



Measuring  
Rural Community  
Vitality



# **WEST CARLETON**

## **AGING IN RURAL COMMUNITY PROJECT**

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**RURAL ONTARIO  
INSTITUTE**

# I INTRODUCTION

Despite its close proximity to our nation's capital, seniors in West Carleton face isolation, exacerbated by a lack of transportation and access to community services. These challenges have detrimental effects on seniors' mental, emotional and physical health. Local agencies face many challenges in providing fulsome supports. While agencies like the Western Ottawa Community Resource Centre (WOCRC) previously offered transportation programs, meals on wheels and other services that addressed seniors' needs, these resources were underused. In 2015, WOCRC's new leadership decided to address the issue directly through the "**Rural Community Development (RCD): Engagement on Health Priorities for Seniors and Caregivers in West Carleton**" project (Bruce, McKercher, & Murray, 2016). WOCRC chose West Carleton as the pilot site for an asset-based community consultation as this community had the highest percentage of seniors living alone. WOCRC's Rural Community Development project was then selected by the **Rural Ontario Institute** to participate in its **Measuring Rural Community Vitality Initiative**, which provided funds to facilitate WOCRC's community consultation.

# I NEEDS ADDRESSED

Although WOCRC had identified community engagement as a primary area of improvement, there was little political backing to approve such a project due to a lack of funds, the need to restructure priorities, cash flow, staff, etc. Serendipitously, addressing the needs of seniors became a provincial priority, opening the opportunity for WOCRC to apply for funding and build a case in favour of addressing this issue.

There was a need to understand why existing programs and services were underused. WOCRC, which also serviced communities closer to Ottawa, began to more fully appreciate that rural development is different than urban or sub-urban development. Unlike larger population areas, in rural areas it was essential for the community to be involved in the design and delivery of services (i.e., through volunteers and in-kind support) due to remoteness, high cost and other logistical issues. In rural communities, it is virtually impossible for service providers to provide services on their own. The WOCRC acknowledged it had implemented programs and services based on the perceived needs of residents as understood by agencies and service providers, without trying to understand the real community needs based on feedback from residents themselves. Therefore, in implementing the project, a key component was establishing strong partnerships with as many stakeholders as possible. Donors — particularly the United Way — recognized the importance of relationship-building to the success of the project and funded much of WOCRC's "front-end" work.

To improve on how previous services were planned and implemented, this initiative sought to support the development of an integrated approach to improving the health, wellness and resilience of the community and reducing isolation. Additionally, the project also sought to identify community assets and opportunities to foster skill development (Bruce, McKercher, & Murray, 2016). Specifically, project champions wanted to engage and better understand the target community and their needs, and work with residents to identify barriers, opportunities, shared goals and potential projects that would empower citizens and build community capacity to improve the lives of seniors and their caregivers.

## | SOLUTIONS PROPOSED

The lack of traction for other WOCRC projects indicated a lack of community awareness and engagement in their development and delivery of services. For the Rural Community Development project, WOCRC wanted the project to go beyond an aging and health-focused initiative, involving the whole community and increasing social capital. To do this, the project lead identified the need to perform an **Asset-Based Community Development** consultation that did not propose or prescribe solutions but allowed for an open assessment to truly hear the needs of community members. This consultation was intentional in working with the community and connecting to its natural synergies.

Using an Asset-Based Community Development framework drawing on existing community strengths to build stronger and more sustainable communities, the consultation focused on three main questions:

1. What are the community assets and advantages that could be used to benefit seniors and caregivers?
2. What are the problems and needs of seniors and caregivers?
3. What services and partnerships with health and social services partners would benefit seniors and caregivers, as well as what organizations would residents like to engage with in a co-production relationship (Bruce, McKercher, & Murray, 2016; DePaul University Asset-Based Community Development Institute, 2017)

To explore these questions, WOCRC, in partnership with Dr. Bruce of the West Carleton Family Health Team (WCFHT), began facilitating community forums using the Engagement on Health Priorities model to connect with residents. Church groups were instrumental in getting initial word out and connecting WOCRC with the community (Bruce, McKercher, & Murray, 2016). The forums built on previous engagements related to the project which began in 2011 and were captured on a blog designed to “tell the story” of rural community development (Ibid).

Six community forums were conducted, as well as three other informal events that facilitated data collection. Other sources of feedback were personal letters and emails detailing the challenges of living rurally, and key informant interviews with service providers as well as residents with health issues. In total, the project captured feedback from over 400 residents.

In June 2016, they received three years of additional funding from New Horizons for Seniors (Employment and Social Development Canada), for essential programming to reduce seniors’ isolation and engage the broader local community to connect more effectively with seniors (Western Ottawa Community Resource Centre, 2016). A multi-stakeholder Task Group has been created to continue the leadership on the initiative (Bruce, McKercher, & Murray, 2016).



## Budget

The project had a budget of approximately \$47,000. In early 2016, WOCRC received \$15,000 from ROI to support a robust consultation and resident-engaged planning process and to research the Champlain Link Health Initiative Network's (LHIN)'s "be-friending" community-support program (Bruce, McKercher, & Murray, 2016). That same year, WOCRC also received three years of additional funding from New Horizons for Seniors (Western Ottawa Community Resource Centre, 2016).

In-kind contributions from physicians (time and expertise), staff (time taken in lieu, and skills), community faith leaders (promotion, facilitation for wrap-up activity), and in the form of food and space were provided to help offset costs. Additionally, more than \$100,000 in organizational resources were allocated to support the project. To ensure continuity, WOCRC's partner, United Way, extended funding for the project lead's position, to ensure the project continued moving forward.

**West Carleton** is located west of the city of Ottawa and has a population of over 18,500 people. Of all Canadian cities, Ottawa has the largest rural area: 80 percent of its territory is comprised of rural areas. However, residents of West Carleton must travel an average distance of 27.6 km to reach the closest resource center. The areas of Constance Bay and Fitzroy Harbor in West Carleton also have high rates of isolated seniors. Approximately 25% and 18%, respectively, of the population in these two areas are seniors who live alone (Bruce, McKercher, & Murray, 2016).

The **Western Ottawa Community Resource Centre** is a not-for-profit organization that provides health and social services to communities in far west Ottawa. Founded in 1986, the WOCRC has grown exponentially in terms of its programs and services, staffing, volunteers and clients served. They work to ensure vibrant, safe, healthy communities where everyone has access to the services and resources they require for their health and wellbeing, including support for seniors, new Canadians, those impacted by domestic violence, socialization programs, counselling, youth skills-building and more.

# | COMMUNITY ASSETS

Community assets were essential to the success of the project, and were brought to the forefront of the project through the Asset-Based Community Development approach.

Community members' expertise and personal experiences were a primary asset for the success of this initiative. Although residents were initially disengaged and largely unaware of the services WOCRC had to offer, a strong engagement strategy led to 400 residents and service representatives providing important feedback for the vision of the community moving forward, particularly on the issue of seniors and caregiver support. The stories of seniors and caregivers, including those who experienced isolation and health problems, were also heard, and ensured the voices of the most vulnerable were placed at the forefront of community decision-making.

Although community members were at the core of this project, having a strong and supportive leader was an essential asset for the project's success. WOCRC's new Director of Programs & Services, Michelle Murray, brought a shift in priorities and resources to better support the project and its lead, Julie McKercher. Through their leadership, the project's asset-based evaluation moved forward with greater direction and organizational support. As Director, Murray gave the project formal approval, supported her staff, moved resources within the organization to give the project the best chance of success, and took a strong stand to back the initiative. The outcome was better results in West Carleton.

Community leadership was also vital. Dr. Barry Bruce and the West Carleton Family Health Team (WCFHT) steered the facilitations to address key issues of health and vitality in the community. Julie McKercher, having worked in the community since 2011, brought in-depth institutional memory and excellent networking skills that helped strengthen partnerships and understand the challenges and opportunities of the community (Bruce, McKercher, & Murray, 2016; McKercher & Murray, 2017). Both Dr. Bruce and McKercher were highly regarded in the community, giving the initiative greater legitimacy.

Churches were also vital, active stakeholders: spreading news of the project, helping gather and engage residents, and participating in initial talks when brainstorming the initiative. Without the involvement of church groups, the project would not have been as successful (Bruce, McKercher, & Murray, 2016).

Volunteers became key members of the project, and developed a clear understanding of the project's mission. They helped as trainees, drivers and in other capacities. A volunteer co-creative taskforce was initiated, which is still involved in leading the work of the community. Over the one-year life of the project, 26 new volunteer leaders were identified in the community (McKercher & Murray, 2017).

# | RESULTS

The evaluation of the project funded by the Rural Ontario Institute was designed using a “Results Based Accountability” (RBA) framework. The evaluation explored three primary RBA questions:

1. How much did we do?
2. How well did we do it?
3. Is anybody better off?

The evaluation demonstrated the initiative was extremely successful and had directly benefited the wellbeing of seniors, caregivers and the community at large. The feedback of more than 400 residents resulted in a shared understanding of supporting factors and barriers, key community assets and the following five priorities for service to support seniors aging in place:

- Affordable and accessible transportation
- Caregiving: care unit and support
- Respite and adult day programs (ADP)
- Housing and household services
- Home care such as the Community Care Access Centre (Western Ottawa Community Resource Centre, 2016).

The consultation feedback was developed into a sustainable community action plan. The partners used an approach called co-production, in which those most affected design solutions and serve as key decision-makers. This resulted in many new initiatives and services being launched, such as new social groups, transportation supports, a handyperson service, computer training and more (Ibid).

The social capital gained in West Carleton has been immense. Vulnerable seniors, many with health problems, are now included in community-building. Targeted services, chosen by the community themselves, have been launched. 26 new volunteer leaders were identified in newly established relationships with local service providers. Civic leadership, resident connection and socialization, as well as stronger partnerships between key stakeholders and organizations in the community, have been important results of the Rural Community Development project.

The initiative helped build social capital, leadership and resilience in West Carleton. Project leads describe the Aging in Rural Community project as having increased individual residents’ confidence to handle flooding given the service providers and resources in place. Project leads acknowledge the community’s appropriation of lessons learned and application in situations beyond the intended scope of the original project. WOCRC reports a general sense of increased confidence in the community as to the impact collective efforts of citizens can have.

Other stakeholders are noticing the effectiveness of WOCRC’s work. In 2016, the United Way approached WOCRC to submit an Ontario Trillium Foundation application for a multidimensional poverty reduction project worth \$4 million. WOCRC led the submission with four area organizations, something they previously may not have considered. Although the proposal was ultimately unsuccessful, the invitation and ensuing process demonstrated the promise and potential for collaborative community work involving WOCRC and community partners.

# LESSONS LEARNED & ADVICE TO OTHERS

West Carleton has learned many lessons since it began its Rural Community Development Project in 2011 (McKercher & Murray, 2016). Their advice to others includes:

- Build on and enhance existing social networks, particularly connecting “webs” of people who know others in the community.
- Tap into and build relationships with existing community groups who work well together.
- Ensure there is ample face-to-face time; building trust takes time and effort.
- Cultivate supportive leadership, e.g., trusted local leaders, local groups with effective and collaborative leadership, well-established community development supports, supportive political environment
- Do not underestimate the need for ‘front-end loading’ of the project plan, i.e., early preparation and planning, especially in terms of networking and trust-building
- Stay community focused. The community is responsible for determining and shaping the compelling vision; the job of the project coordinators is to keep the initiative front and center.
- Build a cohesive, productive culture. Community culture matters and determines how community members engage in the process.
- Be sure the community is ready for change. Community readiness is crucial. “There are no shortcuts to any place worth going.”
- Look for sustainable sources of money.
- Do not be afraid to take risks.
- Be flexible; plans may change.
- Consider the (Scottish) National Community Engagement Standards. These were a helpful resource on how to evaluate community engagement (Scottish Community Development Centre; Western Ottawa Community Resource, 2016).

## CONCLUSION

The project evaluation, funded by the Rural Ontario Institute, provided an opportunity to reflect on how far the Rural Community Development project had come and the significant impact it had on civic engagement, social capital and community wellbeing. The initiative enjoyed considerable success, resulting in better supports for healthy aging in the local area, an action plan based on strong local connections and existing support services, an increase in volunteering and community leadership, as well as high energy and optimism about the ability of rural residents to lead meaningful improvements in their communities (Evaluation Report, 2016). Positive change occurred not just for seniors and caregivers but at a systematic level, demonstrating the value of Asset-Based Community Development and designing programs and services in a manner that is collaborative rather than prescriptive. A multi-stakeholder Task Group has been created to continue the leadership of this initiative (RCD Report, 2016). The project demonstrates that disengaged communities can successfully adopt co-creation and asset-based development strategies to re-engage rural residents, develop civic leaders and build a sense of communal ownership over community services.

# | CHECKLIST

## Key Ingredients for Success

Considering doing a similar project in your community?

It may work well if your county/organization...

- ☒ Has open-minded leadership that sees value in community consultations and is committed to rural community development and co-creation.
- ☒ Is willing to reallocate money within the agency to support community engagement projects (multi-year commitment).
- ☒ Values the work and impact of front-line workers and volunteers.
- ☒ Is willing to be reflective and respond to the needs of the community even if it means leadership, staff and funders will be pushed out of their comfort zone.
- ☒ Believes that community members have solutions and assets to contribute to issues in their own community. This belief is paired with strong leadership that is not afraid to let the community take the reins over the direction of project outcomes.
- ☒ Is willing to provide ongoing support and engagement with the community. This might mean being the one to facilitate relationships among community members, groups and organizations.
- ☒ Seeks to intentionally listen and engage with vulnerable, traditionally marginalized groups.
- ☒ Has a strong volunteer base committed to the work.
- ☒ Has an organized project team able to synthesize large-scale community feedback into actionable community-wide goals and continuously remains accountable to the community.



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The Rural Ontario Institute provided information gathered and summarized by Dr Suzanne Ainley of Ainley Consulting to Platinum Leadership to describe the community projects. All such descriptions have been reviewed and approved by the relevant community contacts.

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