



# Ontario Community Support Association

OCSA  
Ontario Community  
Support Association

**Building Capacity in Home, Community and  
Primary Health Care  
2018 Canadian Home Care Association Summit**

# About OCSA



## Impact of Home Care & Community Support Services 2017-2018

OCSA  
Ontario Community  
Support Association

INDIVIDUALS  
SERVED BY HOME CARE:

**730,000**



INDIVIDUALS  
SERVED BY CSS:

**1,060,025**



NURSING VISITS:  
 **9.6 MILLION**

RIDES PROVIDED BY  
TRANSPORTATION SERVICES:  
**1,910,425** 

PERSONAL SUPPORT  
AND HOMEMAKING  
HOURS DELIVERED:  
**36.5 MILLION**



INDIVIDUALS  
SERVED BY HOSPICE:

**23,982** 

CLIENTS SERVED  
IN DAY PROGRAMS:

 **49,708**

INDIVIDUALS PROVIDED  
WITH ASSISTED LIVING SERVICES:

**25,647** 

MEALS DELIVERED BY  
MEALS ON WHEELS:  
 **3,145,449**

CSS EMPLOYEES:  
**21,375**

HOURS OF  
VOLUNTEER  
SERVICE DONATED:  
**3,114,929**  


ESTIMATED VALUE OF  
VOLUNTEER SERVICES:  
**\$78 MILLION**

Sources: CSS OHRS Comparative Report YE 2017-2018  
/ KPMG Bill 148 Analysis 2017

# Community Health Ontario (CHO)

CHO is a strategic partnership of four provincial associations which represent the majority of not-for-profit home and community support, mental health and addictions and community-governed primary health care providers in Ontario.....

## Community Health Ontario

*Partnership to build community services*

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OCSA  
Ontario Community  
Support Association

# Why leadership? Why now?

Aging  
Workforce

42% of CEOs in Home and Community Support in Ontario anticipated to retire over the next five years

Retain Talent

Community organizations often lose people to other parts of the system

Health System  
Transformation

Our leaders need a different set of skills to navigate their organizations through a changing health system

# About the project



[www.leadershiftproject.ca](http://www.leadershiftproject.ca)

A multi-year collaborative leadership development project, funded by the Ontario Ministry of Health and Long-Term Care

January 2018 – March 2020

Budget: \$3.1 million



# LeaderShift – our goals



- Foster linkages between community and primary health care organizations
- Build leadership capability at all levels through cross-sector learning opportunities
- Encourage leadership renewal as existing leaders prepare to retire
- Inspire active leadership in system transformation

# LeaderShift – our partners

## Primary Health Care



**Alliance for  
Healthier Communities**  
Alliance pour des  
communautés en santé

## Mental Health and Addictions



Addictions &  
Mental Health  
Ontario

Dépendances &  
santé mentale  
d'Ontario



Canadian Mental  
Health Association  
Ontario

Association canadienne  
pour la santé mentale  
Ontario

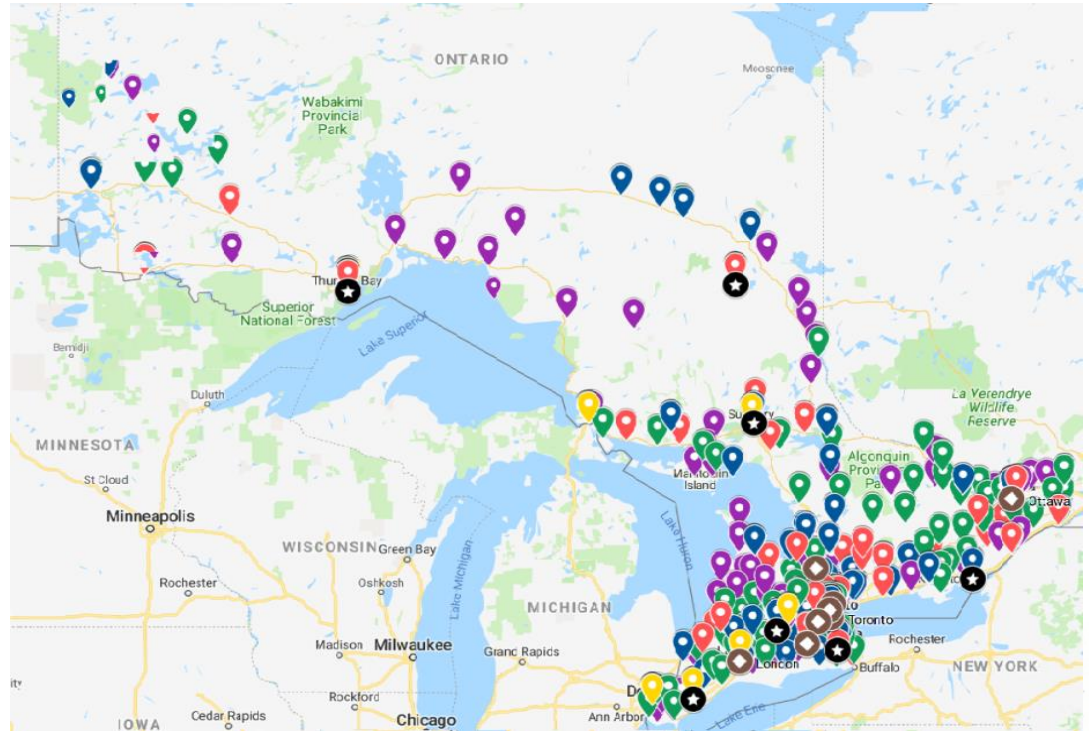
## Home and Community Support Services





# LeaderShift – target audience

785 community and  
primary health  
provider  
organizations across  
Ontario





# LeaderShift – project activities

## LEADS in a Caring Environment

The LEADS leadership framework was developed collaboratively between Royal Roads University and the Canadian College of Healthcare Leaders (CCHL)

LeaderShift will be delivering 22 cohorts provincially (our goal is 575 graduates)



# LeaderShift – additional project activities

- Health System Webinars
  - **Understanding the Ecosystem: Overview of the Ontario Healthcare System**
  - **Making Sense of the Policies Behind Healthcare Reform**
  - **Advancing Community and Primary Health Care in Ontario**
- 24 one-hour webinars on selected leadership topics
- Career Pathways Report and Executive Compensation Modelling
- Conference (2019)

# LeaderShift – our approach



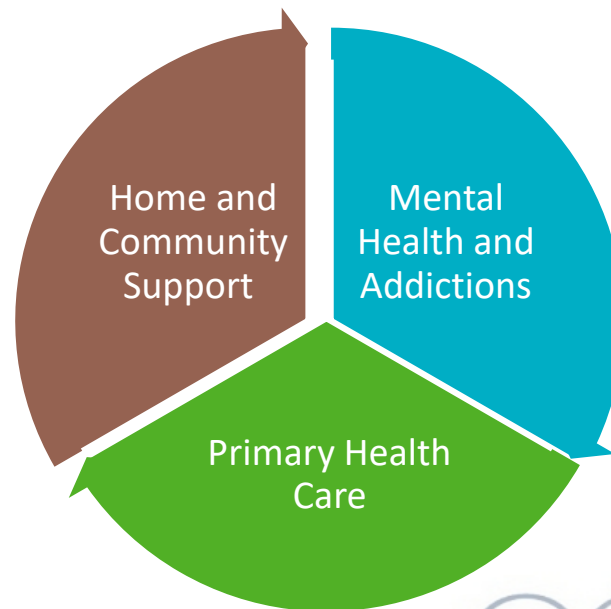
- Recognize the considerable leadership strength that already exists among our members
- Respect the many forms leadership takes across community and primary health care
- Leverage the experience of existing leaders
- To provide development opportunities for new leaders

# LeaderShift – governance and operations



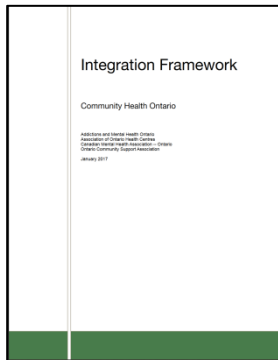
# LeaderShift – our approach

- All LeaderShift activities comprise members from all five associations
- For LEADS, the Governance Committee (CEOs) determined that this was going to be a sector project, so seats in the LEADS program are divided equally



# Key success factors

1. Existing strategic partnership – Community Health Ontario
2. OCSA's training division – Capacity Builders
3. The timing was right!





# Benefits of collaborating on this project

OCSA believes an integrated health system delivers better outcomes to clients/patients

Partnerships is a core value of OCSA

‘Walk the talk’ when we discuss collaboration with our members



# The challenges and risks

Considerations prior to starting the project:

Our collective members are very different

- culture
- language
- values
- org structures

Was there enough commonality among our collective members to ensure a good learning experience?



# The challenges and risks

- Would having five partners slow down decision-making and potentially impact our ability to deliver project activities?
- How would inviting a new partner into an existing network impact the dynamics?
- Would we have issues with accountability?
- If there were major difficulties, would it affect the long-standing strategic partnership?




# The challenges and risks

- Would the LEADS content generally be appropriate for leaders in community and primary health?
- How do we accommodate new and experienced leaders in the same cohort?

# Exercise – Readiness to Collaborate

- Where is your organization focusing its collaborative efforts currently?
- What factors does your organization consider when opportunities to collaborate arise?



ORGANIZATIONAL READINESS TO COLLABORATE CHECKLIST

Before making a decision to invest in collaboration, assess the degree to which your organization is ready to collaborate. Consider if you can be a good collaborative partner, determine the value of collaborating, and clarify your organization's ability to commit to collaboration.

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- ☐ We are open to new ideas and ways of working.
- ☐ We are comfortable with joint decision-making, which means that we may have to give up some control and power in the interests of achieving a greater collective impact.
- ☐ Our Board and staff understand that we will need to arrive at shared goals that serve the collaborator's interests, not just our own.
- ☐ We are ready to share credit with other partners in the community, even if we compete for funding or clients.
- ☐ We recognize, and are prepared to support, the fact that collaborations don't always work in the same way as organizations. They require a lot of time to build trust and negotiate shared directions.
- ☐ We believe that we can learn and benefit from the experience and perspective of other organizations.
- ☐ We are able to be transparent about our organizational expectations, needs and challenges.
- ☐ We place a high value on team work internally.
- ☐ We are comfortable with managing conflict effectively given that it may arise when negotiating shared decision making, accountability, and leadership.
- ☐ Working in collaboration will help us to advance our own strategic priorities.
- ☐ We can identify strengths and assets that our organization can bring to collaboration.
- ☐ We have carefully considered the potential risks, costs, benefits and implications of our involvement in collaboration.
- ☐ We are prepared to support our staff to be good collaborative partners (e.g. giving them the authority to make decisions at the collaborative table; providing them the time to build and nurture relationships; supporting their contributions so they can add real value).

[www.collaborationcoach.ca](http://www.collaborationcoach.ca)

# Investing in collaboration

**A Successful Collaboration = A Successful Project**

We invested time up-front to lay the foundations for our collaboration



# Investing in collaboration

## Developing a shared vision for the project

- What are the current challenges for our Associations and our members?
- What are our core values
- What is the current environment our leader are working in? What's top of mind for them?
- What will be different if this project is successful?

# Investing in collaboration

## Building trust through shared decision-making

- Name of the project
- Branding
- Logistics
- Wording on the application form

# Engaging partner staff

## Engaging other key association staff in project activities

- membership managers —————> raise awareness of the project
- communications managers —————> promoting application dates/social media
- policy managers —————> health system webinars

# CEO leadership

## CEO Engagement

- All CEOs felt leadership development was crucial for their members
- CEO's were very engaged in the proposal process
- Decision to consider this a sector project set the tone for the Steering Committee

# Evaluating LEADS – logic model

## Project activities

Core leadership development program

- 5 full day sessions (one per LEADS domain)
- Aligned with values and contexts of member organizations
- 22 multi-sector cohorts
- 575 leaders participating

Complementary leadership development opportunities

- 4 foundational sector webinars
- 24 complementary leadership development webinars
- Peer coaching / community of practice
- Ontario leadership conference (starting in 2019)

Career pathways mapping report

Compensation modelling report

Long-term sustainability plan for leadership development

## Immediate outcomes

Participants develop their leadership capability in 5 LEADS domains:

- Lead Self
- Engage Others
- Achieve Results
- Develop Coalitions
- Systems Transformation

Graduates apply and hone their skills within their organizations

Graduates more confident in their capacity to lead

Graduates more inspired to lead

Graduates experience greater professional satisfaction

Graduates foster new linkages within and across community and primary health care sub-sectors

## Medium-term outcomes

Graduates provide more effective leadership within their organizations

Graduates work more collaboratively across sectors to create better solutions for their clients and communities

Graduates use change leadership and systems thinking approaches in their work

Graduates share their learning with others (mentor future leaders)

Better understanding of career pathways / career progression

Better understanding of leadership compensation levels and gaps

## Longer-term goals (not in scope)

Graduates work collaboratively across sectors on system-level improvements

Leaders in the sectors are recognized as valuable partners in Ontario health system improvement

Sectors have a collective voice in Ontario health system transformation

Develop a pool of LEADS certified coaches in the sectors

Increased retention of leaders within the sectors

More equitable compensation levels

Increased capacity for leadership renewal within the sectors

# Evaluating LEADS

- Daily online survey sent by LEADS after each of the 5 one-day workshops
- LeaderShift team sends an evaluation about 1-2 weeks after the program ends (pre-post
- Evaluation consultants will do phone interviews 6 months post-graduation (participant and manager/board member)
- Ad hoc non-participant survey
- Evaluate the partnership





# Early results

- 7 LEADS cohorts now complete (212 graduates)
- Results from an Interim evaluation report September 2018
  - Summary of surveys sent 1-2 weeks after the final LEADS session, to assess the initial changes in their leadership capabilities (69% response rate n=147)

## LeaderShift: Early findings

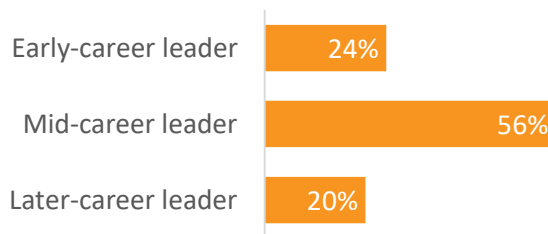
September 17, 2018

Prepared by Cathexis Consulting, Inc.

# Early results

## Most participants are early/mid-career leaders

LeaderShift was intended to support leaders at different career stages, with a particular interest in early and mid-career leaders. So far, the majority (80%) represent those who identify as early and mid-career leaders.



# Early results

## Participants represent each sub-sector equally

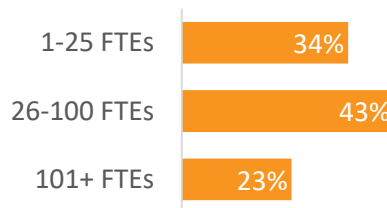
Given LeaderShift is aiming to build capacity and collaboration among the three community health sub-sectors, it is positive to see there is equal representation from each.



# Early results

## Participants mainly come from small organizations

Participants mainly come from small organizations, with Full-time Equivalent (FTE) staff make-ups of 1 to 100 FTEs.



# Early results

## Most participants see LeaderShift as highly relevant to them, their sub-sector and their organization

For the training to be useful, leaders must be able to take the training back and apply it within their own organizations. It is therefore critical that they see the training as relevant not only to them personally as leaders, but also to their organization and to their sub-sector.

**84%**

Highly relevant to  
them individually  
as leaders

**63%**

Highly relevant  
to **their**  
**organization**

**69%**

Highly relevant  
to **their sector**

# Early results

## Participants value having diverse leaders in the sessions

LeaderShift was designed to promote cross-sectoral collaboration and to promote sharing/learning across leaders with different levels of experience.

**Close to 80% of leaders see high value** in the following key design aspects of LeaderShift:

- Being in sessions with leaders from other sub-sectors
  - Being in sessions with leaders with different levels of experience
-



# Early results

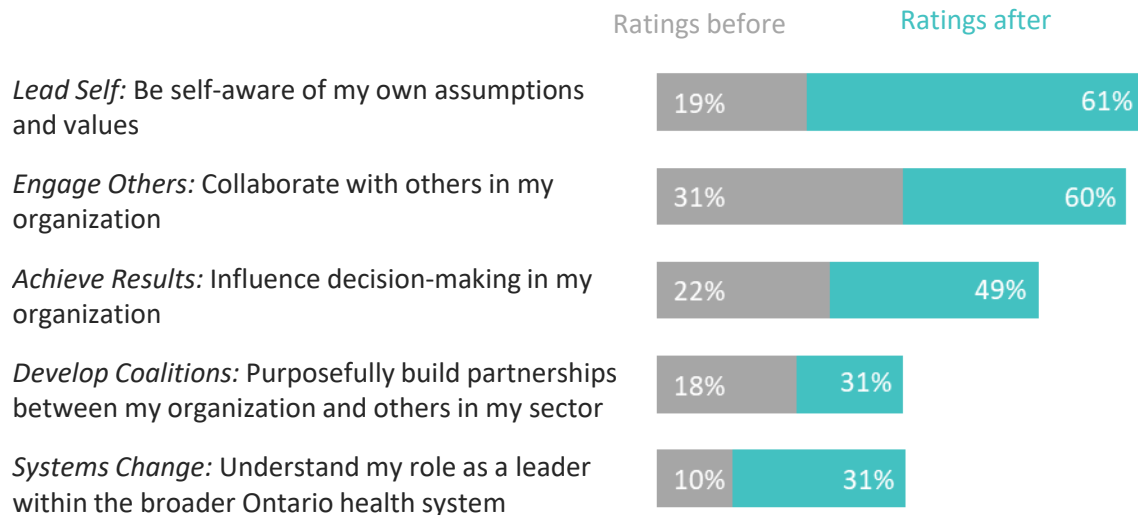
## Leaders are making gains

Leaders were asked to rate their confidence in seventeen different leadership competencies before and after the 5-day LEADS Learning Series (within the same survey they completed following the training). The graph below shows the increase in “high confidence” ratings for five of the competencies

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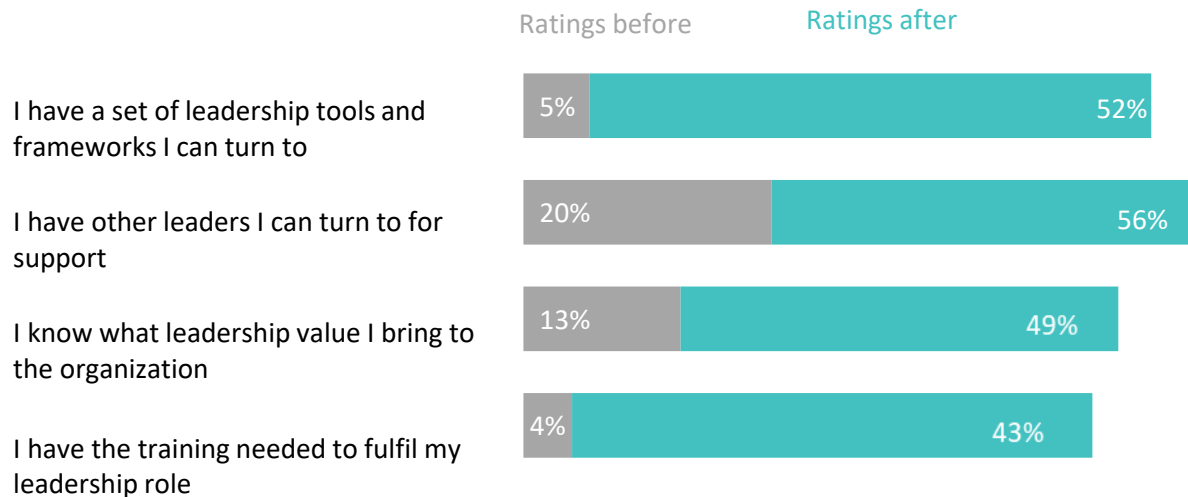
# Leader confidence

## “High confidence”



# Leaders' tools and supports

## “High confidence”



# Opportunities for improvement

Identify why participants aren't finding the LEADS content relevant to their organization and sector and adapt content

84%

Highly relevant to  
them individually  
**as leaders**

63%

Highly relevant  
to **their**  
**organization**

69%

Highly relevant  
to **their sector**

# Opportunities for improvement

The 5-day in-person requirement is not feasible for all participants. Non-participants have shown interest in an online option to help overcome time and travel barriers that prevent attendance.

We'll be piloting two "LEADS Lite" webinar-based program in January 2019.





Questions?

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