



Increasing Reach Across the City

Strategic Plan 2016 - 2019

May 3, 2016

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Introduction

As the number of people impacted by Alzheimer's disease and other dementia grows relentlessly, there is an urgent need and opportunity for AST to reach more people and to provide them with its support, information and education services.

This document is AST's new strategic plan covering the next three fiscal years – a plan that will enable the organization to increase its reach among stakeholders within the City of Toronto. As the ASiO governance review takes place in parallel to this strategy work, this new plan has been crafted to be pragmatic and balanced. Choices have been made so they can be implemented to grow AST's reach and impact no matter the outcome of that process.

The plan balances commitment to growth with flexibility and prudence; it incorporates current best practices in the not-for-profit community; it is responsive to the environment within which AST finds itself. Finally, it is the culmination of the work of the Core Group over the past eight months, and reflects input by AST's key stakeholder groups. It has received positive reviews from staff.

Core Group

The Strategy Core Group is comprised of:

- Amy Deacon – Social Worker (to Feb 1st)
- Janet Farrell – Senior Development Officer
- Ruby Lopez – Financial Accountant
- Aynsley Moorhouse – Social Worker
- Danielle Nikoletopoulos – Special Events Coordinator
- Romina Oliverio – Caregiver Project Coordinator & Minds in Motion Coordinator
- Nicole Paton – Special Events and Volunteer Coordinator (to Feb 10th)
- George Torys – First Link Partnership Manager

The Planning Process undertaken by the Core Group is outlined in Appendix I.

Please note that at this point in time, this document is meant for our internal audiences only.

Strategy Framework

We used a version of the strategy framework developed by Roger Martin and A.G. Lafley in *Playing to Win* and then modified by the Monitor Institute. It consists of working through the following iterative and related questions to make strategic choices. The structure and flow of this document follows the principal questions in our strategy framework (see below).

THE CASCADE OF STRATEGIC CHOICES:



The framework is driven by the following key points:

- Strategy is about making choices.
- Strategy is about increasing our odds of success, not guaranteeing it.
- Strategy making combines rigor and creativity.
- Strategic planning is not a linear process – it's often iterative and 'messy'.

Strategic Constraints

We adopted several constraints for this strategy process, including the following:

- The principal strategy driver was the urgent need and opportunity for AST to reach more people and to provide them its support, information and education services.
- All choices must be based on:
 - input from stakeholders
 - reflect the current financial situation at AST
 - leveraging volunteer and partner resources
 - current best practices in the not-for-profit sector
- Proposed choices must be within the current AST Mission and Role (not be too "big") and must apply regardless of the outcomes of the ASiO review.

Starting Point

This summary provides a snapshot of the starting point for the Core Group's strategy work.

AST at a Glance

Over the last three years, the Alzheimer Society of Toronto has been focused on “Dramatic Change, Bold Action” to help the ever increasing number of families facing dementia. As part of the Strategic Plan set by the Board in 2013, AST embarked upon a period of growth, innovation and evaluation. The current state of the organization is one that is responsive to the needs of the population we serve, focused on efficiency and effectiveness, and committed to being an organization that is financially stable and sustainable.

Programs and Services

AST is seen as a resource in the GTA for those with dementia and their caregivers. Our success is significantly due to our desire to work collaboratively with other organizations. AST aspires to be a leader in the development of best practices in the area of dementia care. AST programs and services are comprised of many components, including:

- Counselling (telephone, in person),
- Family and PWD (person with dementia) education sessions (online, in person),
- Support groups,
- Creative therapy groups,
- Inter-professional collaboration (CCAC),
- Public education sessions (online, in person),
- Dementia Care Training Program (DCTP),
- Behavioural Support Ontario (BSO) Training Program and,
- Caregiver Framework Project.

External and Internal Environment

This summary of AST's external and internal environment is based on the opinions and views expressed in the survey and interviews, and conversations during the Core Group's work. Additional details are available in the briefing documents created for the staff planning session and presented in updates to the Board in September and November 2015.

Themes Expressed by Stakeholders

The following themes emerged from the environmental scanning process:

- Clients/partners strongly requested improved accessibility (home visits, satellite clinics, services outside the downtown core) and concurrent/respite programs
- Staff noted the need for improved internal communications. They also supported measured approach to growth and offered to review internal processes to identify ideas for efficiencies.
- Volunteers are very willing to be more engaged in a variety of areas and to undertake training to make them effective.

- Board/Patron's Council members expressed the urgency and need for AST to increase its reach.
- Major Donors identified increased awareness of Alzheimer's, dementia and AST was needed and improved communications about AST's work.

Other Information

Additional information was incorporated into the Core Group's thinking process, including:

- Changes to the LHINs and the CCAC's from the Ontario Government.
- Economic indicators that project a continuing slow-growth economy.
- Activities that other similar organizations use to reach stakeholders.
- Internal data on event attendance, productivity, etc.

Summaries of stakeholder input can be found in the briefing document prepared for the November Staff Strategy Day and within updates provided to the Board at its meetings in September and November 2015.

What is Our Vision and Mission?

What social challenge are we working to address and how do we believe we can make a difference?

AST's current vision and mission statements are as follows:

Our Vision:

A world without Alzheimer's disease and other dementias.

Our Mission:

The mission of the Alzheimer Society is to alleviate the personal and social consequences of Alzheimer's disease and other dementias and to promote research.

Our Role:

The role of the Alzheimer Society of Toronto is to offer support, information and education to people with dementia, their families and their caregivers, to increase public awareness of dementia, to promote research, and to advocate for services that respect the dignity of the individual.

Conclusion

There will be no changes to the Vision or Mission. The social challenge will remain as is: the personal and social consequences of Alzheimer's disease and other dementias.

AST will continue its role to offer support, information and education to people with dementia, their families and their caregivers, to increase public awareness of dementia, to promote research, and to advocate for services that respect the dignity of the individual.

Where Will We Play?

What part of the problem (social challenge) should we work on, what role should we play, and where will we focus our efforts?

In Appendix II, you'll find the analyses of 14 strategic opportunities developed and considered by the Core Group.

Strategic Focus

AST will focus on taking steps to meet the urgent need and opportunity to reach more people and to provide them its support, information and education services.

For the purposes of our work and this strategic plan, reach is defined both as broad – the numbers of people served, educated and made aware of AST and its services, etc. – as well as deep – the value of serving individuals and small groups intensively; to ensure we maintain high quality in everything we do.

Currently we are not able to measure our reach precisely. During this process, we developed estimates of reach assuming that AST provides its existing programs/services to people with dementia and caregivers and family members. Those estimates, using FY 2015 data are:

- Counselling rate is **11%**
- Public Education rate is **29%**

From this position, AST will expand its reach by following a prudent and measured approach – by increasing accessibility and by increasing awareness.

By building on its expertise and credibility among funders and donors, and partner organizations, AST will design and implement four high-reach and priority initiatives that will be enabled by leveraging volunteers and those community partners. We will expand our use of best practices in collective impact and collaboration to establish several satellite locations that will offer a mix of current programs and services; and serve as hubs for implementing new priority initiatives and for events and other marketing and fund development activities.

Each of these four initiatives is described below:

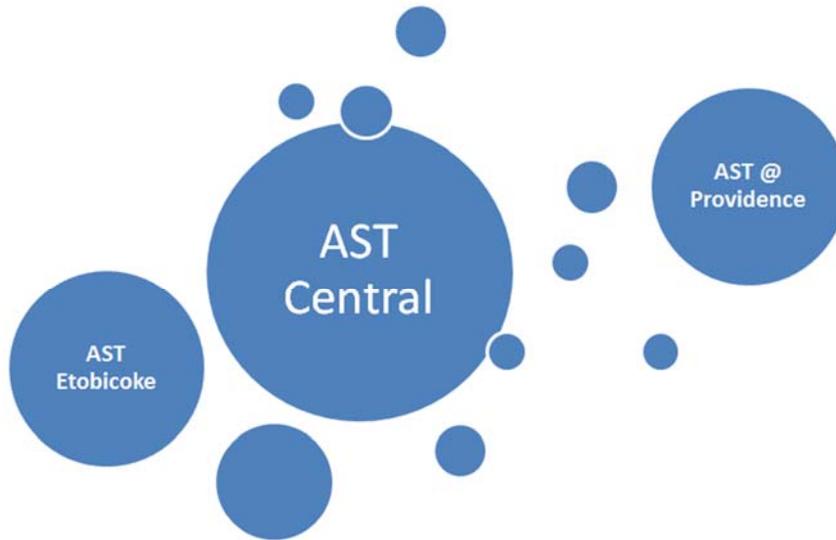
1. Satellite Locations
2. Dementia Friendly Communities
3. Community Connections
4. Volunteer Engagement

Funding has already been secured for Initiatives 2 – 4 and additional growth will be implemented as additional funding becomes available.

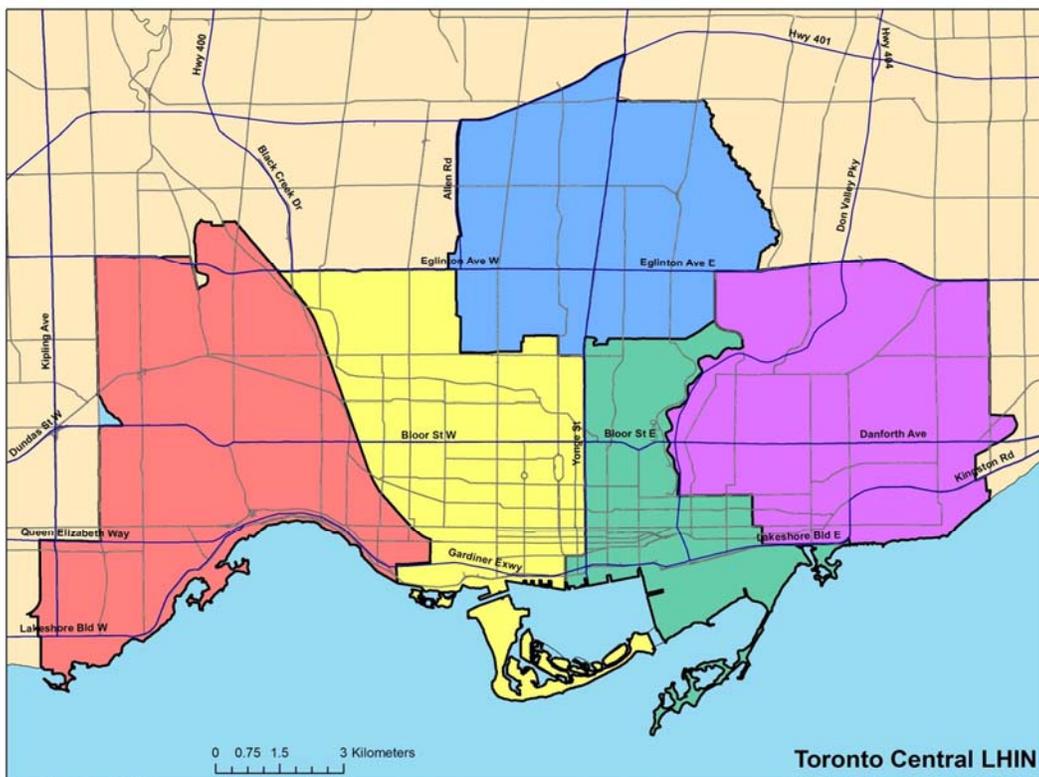
Satellite Locations

AST will offer services and programs at satellite locations throughout the GTA, increasing reach into and visibility in various communities. Communities could be defined or organized geographically, by cultural background or by situation (e.g. low-income families).

Illustration of Satellites



Using the geographical lens, we would anticipate establishing a location in each of the five sub-LHIN territories of the Toronto Central LHIN.



Date: November 26, 2015

Each satellite location will be opened depending on the availability of funding and/or a community partner with which to share costs and other requirements. For example, initial locations could be established by expanding services offered through AST's existing EADP partnership arrangements.

Staff could be located at the satellite for a number of days or could be mobile, serving more than one satellite. In addition, we anticipate that AST will be able to leverage volunteer resources and partner organizations to assist with program/service delivery and implementation of new initiatives. We anticipate that there will be opportunities to raise funds to support the satellite locations from major donors and government grants as this will be a significant initiative that will increase accessibility among potential clients to AST's programs and services.

Dementia-Friendly Community Initiative

The Dementia Friendly Community (DFC) concept builds off of the Age-Friendly Initiatives that are happening throughout Canada and worldwide. It is an initiative that will raise awareness of AST and dementia in the community, provide extensive support for persons with dementia and their caregivers, and reduce the stigma associated with Alzheimer's Disease and other dementia.

Working within the same communities selected to have a satellite AST location, AST will train and educate staff within businesses and organizations located in a target community (using AST staff and trained volunteers). Completion of the training by the organization's staff members would enable the organization to earn a recognition emblem – at a bronze, silver or gold level depending on the percentage of their staff are trained. And the organization would be able to gain a way to provide excellent customer service to persons with dementia and their caregivers.

We anticipate that there will be opportunities to raise funds to support implementing the program in communities from major donors and governments. In addition, corporate sponsors may be interested in supporting the program given its strong awareness-raising elements. In fact, organizations may be interested in participating due to anticipated benefits to the local economy (as was achieved through similar initiatives in the UK).

Community Connections Program

A New Horizons funded collective impact collaborative program, over three years, seeking to reach out to isolated senior caregivers. Collaborative partners include: Mount Sinai, WoodGreen, Canadian Mental Health Association, North York Community House, Toronto Community Housing Corporation and the Youth Empowerment Project.

An overall focus of the work will include reaching out to marginalized and multicultural communities throughout the city, where language and other help-seeking behaviours may be barriers to caregivers accessing education and services.

This initiative is already being implemented as funding has been obtained. It is included in here with the others as it fits closely with the overall strategic approach.

Volunteer Engagement

This initiative will represent a more robust selection of volunteer opportunities within AST that will enable AST to leverage the skills and energy of its volunteers in order to increase its reach.

The initiative will involve creating new volunteer roles based on client needs and AST's desire to use more volunteers to leverage their time and energy. Volunteer's skill sets will be identified and utilized to design training programs and then to assign volunteers to programs and tasks – both internally and within certain programs.

We anticipate that there will be opportunities to raise funds to support implementing this program in communities through event-based fundraising, government grants (Volunteer Companionship), and corporate partnerships.

The Four Initiatives Are Linked and will Build on Each Other

Programs, marketing/communications, fund development and new initiatives will be implemented by way of the satellites. We see increased opportunities for volunteer involvement with new initiatives and opportunities for volunteers to participate at a more accessible satellite location/community. We also see increased opportunities for collaboration and perhaps fundraising (e.g. Walks), by working more closely with other like-minded organizations within satellite communities.

In addition to these four priority initiatives, AST will implement internal adaptations that will enhance its reach and effectiveness (page 10).

Additional strategic opportunities were considered and not chosen as discussed in Appendix II. However, the discarded opportunities may be reconsidered at a future date.

How Will We Succeed?

What actions, adaptations, and economic model are required, and how will we measure our success?

Actions

At a high level, AST will undertake the following actions:

1. Develop an implementation plan for each satellite roll-out (timing, locations, partners, funding etc.) and for implementation/expansion of the three other priority initiatives. Incorporate plans into the FY 16/17 budget and business plan.
2. Develop and launch a marketing/communications strategy to introduce the four priority initiatives to stakeholders. This strategy would include targeted and timed steps for each satellite location.
3. Develop a case for support for the new strategy and a plan for introducing funding opportunities to donors, foundations and governments. The potential sources of funding mentioned in each of the initiative outlines on pages 7 – 9 are suggestions for AST to pursue. We anticipate that these initiatives will be attractive to funders.
4. Investigate organizing fundraising activities around satellite locations (e.g. Walk for Alzheimer's).
5. Establish a definition(s) of reach that will be used as the lens through which development, expansion and implementation of initiatives will be viewed and measured.

Adaptations

AST will implement the following internal adaptations that will enhance its reach and effectiveness:

1. Re-align the social work system to enable more effective use of professionals' skills and time.
2. Build on the current efforts to establish an AST Culture of Philanthropy where everyone will play a part in supporting the success of the organization.
3. Establish a cross-organization team to evaluate performance of program activities and make recommendations for change. (quarterly)

What Capabilities Will We Need?

What skills and abilities will we need, individually and collectively, to create the impact we've set out to achieve?

In order to be successful in implementing the choices contained in this plan, AST will need to acquire and/or develop new skills and abilities, including the following:

1. Enhance partnership development and collaboration skills to support grant applications and implementation of new initiatives with organizations located or focused in satellite communities.
2. Enhance our ability to calculate and measure reach in meaningful ways.
3. Acquire or develop volunteer management and training skills to ensure that volunteers can contribute effectively.
4. Acquire or develop community relations and training skills to be required as part of the Dementia-Friendly Community Initiative.

Assumptions and Risks

Assumptions

We have made several assumptions in developing this strategic plan, including the following:

- The economy will continue to perform in its current state through this plan's three-year period.
- Individual and corporate donors will continue to be careful and targeted with respect to their philanthropy and sponsorships. At the same time, they will be receptive to innovative, professional and appealing requests to participate in AST's work.
- Government funding available to AST will continue at its current level during this plan's three-year period. The emphasis stated by governments and foundations on integration, partnerships, collective impact and efficiencies will continue strengthen over that period.

Risks

- Implementation risk: Organizations that we approach to participate in new initiatives – particularly the Dementia-Friendly Community Initiative – may decline to participate.
- Funding risk: while funding has been secured to begin initiatives 2 and 4, we may not be able to raise additional funds to develop the initiatives to achieve the increased reach we anticipate.

Strategic Planning Process

Core Group Selection	June
Initial Meeting with Core Group	July
Environmental Scan <ul style="list-style-type: none">• Online surveys• Board/Patron's Council interviews• Major Donor interviews	July through October
Staff Planning Session	November
Presentations to the Board	September and November
Strategy Development Work <ul style="list-style-type: none">• Development of opportunities• Review and analysis• Selection of opportunities	December through March
Presentation of Initial Strategy to Senior Management and staff	March
Presentation of Proposed Strategy to the Board	April

Strategic Opportunities Analysis

Introduction

The Core Group developed and evaluated 14 opportunities, resulting in the four presented in the strategic plan. The evaluation of the opportunities consisted of the following steps:

1. Developing the promising opportunities
2. Refining the opportunities and for each, how it will meet AST's strategic goal and fit within the process constraints
3. Testing each opportunity with "What Must Be True?"
4. Performing a relative ranking of opportunities with respect to six criteria (see end of Appendix)
5. Using collective judgement to determine the final selections

The resulting four priority initiative are:

1. Satellite Locations
2. Dementia Friendly Communities
3. Community Connections
4. Volunteer Engagement

Satellite Locations

What is it?

- AST offers services in various satellite offices throughout city, increasing accessibility in Community

How will it work?

- Exact model to be determined, but ideas include renting office space in community partner agencies across the city and/or improving existing satellite clinic operations/services (i.e. at EADP or other adult day programs across Toronto).
- May consist of a "hub" model? Mobile staff model?
- Could the volunteer companionship program be integrated into this idea?
- Other volunteer programs and services integrated into this (hair dressing? nail painting? Etc.)?
- Rollout of satellite operations is executed in stages:
 - Stage 1 – increase staff and/services in existing satellite locations?
 - Stage 2 –establish physical locations?
 - Stage 3 – increase number of satellite clinic locations?

How will it increase reach?

- Responds to call for AST to be in people's neighbourhoods and communities; "come to us"
- Increases visibility

What must be true for this to be successful?

- Exact model of clinics must be determined
- Sites for clinics need to be found
- Securing space and time may be a barrier?
- Staff must be resourced to each location
- Marketing and promotion of satellite clinics to local neighbourhoods, community groups, general public - identity shift?
- Funding for clinics needs to be found

Dementia Friendly Communities

What is it?

The Dementia Friendly Community (DFC) concept builds off of the Age Friendly initiatives that are happening throughout Canada and worldwide. The basic premise of the DFC idea is that barriers that people with dementia may face when out in the community, like grocery shopping or going to the bank, can be reduced through proper awareness and training of the staff at the business or organization being visited. Every storefront or business that a person with dementia accesses would be welcoming, and understanding to the needs of people living with dementia.

How will it work?

- Initially it would begin with the identification of local neighbourhoods where a pilot project could commence, with the eventual plan that neighbourhoods throughout the city would follow suit.
- All businesses and organizations in the identified neighbourhood would be offered training and education (i.e. Dementia 101, Communication, Finding Your Way, and others as needed)
- When a designated number of staff have completed the allotted training modules, the business will receive it's 'bronze' membership status, and an emblem display for the storefront/cash areas
- Through the combination of the completion of all staff members through the training, additional activities engaged in, and fundraising initiatives, the organization would be eligible to move up to 'silver' and 'gold' DFC status levels
- When all businesses and organizations in an area have completed the 'bronze' level of training it can then be deemed a Dementia Friendly Community

How will it increase reach?

- With all of the businesses and organizations being trained in designated neighbourhoods the community will connect with residents that may not be directly affected by dementia, and raise the awareness levels of what Alzheimer's disease is, and reducing the stigma surrounding Alzheimer's disease and related dementias
- Throughout the process of this work contact will be made with local community and multicultural groups that AST may not have previously had connections with
- Visibility of AST will be increased at the community level

What must be true for this to be successful?

In order for the program to be successful, several factors would need to happen:

- Identification of neighbourhoods where there would be 'buy-in' of the DFC concept
- Businesses and organizations seeing the benefit to training staff (and to providing the time for these sessions), and understanding it as an additional way to provide excellent customer service
- Looking at who at the municipal level (i.e. City of Toronto Councillors, etc.) might join us to champion this concept

Community Connection Program

What Is it?

- A New Horizons funded collective impact collaborative program, over 3 years, that seeks to reach out to isolated senior caregivers.

How will it work?

- Collaborative partners include: Mt. Sinai, WoodGreen, Canadian Mental Health Association, North York Community House, Toronto Community Housing Corporation, Youth Empowering Parents
- AST will part will focus on Outreach, Connection, Education, and Navigation support
- An overall focus of the work will include reaching out to marginalized and multicultural communities throughout the city where language and other help-seeking behaviours may be barriers to caregivers accessing education and services.

How will it increase reach?

- Will increase our reach into new community groups that may not seek services due to being isolated
- Increase overall visibility of AST through services provided to clients, and partnerships being developed on an agency-to-agency level
- Innovative approaches to outreach and education will be used through work with TCHC and YEP
- Translation of materials and TDN website will also improve the accessibility to information and services

What must be true for this to be successful?

- Factors to consider will be overcoming the difficulty in the initial outreach, and connection with senior caregivers that are isolated.
- The isolation they are facing could be due to a number of different causes, which will have to be considered in all aspects of the work done by AST in order for this program to be successful in reaching its goals.

Volunteer Engagement Program

What is it?

- A more robust selection of volunteer opportunities within AST
- Will include the Volunteer Companionship Program and the AST Shuttle Services (see below)

How will it work?

- Volunteers skill sets are identified and utilized to complement AST programs, services, and events
- Creating new volunteer roles based on needs identified in our client base
- The development of a volunteer database, with the hope of increasing volunteer retention

How will it increase reach?

- It will help spread awareness of Alzheimer's disease, and the programs and services provided by AST
- A better utilization of volunteers' skill sets
- Volunteers will feel more valued and appreciated

What must be true for the idea to be successful:

- Marketing of this program to a variety of groups (community colleges, professional schools, high schools, businesses, etc.) to recruit volunteers
- AST must train volunteers, with any additional training that might be required based on volunteer role
- AST must ensure that we have the capability to train and support all the new volunteers
- Identification of budget needs
- Investment in technology

Volunteer Companionship Program**What is it?**

- AST-run, "friendly visitor" or "companionship" program pairing people living with dementia with volunteers for companionship/ regular interaction.

How will it work?

- AST trains and matches volunteers with isolated individuals in the community for social interaction and companionship, with goal of improving emotional and social well-being and identifying those in need of assistance/support services
- These interactions will take place at Community Health Centres, Retirement Homes, Long-term Care Centres, etc. (ADPs?)

How will it increase reach?

- targets individuals with dementia across Toronto for regular contact with AST volunteers - introduction to AST and our services
- Leveraging the volunteers
- Knowledge base expanded across Toronto

What must be true for the idea to be successful?

- staff person assigned to manage the program
- Intake (self-referral, application, community referral)

- Volunteer base trained
- funds allocated to sustain the program
- promotion of the program internally and externally

AST Shuttle Services

What is it?

A transportation service for people living with dementia and their caregivers to facilitate access to AST programs/events.

How will it work?

- Shuttles would transport individuals living with dementia and their caregivers to AST run programs/events throughout the City of Toronto
- Research best practices of other organizations that have a similar type of program

How will it increase reach?

- It will provide the opportunity for program/event participants to attend programming that they would otherwise not be able to go to (inclusivity)
- The specialized training that Shuttle drivers receive will provide a more person centered transportation service
- It will also provide a more meaningful volunteer experience, and may draw in more volunteers to AST

What must be true for the idea to be successful?

- Accessible vehicles (donated, purchased, or volunteer owned)
- A coordinator to oversee scheduling, expenses, and administration of program
- Qualified drivers trained by AST
- Marketing and promotion (internal and external)
- Budget for program
- Legal and liability aspects
- That there is a demand for this service, from clients and drivers

Adaptations

In addition to the four priority initiatives, two internal adaptations were selected.

Realignment of Social Work Program

What is it?

- A role restructuring of the Social Work staff to reach more people and provide more effective/faster service to clients

How will it work?

- 1-2 BSWs (students/recent graduates) would be hired to respond to intake calls only
- Social work staff are assigned appropriate cases/roles

- Social workers are designated a specialized function (i.e. Creative arts, etc.)
- All social work staff have a designated outreach day (per week?)
- Case management

How will it increase reach?

- Realignment allows more effective use of time for staff = more people reached/helped in community and depth of service increases

What must be true for the idea to be successful?

- current counselling staff need to be involved in the changes, and their ideas/concerns heard and addressed. Their expertise must be utilized in the realignment of this program.
- a transition plan must be put into place
- new staff must be hired to take on intake role(s)
- catchment areas must be determined and staff must be reassigned
- metrics need to be tracked and compared to previous structure to see if new model is increasing impact/clients served
- We have taken this idea as far as we can, and we need to get some further input.

Culture of Philanthropy

What is it?

- An attitude; an understanding; a behaviour
- everyone in the organization understands that philanthropy and fund development are critical to organizational health AND that each individual (admin through to Board) has a role in the process

How will it work?

- A strong culture of philanthropy within an organization contributes to its success and growth
- everyone is an ambassador for the organization, and for philanthropy and fund development. This means doing one's own job well, understanding how all the various jobs in the organization create one integrated system, and continue to treat clients, donors, volunteers, community people, etc. with care and respect.
- An example of this would be through consistent messaging (i.e. elevator pitch)

How will it increase reach?

- increases the breadth of the organization by increasing awareness among the personal, social and business networks of its staff and volunteers as they interact with people in their daily lives, and in the community

What must be true for the idea to be successful?

- Staff and board understand they serve as ambassadors for the organization in the community
- help cultivate relationships on behalf of and in support of the organization (this does not mean help fundraise)

- program staff work with development staff to support grant applications and other development activities related to program

**It's worth noting much of this is already present at AST thanks to a strong senior management team and passionate staff; however, it's included so that it will remain top of mind as we move into the next phase of growth.*

Opportunities Not Chosen

It was decided to discard the following four opportunities for now as they were determined to have a much lesser impact on reach. However, they may be implemented at a future date.

Behavioural Support Outreach (BSO) Services

What is it?

- 2-3 social workers and/or Occupational Therapists and/or RNs that are on staff at AST;
- Are specifically designated to responding to people one-on-one, personally in their homes, that contact us looking for immediate help in dealing with their family member/loved one exhibiting responsive behaviours as a result of their dementia;
- These staff members address the issues at home, and by identifying other needs in the home can transition clients to other AST programs and services;
- This service is already offered in the community, but waitlists are very long and service is restricted to particular catchment areas;
- Our service to be offered on a referral basis (i.e. through First Link and/or counsellors)
- Program consists of personal in-home visits with BSO, multi-week process

How will it work?

- AST hires and/or trains specialized, designated program staff
- Each person assigned a catchment area (taking into consideration cultural sensitivities, etc.)
- First come, first serve basis

How will it increase reach?

- Speaks to accessibility of AST in the community
- Responds to high demand for in-home services

What must be true for the idea to be successful?

- Staff must be adequately trained and have specialized skills (SW, OT, RN?)
- The program must be inclusive and accessible to individuals of different languages and cultures
- All staff must be aware of and be able to promote this service
- There would be collaboration with the existing BSO Teams
- Marketing/promotion of the new service to general public, community partners, etc.
- There needs to be adequate revenue to fund this new service (funders?)

Personal Support Worker Engagement

What is it?

- A registry maintained of AST-trained PSWs offering their services in the community
- Case consultation and coaching for PSWs by social workers and public education staff

How will it work?

- AST trains PSWs through DCTP and BSTP
- All graduates must pass a final exam (practical and written) before they are listed on the registry
- Online registry, to include the name, contact information, location, organization, and qualifications
- PSWs receive credibility by being endorsed by AST, clients have peace of mind that their care provider is trained in dementia specific care.
- Allows AST to follow up on PSW referral relationship (currently, we refer clients to external agencies and no follow up available on relationship)
- PSWs need to re-certify every 2 (3?) years in order to stay on the registry (we need to research how often PSWs are returning and how often the courses are updated)
- There would be a nominal annual fee to be on the list
- PSWs would have access to program staff for ongoing coaching and case consultation and support

How will it increase reach?

- Currently over 80% of applicants to Caregiver Project/Counseling & Financial Support Program are looking for funds to cover PSW care
- Many clients are seeking PSWs trained in caring for a person with dementia
- This list is an incentive for PSWs to complete our training programs

What must be true for the idea to be successful?

- AST must create and launch an online platform and/or database and have staff or volunteers trained and designated to maintain the information
- All PSWs must have completed DCTP or both dementia training programs (within a 2-3 yr. period?)
- PSWs must maintain their own info in order to keep it current
- Promotion and marketing to all education partners (i.e. community colleges), community partners, general public, etc.
- Funds need to be allocated to launch and maintain system
- PSWs must pay their annual fee
- AST will need to be clear with PSWs about the limits of the registry (i.e. AST is not an employment agency and does not endorse individual PSWs)
- The idea would need to undergo a legal review to ensure that AST does not take on any additional liability

Creative Programming

What is it?

Arts-based programs for persons with dementia and/or caregivers. The arts are a strengths-based approach to living with dementia, as this type of engagement does not focus on memory deficits. In addition, it promotes quality of life, relationship and community building, and can be effective in changing negative (and deficit focused) views of dementia.

How will it work?

- Exact model tbd.
- Possibly there could be ongoing programming, on a specific day and time, with the focus changing every month (Jan is watercolour; Feb is improv; March is drumming; April is singing; etc.)
- There are also other recurring programs such as the AST Choir

How will it increase reach?

- Addresses the issue of depth by affecting people on a deep emotional level, and by creating community, and by being focused on strengths
- An additional way to draw people to our programs who may not initially seek out counselling/education support
- Having qualified and trained volunteers to help support these initiatives

What must be true for the idea to be successful?

- People need to come out to these programs
- There needs to be buzz around the benefits of arts engagement
- The work that is created should be shared with honour and care (and of course with consent)
- People need to get something out of these programs, whether it be individual fulfilment, engagement with others, a creative outlet, or getting a message across.
- Having qualified individuals facilitating programs, or connecting with external partners who may be able to lead the groups
- Cost of external support would need to be included in yearly budget

Programs and Events organized by Persons with Dementia (Peer-led programming)

What is it?

- Programs and events that are organized in a collaboration between persons who have dementia and AST staff. The end goal of this process would be fully integrating people living with dementia into the program planning process.
- This does not have to be for ALL program decisions, but we must make sure that we include persons with dementia in decision making and program development.

How will it work?

- Persons with dementia and staff collaborate on specific events (such as Changing Melodies) as well as decisions around some ongoing programs. Persons with dementia can be recruited by the social workers, or through a call out in the community.
- AST SW Peter has an advocacy group, who could be used as a focus group for decision making.

How will it increase reach?

- DEPTH. This should be a mandatory aspect of our programming, as it is person centered and addresses the issue of inclusivity. By ensuring peer involvement in our program development, we work to ensure that the power remains with the population that we are serving.

What must be true for the idea to be successful?

- Collaboration with persons with dementia must be real, and not “token.” Decisions of persons with dementia must not be overridden by AST staff, but decisions must be made in a true collaboration.
- These collaborations must be consistent, and not just for one or two events/programs.
- There must be flexibility in the planning and requirements of membership in the committee

Intergenerational Programming

What is it?

Programs that bring youth and older adults with dementia together for shared learning and for relationship building.

How will it work?

- AST can recruit from daycare centres, schools, camps, etc. and from client base, EADPs, or LTC homes for programs. Could involve creative programming, Montessori, reading groups, storytelling, etc.
- Could start out as short term groups (4 week pilots) and then, if successful, could turn into ongoing programs.
- Could be held at AST or at various locations around Toronto (EADP/day care centres, libraries, schools, LTC homes)

How will it increase reach?

- Creates meaningful programming for persons with dementia and youth, thereby addressing breadth and depth
- Teaches young people about empathy, personhood, and dementia

What must be true for the idea to be successful?

- Parents, caregivers, and educators must be on board
- Education of parents, caregivers, students
- Proper training of staff and facilitators
- Ensure that persons who exhibit responsive behaviours are matched appropriately

- Must look at the evidence for best practices (Aynsley conducted a literature review 2 years ago that may assist with determining best practices)
- Transportation and facility accessibility must be considered