. ICAN also has a good relationship with the funder.

They are very collaborative – not silo thinkers, systems thinkers. They don't just think about their own organization like some other agencies do.

In terms of broader system, they often come to the forefront in terms of innovation and partnering with other organizations.
Service Providers

- **Strong leadership**

Service providers and the leadership team both identified ICAN's leadership – in terms of the senior management – as being a strength.

- **Increasing awareness of the organization**

Service providers and staff commented that awareness of the organization has grown since ICAN expanded programs and services and that marketing capacity has improved, although there is still room for improvement in this regard.

Weaknesses

Some organizational weaknesses, challenges and limitations were identified by all respondent groups. These are presented below in order of frequency of response.

- **Staff retention/high staff turnover**

This was identified as a weakness by clients, staff and the leadership team, particularly in relation to part-time staff. Staff turnover creates inconsistency for clients. Clients find this to be stressful, and several wondered if problems with staff retention could be due to the new programming that ICAN has taken on.

Too much staff turnover – too many different people coming through my home.

Maybe it has grown too big, too fast.

Clients

Staff and the leadership team talked about the challenges that ICAN faces in competing with larger organizations for staff with regard to wages. In addition, there are transportation and scheduling issues which may be contributing to staff turnover. For instance, outreach staff have to travel across a large geography, and they said that the compensation is inadequate to cover fuel and maintenance costs.

The leadership team noted that sometimes new staff come on board with unrealistic expectations about scheduling, i.e., they want to be able to choose hours and locations of work. On the other hand, staff said that scheduling mistakes occur frequently and that documentation regarding scheduling needs to be improved.

There are two locations – a lot of information doesn't make it from one to the other, including stuff in the Cardex. Or the computer has been updated but Cardex hasn't and that is the information we rely on (like an address for outreach). Sometimes information gets put in the communication book and then is verbally changed, not documented – we need a paper trail.

Staff

- **Funding limitations and increasing service needs**

The leadership team, staff and service providers talked about how limited funding resources combined with increasing service needs create ongoing pressures on the organization. Funders are expecting more service at the community level but with no associated increase in funding. Service providers pointed out that this challenge is not unique to ICAN and is not an organizational weakness per se, but rather a systemic issue. At the agency level, this affects the

leadership team, communications with staff and clients, and staff. The leadership team feels the pressure of heavy workloads, and staff are dealing with cases that are more and more complex. Staff also noted that there are lengthy client wait lists due to funding constraints.

We (leadership team) are spread thin due to heavy workloads and this has affected communications with staff and clients...we need more people at the leadership level and there is no funding for that.

The hospital and CCAC are pushing their client pressures down into the community but the funding hasn't changed.

Leadership Team

The demand for service is going up and the types of patient they are seeing are changing – I'm not sure they have the resources for that.

Service Provider

- **Inadequate staff training**

The need for better staff training was mentioned by clients, staff and the leadership team. Clients talked about a lack of consistency among staff in terms of capacity (e.g. staff have different skill sets, some have more empathy, etc.) and in relation to what staff say they are allowed to do for clients. They suggested that job descriptions may be too vague and that perhaps the management hires staff too quickly, without checking out their skill sets.

A new staff comes in – you ask "can you help me with this?" and they will say: "I'm not allowed to do that." But others will say they are allowed to do it. This is a disconnect.

We need more direction to staff from higher up to improve consistency.

Clients

Staff would like more access to medication training, especially given the increased government emphasis on community care. Some have training in this area, but more training is needed. Staff also talked about the need for good "on-the-job" trainers. Sometimes new staff come in needing specific training, and some trainers are better than others. This could be due in part, to scheduling issues.

Some people are not good trainers, especially junior staff but they are on shift so they have to do the training. We need better scheduling to ensure that those who need to do training are there at the right time. The better, competent, confident people are the best at training usually.

Staff

The leadership team spoke of the pressures that staff are facing with the increasing complexity of cases. The hospital, for example, is now on a four-day turnaround for discharge, so patients are leaving the hospital with quite complex needs. Standard PSW training does not cover all of

the needs of these new patient groups. The staff agreed and made a recommendation in this regard, in the comment below.

Staff are now dealing with complex cases, such as dementia and schizophrenia and the staff training may not be adequate for this.

There is no PSW training for dealing with people with cognitive disabilities.

Leadership Team

ICAN now has the frail seniors and other programs and there are a lot of different rules for new staff compared to before, when it was all about self-directed care for people with physical disabilities. This is overwhelming to a new staff. Train them on one area first (like for a month) and then move them to another program. They are getting scared.

Staff

- **Client, staff and management relations**

Clients and one service provider talked about a decline in the relationships between clients, staff and management at ICAN. Because the agency has grown so quickly, some clients said that it has lost the personal touch and taken on more of a business focus. A number of clients, for example, object to policies that disallow friendly relationships between clients and staff. Some feel that the old “open door” approach has gone and they are no longer welcome in the administrative building.

Years ago office doors were open and now it's changed to the point that it is not the same anymore. Doors are closed, or if you don't have a reason to be here, you shouldn't be here. Something as simple as a client buying donuts and sharing them with staff. One client loves that and he can't do it anymore.

Client

Some long-term clients are concerned that they have lost or will lose services and supports because of the new programming.

There will be lots of need in terms of the seniors, so will it affect our services, with a big influx of seniors coming in? It's important to maintain our current services.

I'm concerned about further expansion. The stroke program is fantastic but there's been a backlash that has affected some of the clients. For example, we can only come for exercise twice a week instead of three times.

Clients

One service provider alluded to these same concerns, saying that perhaps the core client group (with physical disabilities) does not understand the organization's vision, to move forward and that the organization could do a better job bridging the gap between the two client groups.

I would recommend an internal communications committee with Board, staff and clients to develop a two-year plan to make sure they are communicating effectively. It's important for the board to understand the client perceptions and management pressures. Even if they can't do anything about it, make sure the clients feel heard.

Service Provider

- **Staff/management communications**

Staff expressed some concerns about communications with management. For example, a number of staff agreed that there are times when communications have felt punitive rather than coaching or supportive. Staff also commented that their attempts to communicate with upper management through their supervisors sometimes seem to be futile.

There are some things that should be full circle. If front-line try to bring a concern to the leadership team we are told it will go there and they will get back to us, but we don't hear back – suggestions for improvement or issues – at least tell us why the circle is not completed. I have such an email from a year ago.

Staff

- **Staff seniority**

Staff expressed concerns about how seniority is calculated, i.e., there are two categories: one for hours worked and one for date of hire, while there should only be one. When hours worked is used as the criterion, those who came on as part-time staff are penalized with respect to seniority because they started with limited hours.

- **Geographic limitations**

This is not an organizational weakness per se, but it was mentioned by some of the service providers. Because ICAN is limited in terms of its geographic boundaries, the organization is often not included on broader regional planning tables.

There is lots of work going on at those tables. They could benefit from ICAN's wisdom, but ICAN is not there, through no fault of their own.

Service Provider

- **Board engagement**

While not specific to ICAN, some service providers would like to see the ICAN board, and the boards of other health services providers, more engaged in the community and more aware of the broader service system.

Threats

Potential threats identified by respondents are presented below by frequency of response.

- **Staff recruitment and retention**

This was mentioned by the service providers, the leadership team, staff and clients as an ongoing challenge and potential threat to organizational stability and client services. As noted previously, pay rates in long-term care facilities and hospital are higher, as is the amount of hours staff can get. Within ICAN, outreach services in particular offer limited hours and the hours are spread out.

As the rate of pay increases over the next few years, there will be more staff going to these other settings [nursing homes/hospital] because they are already \$5 dollars an hour more and they don't have to drive the mileage.

Staff

Service providers talked about how the new PSW legislation and wage increases represents a threat in terms of benefits, as the benefits portion of the increase sits at 16% which is not sufficient. It may also create some wage compression, wherein a number PSWs will be making close to what supervisors make. In addition, ICAN will be losing a key member of the leadership team in a few years and with that goes much knowledge and experience.

- **Funding pressures along with increasing service demand**

The service providers, leadership team and staff all talked about ongoing funding constraints in the context of increasing service demand. Funding is not increasing but there is a growing demographic in the community that needs supportive services, i.e., seniors, and the complexity of need is growing as well. There was a sense among service providers that ICAN may be asked to do more in the future to address these needs. At the same time, the leadership team pointed out that the organization is often unable to meet client expectations with existing levels of funding, and this poses a threat to ICAN's reputation. There may have to be job losses or service cuts to balance the budget,

As we continue to deal with limited budget increases and manage client expectations, we face a real threat to our reputation. Clients have threatened to go to the media or an MPP or the funder, and that may continue because there is only so much service we can provide.

Leadership Team

- **Inadequate training of staff to meet new service needs**

This was identified as a threat by the leadership team and the staff. The complexity of client needs is increasing and staff lack the training to manage some of these complex issues such as cognitive challenges/dementia.

- **Possible reduced focus on core clients due to expansion of mandate**

Both the leadership team and clients questioned whether ICAN is losing its focus on supporting independence of clients with physical disabilities due to the expansion of the agency's mandate. Clients with physical disabilities expressed some serious concerns about being "left behind" due to the shift in ICAN's mandate toward services for seniors and stroke victims.

The market, business wise, is directed to seniors and stroke victims, leaving little left for people with disabilities.

I have a fear that ICAN could become a long-term care facility and they could forget they've been helping people with physical disabilities, including younger people.

There will be lots of need in terms of the seniors, so will it affect our services, with a big influx of seniors coming in? It's important to maintain our current services.

Clients

- **Expanded role of CCAC in waitlist management**

The expanded role of the CCAC, in terms of taking over the management of ICAN waitlists, was identified as a threat by the leadership team. The CCAC is not really knowledgeable about community support services and as a result, ICAN is receiving inappropriate referrals and not getting the right referrals.

- **Potential loss of stroke transitional units**

One service provider noted that the two transitional units for stroke victims are under-utilized at ICAN, and therefore there may be a threat that ICAN could lose funding for these units, unless utilization increases.

- **System-wide inconsistency of service provision**

One service provider commented that there is no framework around the PSW legislation to ensure consistency of service provision. As a result, because there are so many CSS Network providers and the CCAC, clients may end up receiving varying levels of service provision, regardless of their levels of need, e.g. one client could be getting one bath a week while another with lesser needs is receiving four visits a week. This represents a risk for all community support service providers. There needs to be a systemic overview and regional discussion about this issue; otherwise the legislation could create ill will or generate bad press.

Opportunities

Respondents identified a number of interesting opportunities for ICAN. These are discussed below in order of frequency of response.

- **Expand services for seniors**

Service providers, the leadership team and the staff identified several opportunities for ICAN to expand services to seniors. ICAN is seen as being well positioned as an organization to meet the needs of seniors in a variety of ways, and this aligns with the new legislation. This could include expanding into supportive services such as homemaking, grocery shopping, helping with baths and meals (like the VON used to do), etc. It could also include prevention and health promotion services, such as promoting mobility and healthy nutrition. Day programs could also be an opportunity. Expanding seniors' housing was identified as a big opportunity, because there is a growing need there and ICAN already has extensive experience with housing.

There may also be opportunities for ICAN to access funding increases for the assisted living program for high risk seniors, as outlined by one service provider below.

ICAN is in a difficult position with the assisted living for high risk seniors – it is a high needs service funded at a moderate level. There needs to be some constructive resistance to building assisted living elsewhere at an inadequate funding level. ICAN could let LHIN know that they implemented the service fast and furious on the assumption the funding would follow, and this would be good for other regions as well. ICAN could lead the charge on that. They've played ball with the LHIN and got it up and running, but the bucket of money is frozen. They need to bring the discussion back to the LHIN and folks around the system would support them.

Service Provider

- **Develop new partnerships and collaborations, locally and regionally**

The new PSW legislation brings many opportunities for partnerships and collaborations, as noted by service providers and the leadership team. This includes local opportunities as well as regional ones. Regionally, ICAN is seen as being well-positioned to expand, due to its success with the post-stroke program, and because ICAN is community based and has mobile services, there is existing capacity to expand to multiple geographic locations.

Locally, some of the opportunities identified include:

- Sharing assessment information more formally and coordinating with other agencies and the CCAC on service provision. There is an appetite for CSS level PSWs to provide care for lower acuity needs clients, and this creates many opportunities to work in partnership.
- Reviewing work that is happening at the municipal level, especially the municipal plan and the senior's strategy therein, as there may be opportunities there.
- Integrating ICAN into the acute stroke program at the hospital.
- Initiating a respite care program using the post-stroke transitional units.

Regional opportunities include:

- Increased collaboration with the Northeast Geriatric Services. There is concern about patients falling through the cracks due to insufficient supportive services. ICAN could initiate a dialogue with Geriatric Services about supporting patients at home.
- Opportunities to submit joint proposals with NILA partners or other community partners, which fits with the LHIN priority for integration.
- **Improve staff recruitment and retention**

Clients said that the PSW wage increases have created an opportunity to improve staff recruitment and retention. Clients would also like to see ICAN soliciting more students for placements/mentoring, through the schools and colleges.

- **Use staff as community trainers**

Staff pointed out that many individuals who work at ICAN have a lot of knowledge that could be shared through networking and co-training, to improve programs and services. Some of this is already happening, i.e., crisis intervention and boundaries training, but it could be expanded. Staff could do a lot of training, for example, about transfers, because they are doing unique work in the community.

- **Take a lead role in advocacy**

One service provider noted that ICAN has a good reputation and is seen as a grassroots shop, which is a real strength. As such, the CEO and/or the board are in a good position to actively engage with politicians to drive solutions to the needs of the system.

Priorities

- **Continue to focus on existing client groups**

Many of the respondents across the groups (service providers, leadership team, staff and clients) would like ICAN to prioritize services to existing client groups: people with physical disabilities, high needs seniors and stroke victims.

Continue with exercise groups, support groups, the post-stroke navigation program. Continue linking stroke survivors to community programs and services and providing information to patients and families.

Service Provider

There are some tensions at play here – i.e., some concern that those with physical disabilities may end up with a reduction in service due to the increasing needs of seniors. No one wants ICAN to revert back to serving only people with physical disabilities and most are pleased about the new services, but many emphasized that it is important that ICAN retain capacity to meet the needs of its core client group. Some concerns were also expressed about expanding services further, given the limited resources available to meet the needs of existing client groups.

Their target populations – adults with disabilities and high risk seniors – are really relevant populations to be focusing on. This is their mandate anyway. Not sure if they should be doing anything else. Given limited resources, they are not meeting 100% of the needs now, although they would if they could.

Service Provider

Don't let core services suffer because you want to grow and keep up with the trends. You want to keep the current ship running well before you take on more clients.

Clients

The leadership team indicated that staff and organizational stability is a priority, and staff recommended that the issue of staff stability be addressed prior to expansion, as noted below.

No sense in expanding into new fields if you can't keep your primary staff. One of the problems is that our workers are almost migratory – as fast as you can train them, they are gone – so we

always have a novice group. They don't have the skills we have like transfer, trach care, etc. The government needs to realize that PSW care/training needs to be standardized. We need to be recognized as a career. The board should be doing advocacy work around that.

Staff

- **Increase services to the senior population**

Notwithstanding the section above, many respondents, including service providers, the leadership team and staff, would like to see ICAN increase services to the senior population. These could include assisted living and respite care (in or out of home). Models of care could also be more flexible, as described below.

Perhaps we need to think about other models of care – we don't need to do everything with senior clients. It should be based on individual needs; maybe just help with grocery shopping or cooking, if that's all that's needed.

Staff

With regard to specific supports for seniors, one service provider said the following:

[A priority would be]...particularly assisted living in a residential setting. Plus home support; they could get into that business as well. The residential component of assisted living is what could really distinguish them. They are taking lower needs clients but ICAN could take patients with higher needs than most assisted living facilities, and if they had finances they could do more.

Service provider

- **Continue to raise awareness of the organization**

The leadership team and staff identified continued marketing of the organization as a priority.

- **Strengthen governance and board community engagement**

The sector is evolving quickly and several service providers noted that board members need to be informed and engaged to ensure the organization is well-positioned to respond effectively. Strengthening governance and leadership especially with regard to community support services is important. Board to board engagement – board chair linking with other board chairs for example – would also be helpful in building trust for needed collaborations.

- **Review vision and mission**

Clients would like ICAN to review its vision and mission: have they changed with the expansion of services? If they have, they should be revised.

- **Other proposed priorities**

Other priorities identified by individual service providers include:

- Continue work in information sharing, through the integrated assessment record.
- Do something Sudbury focused and collaborative on a Ministry priority like Health Link. There are 50 of them across the province and they are collaboratives of hospitals, CCACs and LHINs, primary care and community services. They are intended to develop integrated care plans for high needs populations. Some partners refused to participate in Sudbury. If the CEO supported the development of a “health link” type table/function, she would get great support from the LHIN. Take whatever collaborative work is happening and tell the LHIN it will function like a HealthLink. Otherwise, the sector is missing out on Ministry support and funding, and funding will be tight over the next few years.
- Review the recommendations of the CCAC capacity analysis and see if ICAN could help build the system by addressing those with the CCAC.
- Encourage the CEO to keep participating at the regional CSS Network. This is in its infancy and it needs support and leadership.
- Develop services for people cognitive/behavioural challenges– there is a gap in services for this group. There is funding for this (\$55,000,000 across the province), and there are opportunities there for joint ventures. People with dementia can develop serious behavioural issues and many end up heavily medicated. Their behaviours are modifiable – they need time and oversight – but that could be done in the community. Another population in need is the financially disadvantaged (lower needs but financially disadvantaged) ICAN could set up congregate living for these groups.

APPENDIX A
INTERVIEW/FOCUS GROUP QUESTIONNAIRE
ICAN ENVIRONMENTAL SCAN

1. Please tell me what you know about ICAN – client groups, programs, etc.
2. In your experience, how do community stakeholders view ICAN, i.e. what is the reputation and image of the organization in the community?
3. What do you see as the primary strengths of the organization?
4. What do you see as the primary weaknesses of the organization?
5. Do you see any threats in the current environment that could affect ICAN? If so, please explain.
6. Do you see any opportunities in the current environment that could benefit ICAN? Please explain.
7. Given your knowledge of community needs, what are the current priorities ICAN should be focusing on, e.g. which client group(s)?
8. Do you have any other comments or recommendations?

APPENDIX B

KEY INFORMANTS: COMMUNITY STAKEHOLDERS

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