OCSA
Ontario Community
Support Association

Lessons Learned

From the Ontario Community Support Program & Considerations For The Future

Table of Contents

1.0 Executive Summary

Over the course of the pandemic, deliveries of meals, groceries, medicines, and other essentials through the Ontario Community Support Program have been key to helping vulnerable people stay safely and independently at home.

Vulnerable seniors, people with disabilities, chronically or terminally ill people, and those convalescing – many who cannot prepare their own food, live alone, lack family and social support, or face material barriers to food preparation – have relied on delivery services to counter:

- Loss of physical, mental, and/or social abilities, hastened by isolation;

- Increasing food insecurity;

- Inflation, which has pushed people on fixed incomes past the tipping point;

- Reduced caregiving support and suspension of in-person programs.

Since April 2020, OCSP has been there for them, providing $16.3M to 136 organizations province-wide, enabling over 1.6 million deliveries including:

- 1,470,000 meals;

- 100,000 food hampers;

- 65,000 essentials.

These deliveries represent an important lifeline to the many vulnerable people whose needs have become increasingly complex under pandemic conditions.

As funding wraps up, demand for services is still growing.

> *"Our clients are more frail, have more complex health issues, and are in worse financial circumstances than ever before. To add to the complexities, hunger has increased significantly as inflation continues to soar. Relief funds are required immediately to help support the most frail and vulnerable members of our society. We have the means and the infrastructure to move forward."*
>
> *–Anonymous OCSP Funded Organization*

To address this demand, the sector must overcome ongoing under-funding and the end of emergency pandemic funds; rising food, transportation, and other operational costs; ongoing shortages of volunteers; and increasingly burnt-out staff. Retention and recruitment issues are emerging, exacerbated by labour shortages, wage disparities, and shifting staff roles in the absence of volunteers.

> *"We anticipate continued elevated demand for services, without extra funds we are already anticipating reducing levels of service and wait listing clients in the new fiscal year. We do not have the resources to continue to offer meals at the current number of days without extra funding support."*
>
> *–Anonymous OCSP Funded Organization*

While the sustained surge in demand has challenged the sector in many ways, community support services (CSS) organizations also report they've grown stronger, especially in the areas of:

- Demonstrating resilience and capacity for change;

- Embracing innovation and adapting programs and services to meet client needs;

- Forming and working in new partnerships.

Still, there is significant concern about the end of the OCSP funding. Without it, providers fear that many Ontarians won't get the extra support they need to remain at home, putting pressure on long-term care and hospital services.

> *"(Our meal program) has incurred a significant loss due to the increase in food costs. We cannot continue to absorb this loss with our current funding and most clients have reached capacity of their ability to pay."*
>
> *–Anonymous OCSP Funded Organization*

Moving forward, a majority of providers plan to pursue other grant opportunities, increase fundraising activities, and raise client co-pays and/or reduce client subsidies. Some will also lower service volumes and make internal changes to cut costs.

Participants asked that OCSA help them manage the impact of the end of OCSP funding, including integrated communications to support transitioning clients to other supports, fundraising, and supports for delivering culturally appropriate services to more diverse populations.

Providers are also calling on funders to implement a short-term extension of OCSP until demand for services subsides, as well as an increase to base funding and a more responsive funding approach to protect the sector's ability to keep vulnerable people safely at home and out of more expensive care settings.

2.0 About This Report

The Ontario Community Support Program (OCSP) was created and funded to provide additional supports to deliver meals, medicines and other essentials to vulnerable seniors and people with disabilities isolating in the pandemic.

As program funding comes to an end in March 2022, the Ontario Community Support Association (OCSA) contracted Optimus SBR to engage with program participants and key stakeholders to:

- document experiences and lessons learned;

- identify resources, tools and supports participants would find helpful to manage the impact the end of the program; and

- document any sustainability recommendations for funders.

This report summarizes the findings of these engagement activities.

3.0 OCSP Overview

3.1 Project

In April of 2020, OCSA entered into an agreement with the Ministry for Seniors and Accessibility to provide enhancement funding to Meals on Wheels (MOW) and other CSS providers through a new program, OCSP.

The funded participant organizations were a mix of CSS organizations, the majority of which already provided MOW services and a few others that had not previously provided this or similar services. Food hamper/grocery and essentials delivery, which was funded by the OCSP, was typically a new service for most of the funded organizations. While OCSP funding was provided by the Ministry for Seniors and Accessibility, participating organizations receive their base funding for MOW through Ontario Health from the Ministry of Health.

Over the past 22 months, OCSA coordinated seven rounds of funding, which has had significant impact on the lives of vulnerable Ontarians, by providing critical access to the food, medicine, and other essentials required to isolate and stay safe during the COVID-19 pandemic.

Funding covered operational costs required to meet the surge of new clients, and the increased needs of existing clients, during the pandemic.

3.2 Impacts

Since its launch in April 2020, the program allocated $16.3M to 136 participant organizations to provide over 1.6M deliveries including:

- 1,470,000 meals;
- 100,0000 food hampers; and
- 65,000 essentials.

For OCSP funded organizations, this meant they were able to deliver 46% more meals than pre-pandemic volumes to over 70,000 low-income, vulnerable seniors and people with disabilities who are unable to prepare their own food, live alone, or lack support stay home safely – and out of hospitals, long term care, and other care settings.

> *"Our Meals on Wheels program grew exponentially over the pandemic, and the demand doesn't seem to be going down. The funding provided by OCSP allowed us to seamlessly meet the increased demand during a time when our clients were vulnerable."*
>
> *–James McNaule, Director, Finance Lambton Elderly Outreach*

4.0 Demand for Meals on Wheels & Community-Based Food Delivery

4.1 Pandemic Aftershocks are Fueling Growing Demand in Vulnerable Communities

More Ontarians than ever are requiring community supports to remain in their homes due to an aging population, declining health status, increasing social isolation, and reduced caregiver support.

Greater than eighty-five percent of participants indicated that despite OCSP ending, they anticipate continued elevated demand for services into the foreseeable future.

Overall waitlists for services are increasing across the sector, and some organizations who previously did not have a waitlist have reported starting one. This, in part, is due to decreased capacity in programs due to COVID-19 safety protocols and staff and volunteer shortages.
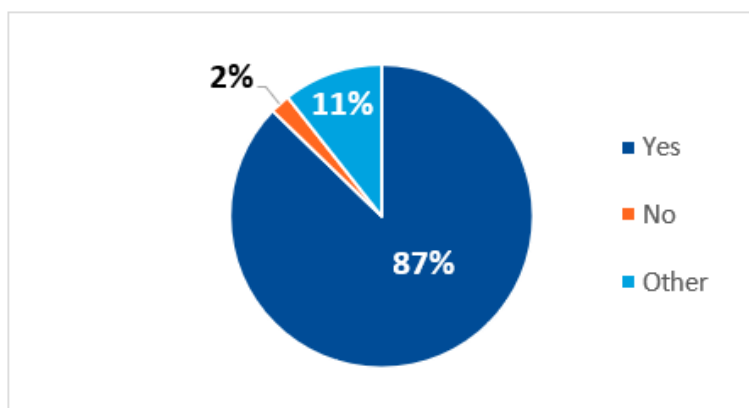

Figure 2: "Despite funding discontinuing from the OCSP, does your organization anticipate continued elevated demand for services?" (n=47)

"Our Client demand is not going away or reducing. We're seeing more demand and individuals requesting service than ever before."

–Jennifer Kauffeldt, Executive Director,
Community Care North Hastings

Demand for ethnocultural, special diets (e.g., liquified, minced, and gluten free meals), and other specialized meals have increased, all of which are more costly for organizations to provide.

Increased service offerings have in some cases made meal choice, such as choice between hot or frozen meals, more readily available. Clients reportedly value the choice and have become dependent on these options rather than a one-size fits-all approach.

4.2 Mounting Food Insecurity Has Vulnerable People Turning to Meals on Wheels

Across Ontario, community support service organizations are reporting increasing levels of food insecurity among their clients. This is being driven by financial insecurity related to increasing inflation in food costs, the risks posed by COVID-19, physical and/or mental constraints, as well as temporary factors such as the tax impact of the Community Emergency Response Benefit.

70% of respondents estimated that more than a quarter of their clients are now facing food insecurity. Increased food costs have made it more difficult to afford to purchase healthy food.

"Our clients were so appreciative that they didn't fall through the cracks during COVID and had meals coming in on a regular basis."

– Melanie Rowe, Vice President, Client Care and Services
CHATS - Community & Home Assistance to Seniors

8

4.3 Newer Clients are Likely to be Younger People with Disabilities and More Complex Needs

Support for other community groups, such as group homes supporting the needs of those with disabilities increased in the acute pandemic phases. Caregivers that were required to isolate or that had other increased demands on their time were unable to support vulnerable family members to the same extent as before the pandemic. These factors resulted in new clients accessing MOW.

> *"We're seeing a lot of caregiver burnout. Because of the cost of living, some caregivers are working 12 hours a day or more than one job. So they don't have the same amount of time for caregiving as they did in the past. That is one reason why there is a growing demand for services."*

– Manjyot Kainth, HPCS Program Coordinator
Punjabi Community Health Services

As time has gone on, there seems to be a larger new wave of people seeking MOW and supports to gain relief from other increasing costs.

New types of clients include those who are younger and, in many cases, living on Ontario Disability Support Program (ODSP). Some providers also note they are seeing an increase in clients being referred from hospitals who have mental health concerns and/or complex health conditions.

The shifting client base for OCSP-funded programs suggests that the medium to long-term aftershocks of the pandemic are likely to have as much impact on programs like Meals on Wheels as the pandemic itself did.

> *"We're seeing a significant increase in hospice and palliative care clients who are experiencing food insecurity and are requiring more support with meals and groceries."*

– Lisa Rae, Director of Volunteers, Intake and MOV Services
Circle of Care, Sinai Health

4.4 Ongoing Clients are Declining Faster and Have Increased Complex Needs

While the most common client types remain seniors, those with disabilities, those with chronic or terminal illness and those with mental illness, organizations are seeing increased complexity, vulnerability, and needs among these clients.

Providers are seeing a significant decline in clients' physical, mental and/or social abilities. This is likely due to client isolation, decreased in-person interaction with family and caregivers, friends, and lack of previous in-person programming offered through the sector such as adult day programs.

Overall, 78% of organizations have observed noticeable shifts in client needs since March 2021.
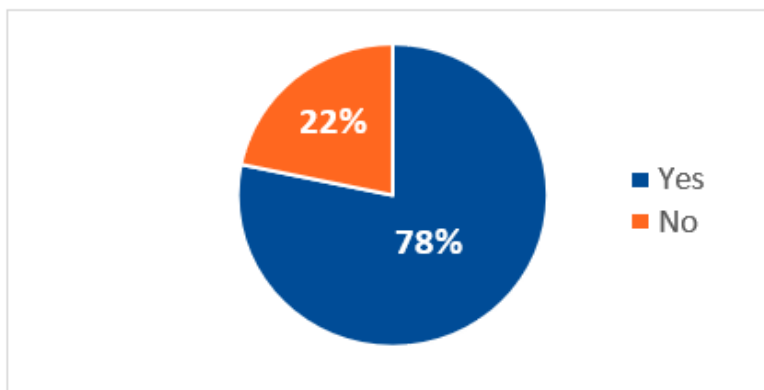
Figure 3: "Has your organization observed any noticeable shifts in client needs since March 2021?" (n= 46)

"We're finding that clients no longer have the capacity to be as independent as they were before the pandemic. Because in some cases, their health has declined and social isolation is increasing – they are more dependent on our services to be able to remain in their homes than ever before."

– Heather Van Drop,
Community Support Services Supervisor
ONE CARE Home & Community Support Services

5.0 Themes and Findings

5.1 Summary of Key Themes and Findings

5.1.1 In the Face of Crisis, the Sector has Stepped up

Through review by Optimus SBR, it was clear that the sector stepped up to the challenge brought on by COVID-19. Providers took extraordinary measures to support their communities and clients as much as possible during the pandemic, including:

- Expanding service delivery to meet increasing demand while at the same time suffering from a significant lack of volunteers;

- Implementing new and innovative models of delivering services;

- Forming new partnerships that allowed for the creation of food/grocery and essentials delivery programs;

- Supporting staff and volunteers – so they could remain safe while service delivery continued;

- Completing these significant changes at a faster pace than previous program implementations.

5.1.2 Demand for Services is Bigger than Ever - and Growing

Increasing demand for services is due to multiple factors including:

- Declining health status of clients, requiring more support than ever to successfully remain in home;

- Increasing food insecurity and costs of living among clients;

- Reduced caregiving support and increased social isolation of clients; and

- An aging population.

5.1.3 Operational Costs are Sky-Rocketing

Providers are facing rising costs across every aspect of their operations, including:

- Food/prepared meals costs;

- Increased reliance on paid staff (rather than volunteers)
  to support the delivery of service;

- Gasoline costs and volunteer subsidies;

- Increasing program administration costs due to
  rent increases and technology adoption.

5.1.4 Providers are at a Breaking Point

CSS organizations are in a precarious position. They are currently stretched beyond their limits with the high volume of demand, a lack of volunteers, and burnt-out staff.

There is significant concern about the end of the OCSP funding, and underfunding in the sector more generally, amid increasing demand for services and increasing operational costs among providers.

5.1.5 A Future Without Additional Funding: Wait lists, Rising Co-Pay Fees, Reduced Service Levels, and Heavier Reliance on Hospitals and LTC

Looking to the future, organizations in the sector see an ongoing need to deliver much higher level of programs and services to meet community needs than before the pandemic.

Many organizations that never had wait lists have had to create them. There's a higher "new normal" of service demand that will continue to exist once the pandemic ends.

Without ongoing increased funding support, the sector and community support organizations will:

- Be unable to meet demand;

- Need to decrease the volumes of the individuals
  they have been serving during the pandemic with the
  support of the OCSP and/or reduce programming; or

- Need to increase co-pay costs/decrease subsidies
  for individuals accessing services, while concurrent rising inflation
  rates make the co-pay increases unaffordable to many.

Providers fear that vulnerable Ontarians who can't get the support they need to remain safely in their homes end up putting a larger strain on long-term care, hospital services and the overall health system.

5.1.6 The Sector Needs Stable Funding to Continue Delivering

The sector needs the most support from funders, and is calling on them to:

- Continue OCSP funding in the short-term until a base funding increase is realized;

- Increase base funding for the sector to help address increasing demand, increasing cost of service delivery, and staff recruitment and retention challenges; and

- Establish ongoing processes to assess demand and need for CSS services on a regular basis and provide funding adjustments to address those changes in demand.

5.1.7 Providers Need Support from OCSA as Funding Ends

Participants identified opportunities where OCSA can further support the sector and participating organizations as OCSP ends, through:

- Communications support;

- Fundraising support;

- Support for ongoing collaboration – such as fostering a MOW information sharing forum;

- Resources and supports for reaching and serving Ontario's diverse populations; and

- Continued advocacy.

Organizations that funded similar programs over the course of the pandemic, including United Way, Community Foundations of Canada, Champlain Community Support Network and the Red Cross, report similar experiences and perspectives as those above.

All have noted that needs are growing – both in terms of the overall demand and the complexity of client needs — and that the last two years have shed light on the depth and breadth of food insecurity in the community.

While the pandemic has provided a unique opportunity to show what the sector is capable of, these other providers corroborate that advocacy for further funding is required to continue the momentum of innovative work to support increasing demands in the sector.

5.2 Lessons Learned

OCSA previously released *Lessons Learned from COVID-19 Year One: April 2020-March 2021.* This initial report summarized the challenges encountered by the community support services sector, and how the sector got stronger and came together to support Ontarians and communities during the first year of the pandemic.

Since then, OCSA has sought to explore what has changed. Questions related to changes include:

- Is the sector now stronger, or in a more precarious and vulnerable position than ever before?

- Have challenges increased or largely subsided?

- Are demands for the sector's services reducing along with decreasing COVID-19 restrictions – or is demand continuing to increase?

5.2.1 Early Pandemic Challenges Have Snowballed

The initial Lessons Learned report identified the following challenges and vulnerabilities the sector was experiencing:

- Funding challenges;

- "Invisible" food insecurity/financial vulnerability of seniors and people with disabilities; and

- An over-reliance on older volunteers;

- Challenges related to ability to screen, onboard and support volunteers virtually;

- Uneven access to technology, and organizational capacity to implement and employ technology solutions;

- The sector not being prioritized for access to PPE, immunization, and background checks for new volunteers.

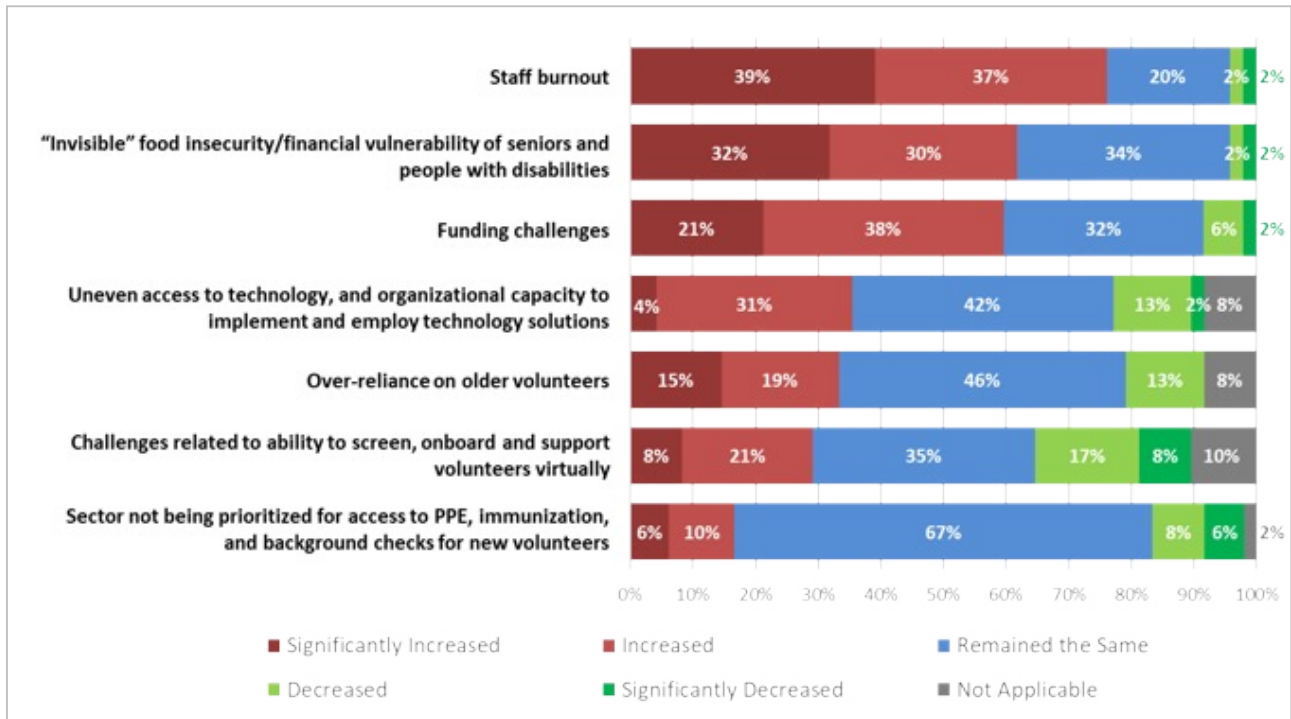Unfortunately, many providers are reporting these challenges have increased.

Figure 1: Our previous Lessons Learned report for the Ontario Community Support Program, developed in March 2021, identified the following challenges. Since March, in your opinion, have challenges in these areas increased, remained the same, or decreased? (n= 48)

Figure 1 on previous page shows that organizations participating in the OCSP reported increasing challenges related to:

- staff burnout (76%);

- "invisible" food insecurity and the financial vulnerability of seniors and people with disabilities (62%); and

- funding challenges (59%).

Challenges related to access to technology, an over-reliance on older volunteers, virtual volunteer management, and the sector not being prioritized for PPE, immunization or background checks for new volunteers have remained about the same.

About 25% of respondents reported improvements in challenges related to virtual volunteer management.

5.2.1.1 Staff Are Burning Out Under the Pressure

Identified as an emerging trend in the previous Lessons Learned report, CSS organizations indicate that staff burnout has significantly increased over the past year. Since the start of the pandemic, staff have become overwhelmed by increases in demands and have faced new challenges as a result of the COVID-19 pandemic. These challenges include filling service delivery roles previously held by volunteers and supporting the adaptation of programs and processes to reflect changes due to COVID-19.

"Staffing was a major, major issue. We had to change our way of ordering and delivering, and the protocols we had to put in place took significant time and effort. Deliveries of food hampers alone almost tripled over the course of a few months – just the organization for that increase in those deliveries alone cost a lot more than we had in our budget for staffing. Having OCSP funding to support us was crucial."

– Beth Stern, Vice President Community Services
Better Living Health and Community Services

5.2.1.2 Reduced Fundraising, the End of Emergency Funding, and Higher Costs Are Creating Acute Financial Challenges

Since the start of the COVID-19 pandemic, the OCSP has supported organizations in meeting the increasing demand for community services. These services have supported seniors and individuals with disabilities to live at home or in their community successfully and to decrease demand for long-term care and hospital services. We heard several key themes from community support service providers regarding the funding challenges they are currently facing, including:

- **Continued fundraising challenges** – two years into the pandemic, local community fundraising continues to be difficult. Some organizations raise funds through activities that require in-person engagement and interaction, which have not occurred while ongoing lockdown restrictions have continued.

- **Reduced availability of grants** – during the height of the pandemic, many grants and new funding sources like the OCSP became available. However, similar to OCSP, these grants were time-limited, and most have now ended.

- **Base funding not reflecting increased operational costs** – the community sector has not received a province-wide base funding increase in nearly a decade, while operational costs such as labour, rent increases, program administration, technology adoption, food/meal costs, and volunteer subsidies for gas and mileage have significantly increased.

"Our biggest concern is future stainability. Without additional funding, we cannot sustain this level of service delivery. Without the additional funding, we will need to evaluate our programs, services and how we prioritize client needs. It's unnerving to think we may be put in that position, but we can't keep operating at the same levels if we don't have the financial resources to do so."

– Chelsey Passmore, Outreach & Programs Manager
West Huron Care Centre / Blue Water Rest Home

In the absence of additional funding for the sector, providers will need to reduce the number of clients served and volumes of service delivery. This has raised serious concerns about what will happen to the vulnerable clients served by the sector, and the downstream impact on other health services as a result.

5.2.1.3 Access to Technology and Capacity to Adopt Technology Solutions Remains Uneven

Levering technology to support programming activities such as friendly visiting, wellness checks and online day programs have become important as the COVID-19 pandemic continues. The sector has moved many in-person programming activities online, however fully incorporating technology into service delivery has been challenging, particularly for smaller providers who have limited administrative staff to adapt existing programming to online solutions and limited funding to support those who do not have reliable internet, devices and/or literacy to participate. Initially seen as a stopgap measure to help reduce the social isolation of clients during the pandemic, the use of technology has varied across the sector and has been more common in urban areas of the province. In more rural areas, reliable internet access continues to be a significant barrier.

Due to the COVID-19 pandemic, volunteer management also transitioned to virtual or hybrid. Many organizations commented that challenges with virtual programming were also related to lack of internet access, appropriate devices and/or lack of ability to provide in person training to use devices and related online programming.

5.2.1.4 Volunteers are Coming – and Then Going – in Waves

In the initial Lessons Learned report, many organizations reported that they lost significant portions of their volunteer base at the onset of the pandemic. It was prudent for the many older volunteers in the sector to isolate and reduce social interaction to limit risks to their own health. Most of these volunteers have not returned.

In response, many organizations were successful at recruiting a more diverse base of younger volunteers to support service delivery. Those out of work or underemployed because of the pandemic and students out of school for the summer represented a higher percentage of the volunteer base than ever before.

However, with the end of the Canadian Emergency Response Benefit, individuals returning to work, and the start of a new school year this "pandemic pool" of volunteers has disappeared.

> *"One of the number one things we learned is that we cannot be solely dependent on volunteers for delivering transportation services. There has to be some funding for transportation drivers for every organization providing transportation. When the pandemic hit, we had zero drivers - and at this point we only have 5 volunteer drivers back. We couldn't get people to dialysis or essential medical appointments, and in our rural area there was no other options for transportation. Even for Meals on Wheels, we're only at 50% of the volunteers compared to before the pandemic. So we have to somehow serve more people, with less volunteers."*

– Tracy Crowder, Executive Director
J.W. MacIntosh Community Support Services

18

5.2.1.5 The Sector is Making Strides in Virtual Volunteer Management

Over the past year, community support service organizations have continued to improve their ability to screen, onboard and support volunteers virtually. One quarter of OCSP program participants noted decreased challenges in this area.

While this practice has been crucially important to supporting operations during the pandemic and delivering standardized training programs, most providers have ended up using hybrid virtual and in-person approaches to help onboard and maintain social connections between staff and volunteers.

Developing social connections and supporting organizational culture and morale has not been possible with a purely virtual approach for most providers. Many clients, volunteers and providers are eager to return to in-person program delivery that fosters stronger connections between clients and volunteers, a large driver of why many individuals choose to volunteer in the first place – a sense of connection and community.

5.2.1.6 Access to PPE, Vaccines, and Background Checks for New Volunteers Still Challenging

Most organizations participating in the OCSP still reported ongoing challenges related to accessing PPE, immunization, and background checks for new volunteers.

While some organizations have been able to leverage community partnerships with other local health service providers such as hospitals to gain access to PPE supplies, providers in northern communities report that access to PPE remains an issue.

Overall, lack of centralized COVID information pertaining to home and community care and no prioritization for immunization and background checks for volunteers have frustrated staff and volunteers alike. This has contributed to ongoing challenges in onboarding new volunteers to reduce demands on staff in meeting the increased demand for services.

"Keeping our volunteers and staff protected has been one of the biggest investments we have done with OCSP funding. Purchasing PPE to keep our volunteers well and safe and feeling secure in what they are doing has been invaluable."

– Adriano Murarotto, Executive Director
East York Meals on Wheels

5.2.2   New Challenges Include Increased Costs and Staffing

Since March 2021, new challenges have emerged for the sector that are placing additional demands on CSS. Funder support is required to address these issues.

5.2.2.1 Food, Gas, and Inflation are Driving Operational Cost Increases

All participant organizations have noted increasing operational costs. Vendors who provide frozen and hot meals have significantly increased their prices, and grocery prices have increased for organizations who cook and prepare their own meals.

Volunteer milage subsidies to cover the cost of gas have also increased along with administrative and overhead costs related to staffing, technology adoption, and rent.

The additional funding organizations have received through one-time grants, including the OCSP, have supported them in managing these costs. But as these programs end, inflationary factors will need to be reflected in the base funding that organizations receive. Otherwise, a combination of passing the increased costs on to clients and decreasing volumes of service delivery will be required.

> *"The funding received during the pandemic was incredibly helpful to meet not only the increased service demand, but also in managing the increased operational costs of service delivery. Related to our meal and grocery shopping and delivery programs, raw food costs and gasoline costs increased – and we don't see those costs going down anytime soon."*

– Will Pace, Executive Director
Community Support Connections

5.2.2.2 Staff Recruitment and Retention Are Mounting Concerns

Organizations previously reported concerns about their ability to retain staff, and these concerns are now being realized.

The sector is facing significant staff recruitment and retention challenges resulting from staff burnout, lower wages in the community sector compared to other employment opportunities, changes in staff roles and responsibilities to cover the lack of volunteers, and overall labour shortages.

Providers have faced challenges maintaining organizational morale amid these challenges.

5.2.3 Despite Challenges, Providers are More Connected and Resilient than Ever

The previous Lessons Learned report identified three ways the sector seized the opportunity to strengthen itself during the pandemic:

- Showing resilience and capacity for change;

- Embracing innovation; and

- Partnerships.

5.2.3.1 Showing Resilience and Capacity for Change in Responding to Community Needs

CSS organizations have continued to demonstrate resilience throughout the pandemic driven by an underlying passion for serving their communities and doing whatever is possible to help those in need. Providers sought out every opportunity they could find to secure additional funding to increase and adapt services as well as manage the impact of increasing operational costs.

Seeing the health status of isolated clients decline, providers supported clients, by providing more frequent meals and food, and developed programs to check-in on vulnerable individuals in their community who were not part of meal, food or essentials delivery programs. Organizations that had never delivered meals, groceries or essentials found ways to develop and offer those services, in the most economical way possible to maximize the positive impact in their communities. Staff took on new service delivery roles and found ways to continually adapt to changing restriction guidelines.

While existing fault lines in the community sector have grown wider and new ones emerged, the determination and resolve to serve communities continues to be clear.

5.2.3.2 Innovations are Here to Stay

Early in the pandemic, providers shifted programs to provide social safety, virtual friendly visiting, telephone assurance, food security, adult day programs, and more. They also created new programs that continue to exist, such as online exercise programs, friendly visits by phone, and virtual volunteers helping clients to do taxes.

Just as they've created programs for clients, providers have also created video training programs for volunteers and ensured devices were available for drop off and pick up to engage in those programs. This helped tap into individuals who had the desire and capability to volunteer but did not have the technology literacy or reliable internet access to engage in virtual training programs through Zoom, Teams or other online meeting technology.

Other adaptations and innovations that are likely to remain include workplace flow redesigns that limit crowds and offer advanced sanitation, new sources of social enterprise or other revenue, and virtual volunteer management practices.

More recently, looking internally at the significant culture and morale challenges among staff, organizations learned and employed change management approaches to do what they could to help stem the tide of burnout and ensure staff feel appreciated and engaged.

5.2.3.3 Stronger Together: Partnerships Continue to Help Providers Support Clients Better

Over the last year, providers have continued to increase their partnerships with other organizations and businesses in the community. Building on partnerships developed with food banks, some expanded further and developed partnerships with grocery stores to increase the amount of food that could be delivered to clients. Providers also leveraged available commercial kitchens to prepare food to meet the increasing demand. organizations learned and employed change management approaches to do what they could to help stem the tide of burnout and ensure staff feel appreciated and engaged.

> *"We've been leveraging relationships and roles across the community to have as broad of an impact as possible. We identified early on in the pandemic what roles a were already connecting with isolated people in our rural community and how we might leverage those roles. We worked with police officers and equipped them with a version of a food hamper that included food that didn't spoil. So that they went our and identified people in need through a variety of calls, they had they ability to directly provide some supports. And with our food hamper program we worked closely with our local food banks to complement what they were doing."*

– Cathy Harrington, Executive Director
Community Care Concepts of Woolwich, Wellesley & Wilmot

5.2.4 Feedback on Program Administration is Very Positive

OCSP participants shared overwhelmingly positive feedback regarding the administration of the program. Highlights included:

- The funding application and process were simple and efficient;

- Funding flowed to organizations quickly once approved;

- Many providers commented that OCSA was prompt to respond to any inquiries and to assist participants and applicants with any areas where they needed assistance.

An area where participants noted some challenges:

Ability to anticipate funding: while this challenge was typically accompanied by an acknowledgement of the unpredictable impact of COVID-19, OCSP funding in the first year of the project (2020/2021) was provided in waves that resulted in participants operating with 3–6-month intervals of funding. These short intervals caused uncertainty related to future planning. Given the capacity constraints many participants faced in meeting increasing service demand with a significantly reduced volunteer pool, participants noted they would have been able to make staffing decisions more effectively if funding had covered longer periods of time.

"The ease and lack of complexity of the application was very helpful. Especially in a time when there is a lot of turmoil around you, and you're trying to find the means to funds some extra programs and services to support the community."

– Vicky Wolfe Hinz, Manager of Outreach Services
Mitchell & Area Community Outreach

5.3 Anticipated Impact and Response to the End of OCSP Funding

5.3.1 The End of OCSP Funding is a Concern for Many Providers

87% of OCSP participant organizations who attended focus groups reported they were either extremely or moderately concerned about the end of OCSP funding.

The only organization that reported not being concerned at all, indicated that they were lucky in that local media coverage resulted in significant donations.
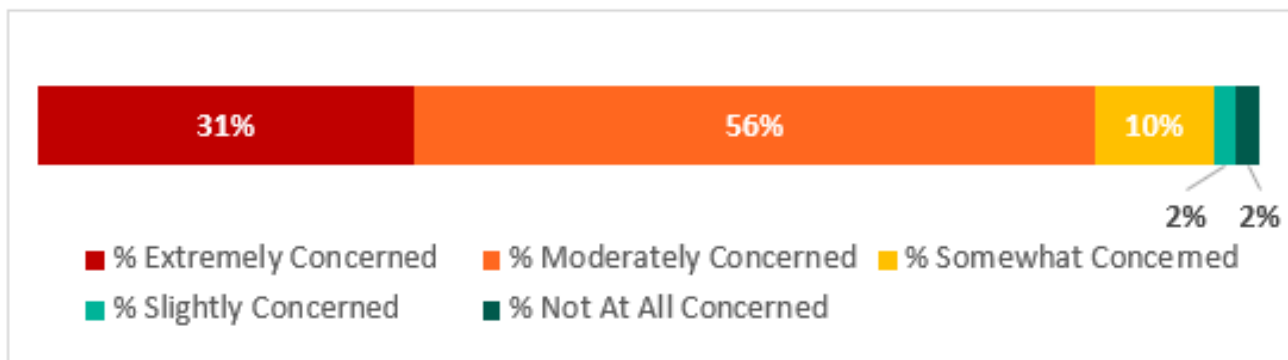

Figure 4: "Overall, what is your level of concern about the end of OCSP funding?" (n=52)

5.3.2 As Funding Ends, Providers Seeking Alternatives & Making Hard Choices

OCSP funding has been crucial to address unmet and increasing community demand, and to help organizations manage the rising cost of delivering community-based services and programs. Demand for MOW and food/grocery hamper delivery continues to increase as does the cost of delivering these programs. In the absence of additional funding, organizations anticipate having to make difficult decisions about how to best serve their community as there is no clear plan for future consistent additional funding at this time.
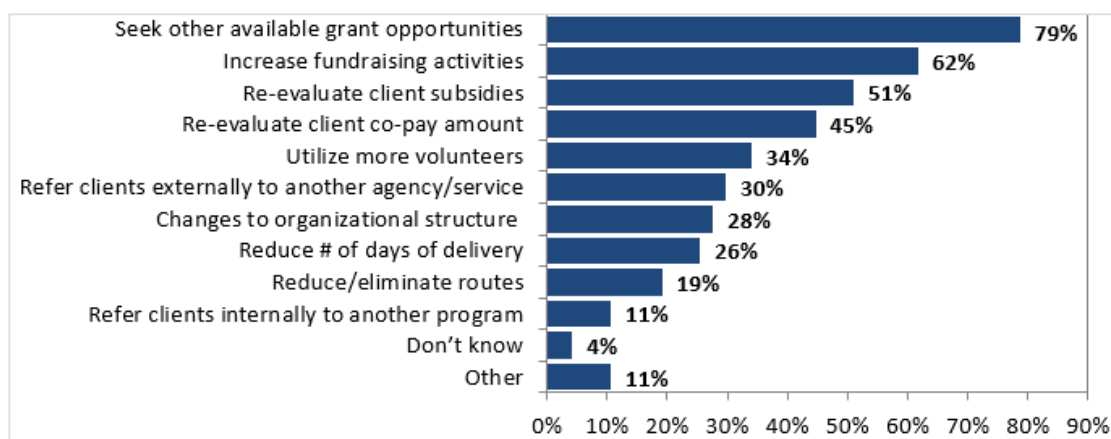

Figure 5: "With funding discontinuing from the OCSP, how your does your organization plan to manage the transition back to normal levels of funding (check all that apply)" (percent of respondents who selected each option) (n=47)

If demand does not subside, participants plan to:

Seek other available grant opportunities and increase fundraising activities: participants most frequently identified 'seek other available grant opportunities' to manage the impact of OCSP funding ending. This is because the clients they are serving still require the services being provided. Organizations report limited grant opportunities with almost all COVID-19 related grant programs having ended and limited new grant opportunities coming available. Providers plan to continue to fundraise as much as possible to leverage this crucial source of funding, however this will not be sufficient to cover future costs.

Increase client co-pays or reduce client subsidies: the OCSP helped organizations absorb the financial impact of increasing food prices, increased reliance on staff for service delivery, and other rising input costs. Many organizations reported they will have to pass increasing service delivery costs onto clients through increased co-pays and reduced subsidies. There is concern about the impact of this, as many clients appear more financially insecure than ever before. This will have a compounding effect on clients who access more than one service.

Decrease the volume of service delivery: most organizations report the need to alter the volume of services they deliver through referring clients to other organizations/services, reducing the number meals or days of food provision, and/or reducing the overall number of clients served. This is anticipated to result in growing wait lists for service, and 'downstream' impacts on other health services such as hospitals and long-term care as fewer clients receive the support they need to successfully remain in their homes.

Change organizational structures/internal cost cutting: the operations of most providers in the sector are lean, under pressure due to long term limited funding increases, and strained because of the additional burden the of pandemic. However, some participants indicate they plan to complete internal financial reviews and/or restructuring to identify any potential areas where they can save costs and reinvest to meet cost requirements of service delivery.

"The vast majority of additional clients were served with OCSP funding are truly in need. Without continued or new sources of funding, we're going to be turning our backs on them while they still need support. This will put pressures on other areas of the health system, where as few sustainable dollars could make a significant an impact in so many different communities and the lives of these older adults."

– Carolyn Askeland, Executive Director
Community Support Services of Niagara

5.4   Recommendations

5.4.1   As Funding Ends, Providers are Seeking Support from OCSA

A variety of suggestions from participants were put forward regarding tools, resources, or supports they thought would be helpful or needed related to managing the impact of the end of OCSP funding.

Communication supports: one of the most frequently identified areas for OCSA support was in developing communications material. One suggestion included messaging for clients so that those who are impacted by the end of OCSP funding will better understand the context. Communications to assist with volunteer recruitment and developing fundraising material to assist providers were also recommended. Examples of support recommendations included: draft media releases/community letters to garner local news coverage, a statistics sheet with key data regarding the sector that would assist with fundraising, short videos, audio messages that could be played by local radio stations, and/or social media posts. On a larger scale, a provincial awareness campaign to assist with volunteer recruitment for the sector was recommended.

Fundraising support: in addition to the fundraising related communication supports identified above, other suggestions for fundraising support included resources to help identify grants, advocating with other funding bodies for funding support for the sector, and making business cases to funders for annualized increases in funding.

Supporting ongoing collaboration: some organizations voiced an interest in establishing an ongoing forum for MOW providers to collaborate and share information, innovations, approaches and resources. It was suggested this group might meet on a quarterly basis.

Better integration of services: organizations recommended services and messaging be integrated as much as possible so that those in need can be connected to other health and social services more easily.

Resources and supports for reaching and serving Ontario's diverse populations: demand for ethnocultural meals and programming is increasing, and tools and resources to support the cultural competence of providers would be beneficial. This could include translation of common materials and instructions, as well as sponsoring staff training programs.

Continued advocacy: organizations indicated that OCSP has been 'a lifeline' to enable the provision of services that would have otherwise not been possible. Participants suggested OCSA advocate to funders for the continuation of the OCSP as the pandemic hasn't ended. Once the program does end, it will be important for traditional sector funders such as Ontario Health and the Ministry of Health to be aware of the extent that the OCSP supported service provision during the pandemic. Increased awareness of the significant demand and cost pressures the sector is continuing to face will also be required.

5.4.2 Stable Funding is Essential to Ongoing Service Delivery

Participants identified three key recommendations for funders:

1. **Continue funding the OCSP in the short-term until demand subsides and health measures are appropriate:** the pandemic is not yet over, however many COVID-19 related grants have been discontinued while demand for services has only continued to increase.

2. **Increase base funding for the sector:** even with OCSP funding the sector is under severe financial strain. Without longer-term funding adjustments to address the increasing operational costs in the sector, simply achieving pre-pandemic levels of service volumes will be challenging under existing funding. Base funding changes should reflect these increases in operational costs, as well as account for growing community demand, and challenges related to staff recruitment and retention resulting from wage disparities.

3. **Establish ongoing processes to assess demand and need for CSS services on a regular basis and provide funding adjustments to address those changes in demand:** base funding changes alone will not account for ongoing anticipated increases in service demand resulting from an aging population. Funding increases for the CSS sector are not often top-of-mind for funders, however the value and impact the sector brings as part of the health system is significant. Establishing an ongoing process to adjust funding based on community demand will help ensure the sector has the resources to meet demand, and proactively reduce down stream demand on long-term care and hospital services.

6.0 Conclusion

Overall, the sector and program participants greatly appreciated the OCSP. It enabled providers to continue and expand programming to respond to community need, and the operational impacts of the pandemic. As a result of the pandemic, CSS providers have formed new partnerships, implemented new approaches to programming and service delivery, and launched new services such as food hampers, grocery, and essentials delivery. Through the OCSP, over 1.6 Million of these deliveries were provided to Ontarians – which helped vulnerable seniors, people with disabilities and others in need of support remain at home, where they wanted to be.

"For us, the OCSP allowed us to respond more quickly to community need that we otherwise could have. For example, when the pandemic first struck, we were basically at capacity with Meals on Wheels with our kitchen, and we couldn't prepare any more meals than we already were. With this funding we were able to make a decision to expand to a second kitchen to meet the increasing demand for services"

- Ryan Alexander, Director of Community Support Services
Community Care City of Kawartha Lakes

7.0 Appendix

7.1 Engagement Approach

Engagement Objectives

CSS participant organizations were engaged with the following objectives in mind:

- Aim to understand experiences and lessons learned related to the delivery of the Ontario Community Support Program;

- Review and discuss key feedback received to-date regarding tools/resources, supports and recommendations for funders;

- Gather broader MOW program information to support ongoing advocacy and sustainability discussions with funders; and

- Gain input to create unified recommendations.

Groups Engaged

The list below summarizes the groups that were engaged to inform this report. Approximately 44% of funded participants participated through a Survey and Focus Group sessions.
An additional 5 individuals participated in focused interviews, including the program funder.

Methods Used

As summarized above, to ensure a depth and breadth of voices and experiences were heard, a three-pronged approach to consultations was employed:

1. Individual Interviews: with system leaders and subject matter experts to gather their input.

2. Focus Groups: with OCSP participants to understand their experience and gather input on future tools and resources required.

3. Survey: an online survey was supported by OCSA through existing email distribution lists and invitations to participate.

7.2 Summary of Quantitative Survey Results

As part our engagement, a 17-question survey was conducted with OCSP participants. 49 responses were received. The following 11 charts summarize the results from the quantitative questions.
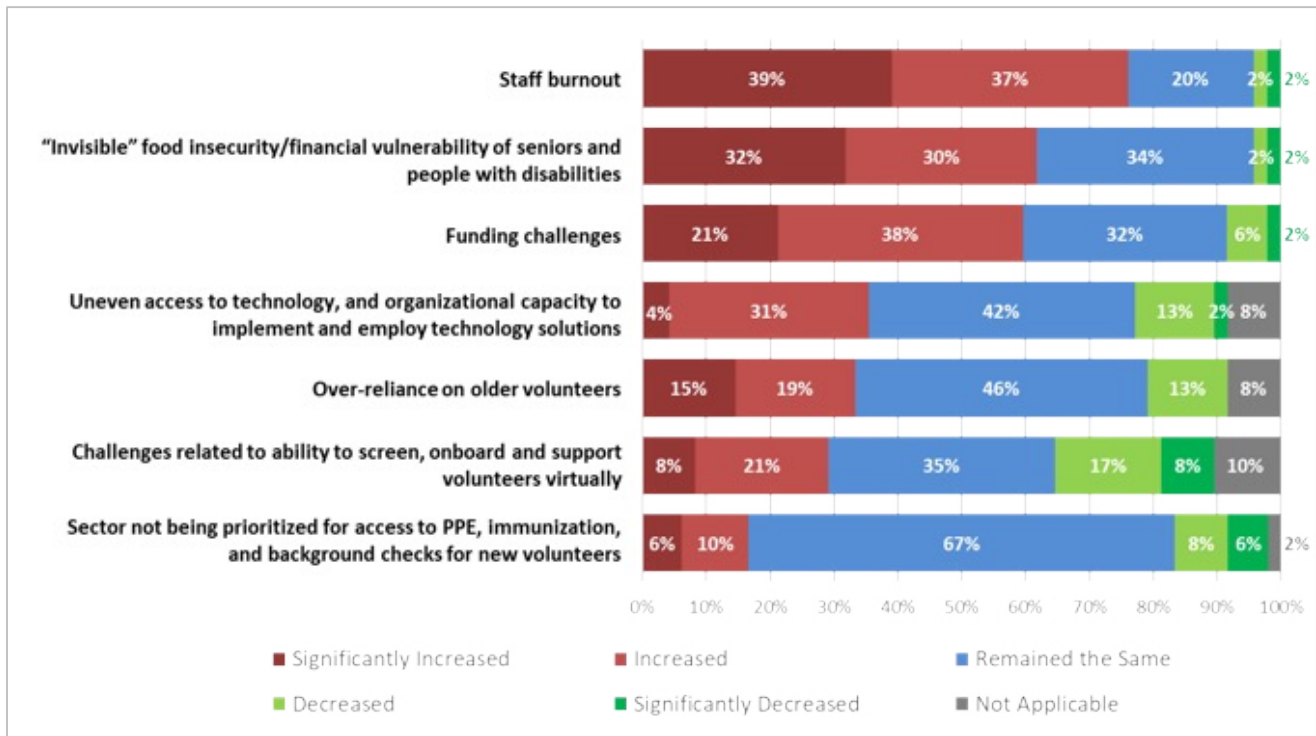
Figure 6: "Our previous Lessons Learned report for the Ontario Community Support Program, developed in March 2021, identified the following challenges. Since March, in your opinion, have challenges

Add a bookmark
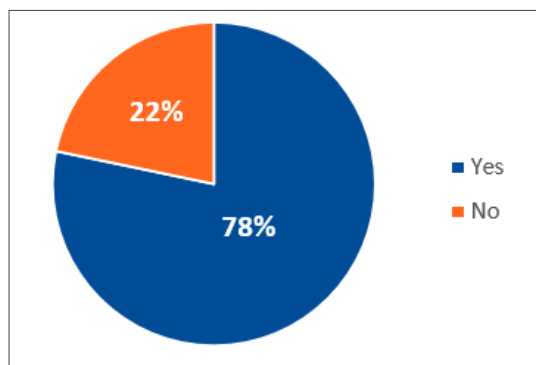*in these areas increased, remained the same, or decreased?" (n=48)*

Figure 7: "Has your organization observed any noticeable shifts in client needs since March 2021?" (n=46)
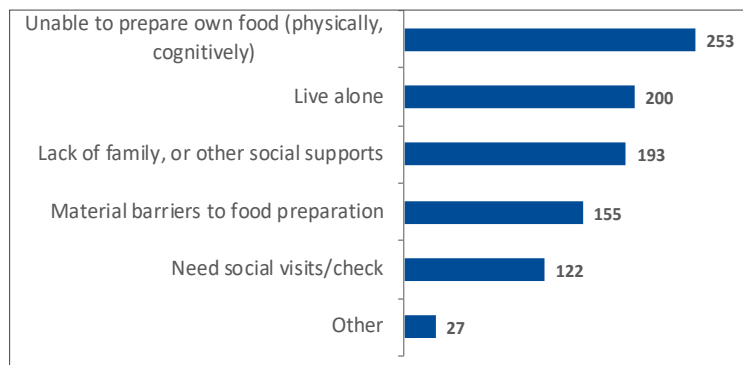

Figure 8: "Please rank above the reasons why your clients utilize Meals on Wheels services (#1 being the most common reason)." (n=48, data presented based on a weighted ranking where a rank of 1 was assigned 6 points, a rank of 2 was assigned 5 points, a rank of 3 was assigned 4 points, a rank of 4 was assigned 3 points a rank of 5 was assigned 2 point, a rank of 6 was assigned 1 point).

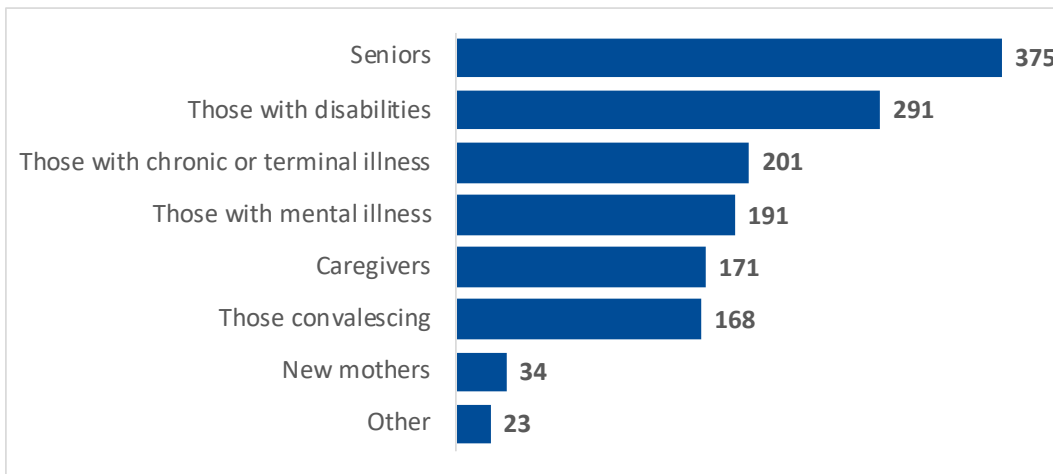| Demographic Group	Value
Seniors	375
Those with disabilities	291
Those with chronic or terminal illness	201
Those with mental illness	191
Caregivers	171
Those convalescing	168
New mothers	34
Other	23

Figure 9: "Please rank above the demographic groups you serve based on volume (#1 being highest volume)." (n=47, data presented based on a weighted ranking where a rank of 1 was assigned 8 points, a rank of 2 was assigned 7 points, a rank of 3 was assigned 6 points, a rank of 4 was assigned 5 points, a rank of 5 was assigned 4 points, a rank of 6 was assigned 3 points, a rank of 7 was assigned 2 points and a rank of 8 was assigned 1 point).
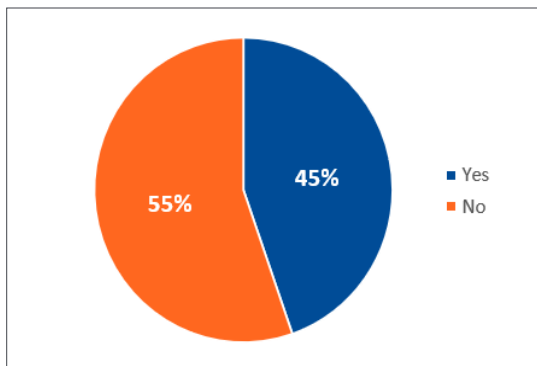
Pie chart: Yes 45%, No 55%

Figure 10: "Have there been new types of clients that you have been serving that are different than the typical clients your organization provides services to (particularly Meals on Wheels or food/essentials delivery services)?" (n=47)
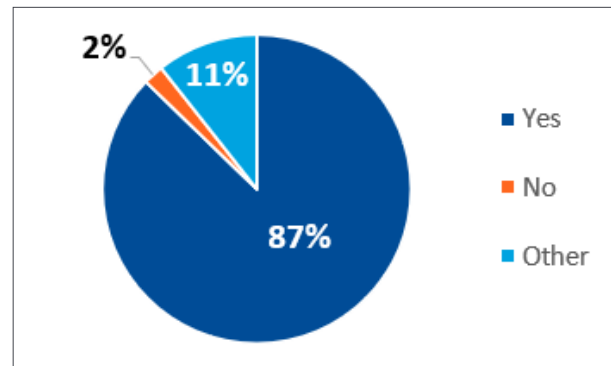
Pie chart: Yes 87%, No 2%, Other 11%

Figure 11: "Despite funding discontinuing from the OCSP, does your organization anticipate continued elevated demand for services?" (n=47)

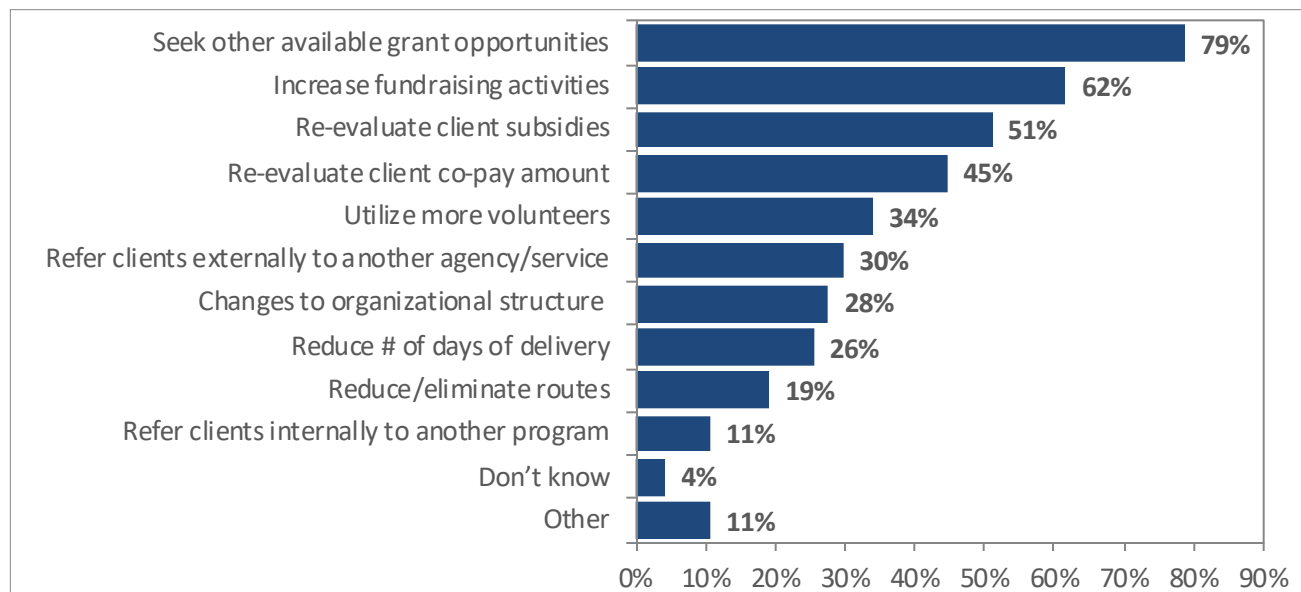| Option	Percent
Seek other available grant opportunities	79%
Increase fundraising activities	62%
Re-evaluate client subsidies	51%
Re-evaluate client co-pay amount	45%
Utilize more volunteers	34%
Refer clients externally to another agency/service	30%
Changes to organizational structure	28%
Reduce # of days of delivery	26%
Reduce/eliminate routes	19%
Refer clients internally to another program	11%
Don't know	4%
Other	11%

Figure 12: "With funding discontinuing from the OCSP, how your does your organization plan to manage the transition back to normal levels of funding? (please check all that apply)" (n=47, values represent the percent of respondents who selected each option)
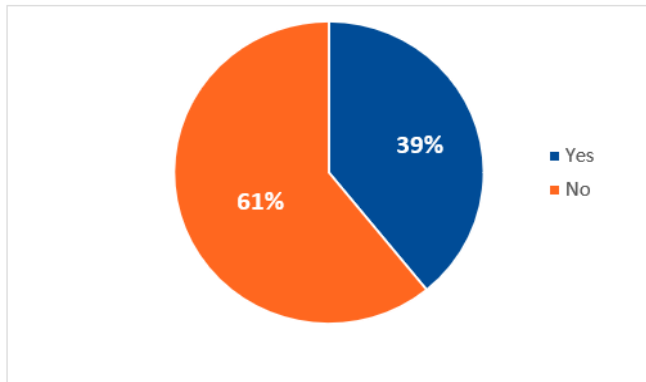
Figure 13: "Does your organization have resources/capacity/ interest to assist with the development of tools/resources/supports related to the Ontario Community Support Program ending?" (n=46)
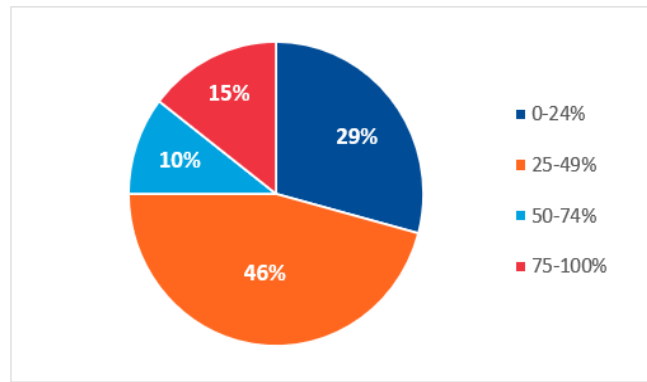

Figure 14: "Based on the understanding you have of your client populations, what percentage of your clients do you estimate are facing food insecurity?" (n=48)

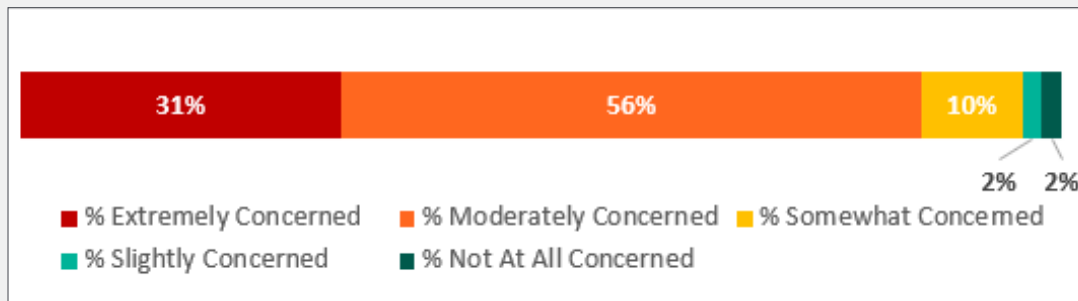**The following quantitative question was asked during the focus group sessions with participants.**

Figure 15: "Overall, what is your level of concern about the end of OCSP funding?" (n=52)
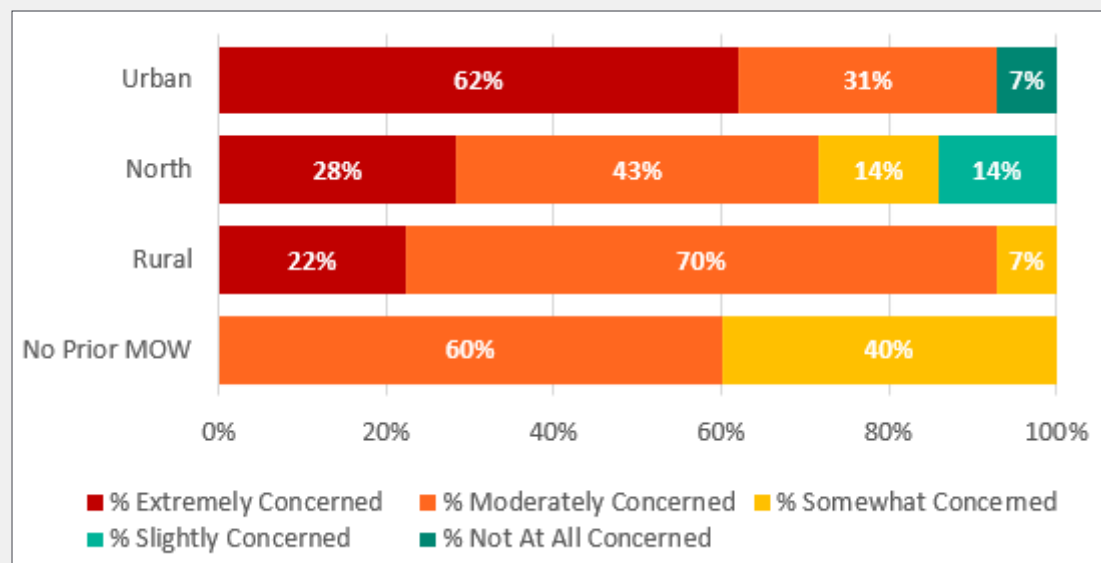

Figure 16: "Overall, what is your level of concern about the end of OCSP funding?" (n=52, displayed showing differences response based on organizational geography)

OCSA
Ontario Community
Support Association

33