

# All Together

## Fostering Resilient Compassionate Communities through Connection & Inspiration Symposium 2022



Report to Community

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# Message from the Executive Director



**Dr. Eman Hassan**  
Executive Director  
BC Centre for  
Palliative Care

A stylized handwritten signature in black ink, appearing to read 'Eman'.

## Hello!

We are grateful to all of you who registered and participated in our inaugural hybrid online and in-person Compassionate Communities symposium “All Together – Fostering Resilient Compassionate Communities through Connection and Inspiration” on September 9, 2022.

The event was a lively dialogue about the compassionate communities’ approach to community-based palliative care, proven benefits, and best practices in various settings, populations and countries. Our objectives were to bring together community organizations, volunteers, and leaders as well as clinicians, health care administrators, researchers, and students to reconnect, inspire one another, learn, and share best practices.

We present this report to you as a means to further our connection with you, and to inspire our shared work in further developing Compassionate Communities. In this report, you will find information compiled through surveys and feedback about attendees, key takeaways from the sessions, suggestions for future symposiums, and next steps.

We hope you will find this information relevant and informative, and we look forward to hosting you in 2024 at our next “All Together – Compassionate Communities” Symposium.

# Land Acknowledgement

We acknowledge that the land on which we work, meet and live is the unceded traditional territories of the Coast Salish People, including the territories of the x̣m̄əθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Səlíl̓wətaʔ/Selilwitulh (Tsleil-Waututh) Nations. We are grateful for the traditional Knowledge Keepers and Elders who work with us to guide our work and honour the Indigenous ways of knowledge and ways of being that help guide us in our community work.

## Acknowledgements – Thank You

The BC Centre for Palliative Care would like to thank the following people for making our first symposium a resounding success:

### Keynote speakers:

**Dr. Julian Abel**, Director of Compassionate Communities UK, Author, and Podcaster

**Ms. Queenie Choo**, CEO, S.U.C.C.E.S.S. and S.U.C.C.E.S.S Foundation

### Panel presenters:

**Dr. Sue Burgess**, Home Hospice Palliative Care Service, VCH & Kilala Lelum

**Elder Bruce Robinson** (Owii̓lo'ly̓eyum̄gaudlth̄n̄K̄i̓nsque, Grizzly Bear with a Big Heart), Kilala Lelum, Urban Native Youth Association and Broadway Youth Resource Centre

**Connie Paul**, RN (Yetta, Teltitelwet, Hanakim Zim Lisms), Home Care Coordinator, Snuneymuxw First Nation

**Sandi Temple**, Seniors Community Connector, Community Services Changing Lives - Maple Ridge & Pitt Meadows

**Dr. Grace H. Park, MD** Family Physician and Regional Medical Director, Fraser Health Authority

**Connie Stamm**, Coordinator, Chilliwack Compassionate Neighborhood Health Partners Society

**Brock Nicholson**, Founder & Director New West Hospice Society

**Dr. Heather Mohan**, Executive Director & Co-Founder, Lumara Society

***Special thanks** to Elder Bruce Robinson and Connie Paul, who opened and closed our event, honouring the land and territories in which we work, live and play.*

We would like also to thank our dedicated staff and volunteers who devoted time and effort to create this event.

Lastly, we thank you our attendees for your interest and participation in our symposium and for being **“All Together”** to connect and inspire us and each other.

# About the BC Centre for Palliative Care

The BC Centre for Palliative Care (BCCPC) is a provincial non-profit organization funded by the Ministry of Health to accelerate the spread of innovations and best practices in palliative care.

To achieve this, the BCCPC works with partners in the health system and community as well as researchers and policy makers.

Our work strives to help British Columbians affected by serious illnesses have the best possible quality of life, supported by care that reflects their goals and wishes. Responding to emerging needs and opportunities for fostering excellence in palliative care, the BCCPC climbs high to ensure all its work is person- and family-centred, informed by evidence and rooted in lived experiences.

## The BCCPC's work focuses on three core areas:

1. Promoting conversations and processes that help people get care consistent with their goals and wishes--such as advance care planning and serious illness conversations.
2. Integrating the palliative approach into the care provided to people with serious illnesses such as cancer, advanced kidney diseases, heart diseases, and dementia.
3. Helping communities to provide psychosocial supports to patients and families closer to home.

## Symposium Program

The ***“All Together – Fostering Resilient Compassionate Communities through Connection and Inspiration”*** was a hybrid on-line and in-person event focused on Compassionate Community work.

The event opened with a keynote from one of the global Compassionate Communities movement's founders, and a leading advocate of the Compassionate Communities approach to palliative care. Dr. Julian Abel addressed the continued importance of the Compassionate Communities movement.

Queenie Choo, CEO of S.U.C.C.E.S.S., one of Canada's largest non-profit multi- services agencies, provided the afternoon keynote, about how to foster resilient compassionate community care.

Two of the event's sessions were panel presentations: Becoming informed – revisioning support for Indigenous and underserved

communities, hosted by Dr. Sue Burgess, Elder Bruce Robinson and Connie Paul, RN.; and Social Prescribing, about a new approach bridging health care professionals and community supports for health and wellbeing, hosted by Dr. Grace Park and Sandi Temple.

Participants also experienced Compassionate Communities in Action, hearing firsthand accounts about how community initiatives are improving the well-being of others. These included the creation of a Compassionate City, presented by Brock Nicholson, a camp program for bereaved children and families, presented by Dr. Heather Mohan, and a program addressing intergenerational compassionate community support, presented by Connie Stam.

An interactive event, online and in-person participants engaged in facilitated table talk sessions discussing Dr. Julian Abel's presentation on Compassionate Communities and Social Prescribing.

# Symposium Participants

For the first time in B.C., the event brought together community organizations, policy makers, volunteers, advocates, researchers, students as well as palliative care leaders, clinicians and educators from across the province to have evidence-informed dialogues about the compassionate communities' approach to palliative care.

## Attendance:

- 174 people from 93 organizations attended the symposium, of that, 141 were participants, with the remainder being speakers and Centre staff.
- 49% of the participants attended in-person in the symposium venue in Richmond BC and 51%

attended online via Zoom. Both groups, the in-person and online participants, were given access to the WHOVA platform which allowed them all to fully engage in group discussions, polls, evaluation surveys, and knowledge exchange activities.

- Almost half of our participants came from community organizations (49%), 15% identified as healthcare administration, and 4% identified as researchers. The remaining 32% of our participants identified as 'other,' and noted a variety of other fields of work, notably as social workers, grief counsellors, nurses and as a death doula.

## 93 Participating Organizations - by Sector



# Round Table Summaries

Attendees, both virtual and in person, were asked to participate in round table discussions with a set form of questions to encourage dialogue around two key presentations, “Compassion Matters” and “Social Prescribing”. Comments indicate that attendees were thoughtfully engaged in the subject matter presented and had the opportunity to engage in conversations through a lens of compassionate inquiry.

## Compassion Matters – Dr. Julian Abel

**Q1: What was the most intriguing/inspiring thing you learned from this keynote and how might you apply it in your work/daily life?**

- Everyone has a role in palliative care/compassionate community.
- The concept of humans being stronger when they come/work together (“the survival of the kindest”)
- The importance of relationships and connections and seeing the data
- Seeing research that supports an intuitive understanding that social connection matters.
- Take this information to advocate for program development in various care settings.
- Start investing in social capital.
- Differences in values between generations (for example, children often want their parents in private long term care rooms, but sometimes the residents themselves wish to be in shared rooms for that connection).

**Q2: What resources/support would help you to do this?**

- Bring more resources into acute care.
- In palliative care, interaction with HCP accounts for only 5% of the time – 95% is alone or with family and friends. Partnerships and nonprofit organizations can be built to community

organizations/compassionate communities. These organizations can also offer home health care, and all kinds of volunteer roles that can be set up

- Something to help with the trouble of navigating the healthcare system. Something to connect people to the system, as well as community.
- More funding for the non-medical aspect. We spend so much funding on actual medical care and we forget the importance of psychosocial care and all services outside the medical model, especially those that are relevant to end of life for both patients and family.
- More bereavement services. Families feel completely dropped once the person dies - the relationship with HCPs just abruptly ends. They only get one bereavement call/visit and are then provided with other resources to cope with the grief themselves.

**Q3: Can you envision any opportunities for more collaborations/partnerships based on what you’ve heard in this session? What could they look like?**

- Increasing volunteer opportunities and collaborations for the elderly and younger people. For example, elderly going into schools, or connecting lonely adults with lonely university students.
- More research into Naturally Occurring Retirement Communities and figuring out ways to collaborate and mobilize these geographic groupings within communities.
- Indigenous values. For example, the concept of an extended family in Indigenous culture is different than in white people’s culture.
- Making connections with indigenous communities and being willing to learn from them.



## Social Prescribing and the Power of Community – Dr. Grace Park & Sandi Temple

### Q1: What are your learnings or key takeaways about ‘social prescribing’?

- While it seems to be a newer concept, it is an effective means for addressing health care concerns for a plethora of patients and situations.
- Relates back to Dr. Julian Abel’s comments earlier today on the negative health impacts of isolation and the significant role of compassion in effectively addressing these.
- Aligns well with the theme of today’s event as it is clear the role that applying a compassionate lens has
- A gap that sometimes exists in social prescribing is that the suite of referral services sometimes all come at a cost; sometimes no service is free of charge and the individual in an SCC-like role can feel there is little that can be offered to those who cannot pay for service.

- Highlights need for more research and resources for social prescribing.
- Elders and Indigenous community resources has often been very effective in providing patients services without cost.

### Q2: Can you identify opportunities for collaborations/partnerships to implementing social prescribing more broadly?

- BC-based organization that targets seniors’ residences and buildings. Allowing seniors to build relationships with isolated seniors and help them build community connections.
- Naturally occurring retirement residences, though more popular in the U.S., have been the solution for some communities to address gaps; the community comes together to be proactively communicative and share referral resources and knowledge between community members.
- The all-around new Canadian and immigrant services provided by S.U.C.C.E.S.S.

## Recommendations for Future Event Topics

We asked participants about how BCCPC can help, what resources are needed, and topics for future learning opportunities and symposiums.

### The most common response was learning about and navigating available resources, particularly for rural communities.

Other responses included:

- ways to build compassionate communities (unique aspects, rural and remote communities, practical steps, how technology can help, municipal application processes, hearing from leaders in this field, case studies, dealing with compassion fatigue)
- further opportunities for networking and ‘building togetherness’ (Compassionate Communities in Action series, discussions around culture, local charities interested in supporting palliative care, informing policymakers of the important needs in

the community, partnerships between private and public corporations)

- grief support (research and information on different forms of grief and the grief journey)
- connecting with and supporting caregivers
- community outreach (seniors, loneliness, cultural diversity, mental health and substance use, healthy aging)
- escaping the medical model
- spiritual health in community health services
- bridging the gap between social prescribing and client uptake

**Connecting and Moving Forward:** We asked participants whether they would be interested in connecting with BCCPC about resources and/or future training related to Compassionate Communities and **87% replied favourably**, indicating a keen interest in keeping the dialogue going.



# Evaluation

To help us determine the effectiveness and engagement of our first symposium, participants were asked to provide comments and rate their experience through surveys as well as provide suggestions for future symposium topics.

## Participant Engagement and Networking

The Symposium helped to bridge the gap between community and the health system, enabling networking, learning new things, and the exchange of ideas and resources.

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***“Fascinating presentations and wonderful presenters. I’ve enjoyed reconnecting with former colleagues’ and making new acquaintances, inspiring tabletop conversations, learning new things, and will take away much to explore with my team, Thank you!!”***

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## whova app NETWORKING HIGHLIGHTS

PRIVATE MESSAGES 1-ON-1

286

PRIVATE GROUP CHATS CREATED

46

ATTENDEE INTERACTION 1-ON-1

212

Attendees who have interacted with each other in private 1-on-1 messages

ATTENDEES INDICATED INTEREST

31

RECOMMENDED ATTENDEES

138

ATTENDEES MATCHED BASED OFF OF INTERESTS, LOCATIONS, AFFILIATION

TOP RECOMMENDATION MATCHES  
vancouver, victoria, surrey, #compassionateleadership, community engagement, and more...

BIZ CARD SCANNED AND EXCHANGED

2

ATTENDEES PROFILE VIEWS

448

## whova app COMMUNITY HIGHLIGHTS

DISCUSSION TOPICS POSTED

50

COMMUNITY BOARD TOTAL MESSAGES

336

ASK ORGANIZERS MESSAGES

16

BREAK-THE-ICE MESSAGES

39

OTHER CONFERENCES MESSAGES

10

ARTICLE SHARED MESSAGES

12

# Evaluation

## Participant Satisfaction

When asked about their experience of the symposium, 96% of the participants strongly agreed or agreed with the following statements:

- I felt inspired by the sessions and/or speakers.
- I liked the variety of topics offered.
- I liked the mixed in-person/online format.
- This event provided me with valuable networking opportunities.
- Overall, I'm satisfied with this event.

## Participant Session Experiences

Participants were asked about whether they found the sessions engaging, whether they learned something valuable they could apply in their work, and in some cases whether they would recommend the session to others. Below is a summary the results by session.

### Morning Keynote – Compassion Matters

- 93% of participants found the keynote engaging.
- 100% of participants reported that they learned something valuable they could apply in their work.
- 75% of participants found the breakout session following the morning keynote engaging.

### It Begins with Us – Becoming Informed and Revisioning Support for Underserved and Indigenous Communities

- 95% of participants found the session engaging.
- 95% of participants indicated they learned something valuable from this session.
- 100% of all participants said they would recommend this session to others.

### Afternoon Keynote – Building Diverse and Intentional Multicultural Communities

- 63% of participants found the afternoon keynote session engaging.
- 25% of participants found the session somewhat engaging.
- 12% of participants did not find the session engaging.
- 75% of participants indicated they learned something from this session they could apply in their work.
- 25% of participants indicated they 'somewhat' learned something they could apply in their work.

### Social Prescribing – A Pathway for Health

#### Professionals to Facilitate Health and Wellbeing

- 80% of participants found this session engaging.
- 10% of participants found the session somewhat engaging.
- 10% of participants did not find the session engaging.
- 90% of participants indicated they learned something valuable they could apply in their work.
- 10% of participants indicated they somewhat learned something valuable they could apply in their work.
- 99% of participants indicated they would recommend this session to others.
- 100% of participants found the breakout session following this session engaging.

### Compassionate Communities in Action

- 80% of participants found this session engaging.
- 20% of participants found this session somewhat engaging.
- 82% of participants indicated they learned something valuable they could apply in their work.
- 9% of participants indicated they somewhat learned something valuable they could apply in their work.
- 9% of participants indicated that they did not learn something valuable they could apply in their work.
- 99% of participants indicated they would recommend this session to others.

Presenter Satisfaction

Presenters were asked to rate their understanding of the symposium and their experience, what they liked most about the symposium, as well as provide recommendations for future events.

Overall, presenters were positive in their responses to the survey. Specifically, 100% of respondents chose ‘excellent’ or ‘good’ in the following areas:

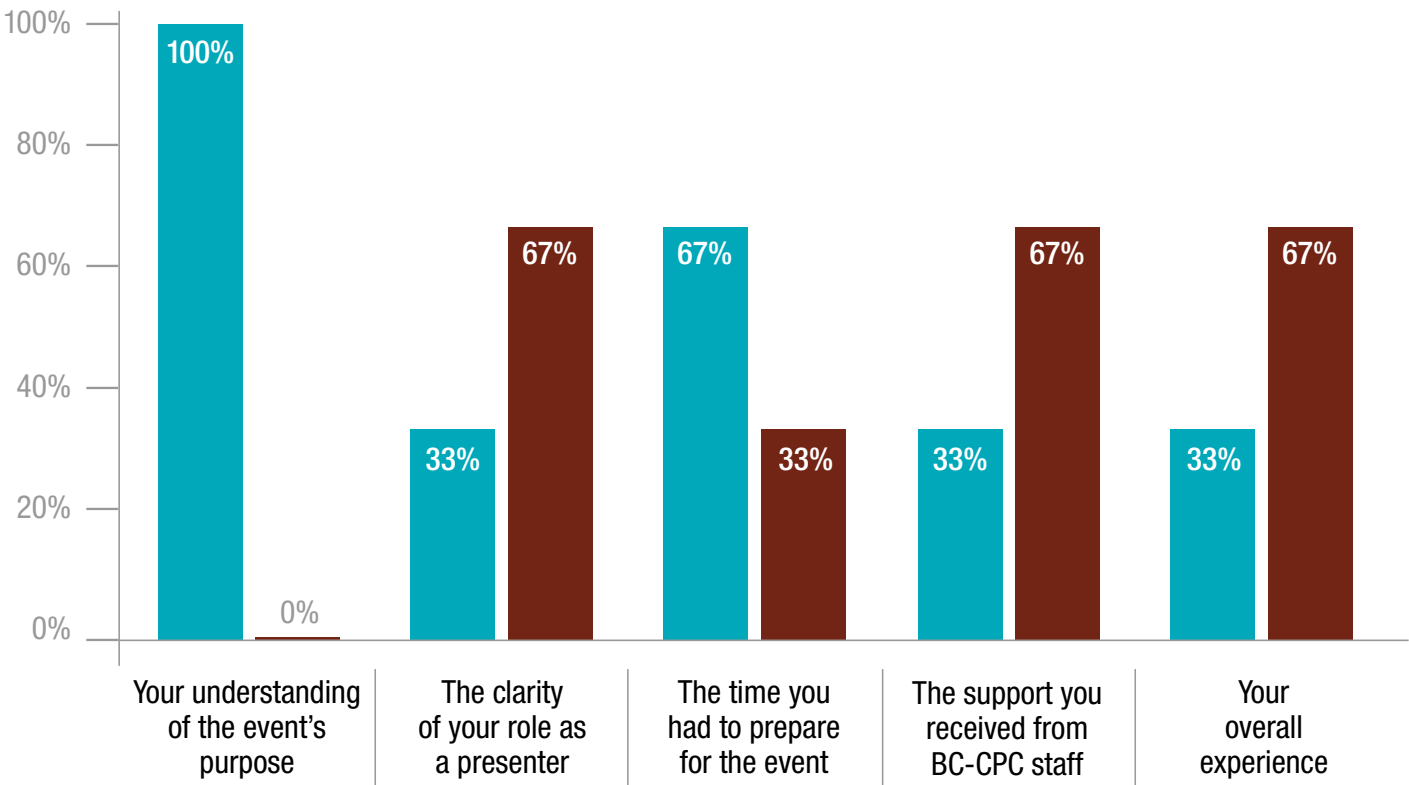
- Their understanding of the event’s purpose.
- The clarity of their role as a presenter.
- The time they had to prepare for the event.
- The support they received from BCCPC staff.
- Their overall experience with the symposium.

When asked what they liked most about the symposium, the most common answer was connecting with people and the opportunity to network with the aim of furthering the compassionate communities’ movement in BC. Presenters also highlighted the presentation by Dr. Julian Abel and learning about other community programs. All presenters said they would recommend this symposium to others.

In terms of how the Centre could improve this event in the future, presenters thought the sessions could be more interactive (aside from the keynote sessions), that time management could be refined, and recommended that BC health authorities should also be invited.

How would you rate the following:

Excellent Good Fair Poor



# Moving Forward



As we move forward, the BC Centre for Palliative Care will ensure that we are best meeting our communities' needs for programming and support. We will continue to inform, inspire, and partner with community-based organizations to champion Compassionate Community initiatives across British Columbia.

For community organization resources please visit our website: [Compassionate Community Resources](#).

**For those who were not able to attend the Symposium the link to the recorded sessions is:**  
**[All Together Symposium 2022](#) | Passcode: yN?0HRq\$**

## Community Consultation 2023

Our commitment to you, our valued partners is to continue to provide the programming, support, and resources the best meet your needs and to champion your work. As part of our next steps and to better serve you in your compassionate community work, we are launching a Compassionate Community Needs Assessment in Spring 2023. This consultation will allow us to identify your strengths and community assets, your resource and programming needs, as well explore new and innovative approaches. The outcomes will help us determine how we can best work with you in promoting your work through funding, resources, and partnerships, and continue to facilitate the spread of compassionate community work across British Columbia.

## "All Together" Symposium in 2024

We look forward to our continued work with you and are pleased to announce that we will be hosting a semi-annual "All Together" Compassionate Communities Symposium beginning in 2024.

### **We look forward to hosting you in 2024!**

Lisa Clement & Melody Jobse  
The Compassionate Communities' Team  
BC Centre for Palliative Care





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*Catalyzing the spread  
of innovation and best practices  
in palliative care.*