

# 2022 PROFILE SURVEY REPORT

Exploring how the COVID-19 pandemic impacted Seniors Active Living Centres and other OACAO members across Ontario



**LEADING SUPPORT FOR OLDER ADULT  
CENTRES IN ONTARIO**

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## ABOUT THE OACAO

This report has been prepared by the Older Adult Centres' Association of Ontario (OACAO). We are a non-profit provincial organization, and registered charity, that is a recognized leader in the develop of quality services, resources and supports for our network of 230+ community-based older adult centres, seniors clubs/seniors councils and associate members. We continue to share a strong commitment to ongoing liaison and advocacy with the Government of Ontario and other provincial associations in matters which affect older adult centres, SALCs, and older adults.

## LAND ACKNOWLEDGMENT

We recognize that the work of the OACAO and our members takes place on traditional territories of many Indigenous peoples who have lived here and cared for this land for thousands of years. We acknowledge the importance of the lands, and we do this to reaffirm our commitment and responsibility to enhancing relationships between nations and to improving our understanding of local indigenous peoples and their cultures.

We honour and respect Indigenous heritage and the long-lasting history of the land and strive to protect the land, water, plants and animals that have inhabited this land for centuries, and for the generations to come.

We acknowledge the ancestral and uncaded territory of all the Inuit, Métis, and First Nations people. We are grateful to have the opportunity to work and live on this land, and by doing so, we give our respect to its first inhabitants.

## ACKNOWLEDGMENTS

The development of this report brings together partners from across the province. We are particularly grateful to the committed individuals who shared their expertise to develop this survey, and to the staff and volunteers who shared their unique insights and experiences to strengthen Ontario's network of older adult centres and seniors active living centres.

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**OACAO**

The Voice of Older Adult Centres  
La voix des centres pour aînés



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## EXECUTIVE SUMMARY

Seniors Active Living Centres (SALCs) and other older adult centres are long-standing pillars of their communities, providing recreation, social, education, and health programming to thousands of older adults across Ontario. Like many community support service agencies, the COVID-19 pandemic created unprecedented challenges for the sector. Centres were closed for in-person programming for an average of 15 months between March 2020 and July 2022. These closures had substantial impacts on operating budgets, staff and volunteer levels, programming, and participation rates.

The pandemic had significant impacts on the financial wellbeing of centres across Ontario. In addition to the substantial revenue losses from donations, sponsorship, and program/membership fees, several also reported grant losses and funding claw backs. These revenue losses have occurred in the face of rising operating costs, and centres are concerned about their ability to manage their rising costs while maintaining affordable and accessible programs.

Centres also experienced a variety of challenges maintaining a full complement of volunteers, program instructors, and staff throughout the pandemic. They have experienced a substantial loss in volunteer engagement and faced challenges retaining program instructors. As a result, programming schedules have been modified to reduce offering or cancel programs altogether, negatively impacting participation rates.

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Centre staff were also stretched thin during the pandemic. Centres reported that IPAC demands were difficult for staff to manage on top of their regular workloads. Many also had to take on additional responsibilities to back-fill roles previously filled by volunteers and program instructors. The limited capacity among centre staff impacted their ability to support volunteers, maintain partnerships with other agencies, secure new donations, and conduct marketing and outreach.

Despite ongoing financial and staffing challenges, the pandemic spurred innovation as centres pivoted to virtual and telephone programs to keep older adults engaged and connected during centre closures. However, program calendars were typically smaller due to staff and volunteer shortages and centres felt many participants reduced their engagement partly due to declining health or emerging caregiving responsibilities.

Although interest in virtual and telephone programs has started to decline with the reintroduction of in-person programming, centres felt remote options were a way to support their most vulnerable clients not comfortable or able to attend in-person. They were also thought to provide a new level of flexibility that they hoped would help attract new participants to their programs.

Rebuilding from the pandemic will require dedicated resources and supports to help centres revamp their volunteer program, enhance their marketing activities, and strengthen community partnerships to offer diverse programs and expand outreach initiatives.

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## PROJECT BACKGROUND

This report presents key findings from a province-wide profile survey of Seniors Active Living Centres (SALCs) and other OACAO members (hereby referred to as "centres" throughout this report) to gather vital information about current trends and issues that are impacting the sector. The 2022 Profile Survey reported here focuses on the impact of the COVID-19 pandemic on centre operations and explores what the sector needs to re-build and thrive in a post-pandemic era.

The survey was modelled on the 2020 Profile Survey conducted from March to April, 2020, reflecting pre/early pandemic operations. The intention was to ensure that the results of the two surveys would be comparable and allow us to examine sector-level trends over the course of the pandemic. Additional questions were included to explore in-depth the impacts of the pandemic on staff and volunteer levels, funding and participant fees, programming, and participation levels.

Respondents represented a mix of SALC and non-SALC funded centres that were members of the OACAO, as well as SALC organizations who were not members. A total of 259 organizations were invited to participate, with responses from 127 (49% response rate).

The survey was available via SurveyMonkey from September 1 - October 7, 2022. Those who completed the survey by the initial deadline were entered into a draw for a chance to win a free OACAO introductory membership (for non-members) or 50% off of their OACAO Membership (for current members).

# PROFILE SURVEY

The 2022 Profile Survey explored a variety of topic areas, including: centre characteristics, funding and fee structures, participants served, programs and services, their pandemic experience, operational challenges, and supports from the OACAO.

## Centre Overview

Characteristics of the centre, such as type, staff levels, and promotional strategies

## Pandemic Experience

IPAC practices, impacts to staff and volunteer levels, changes in funding and participant fees; impacts to participation levels and challenges re-engaging participants; changes to program and service delivery, and pandemic recovery strategies

## Funding and Fees

Operating budget, funding sources, and participant and program fees

## Participants

Participation levels, characteristics, & reach to equity-deserving communities

## Operating Challenges

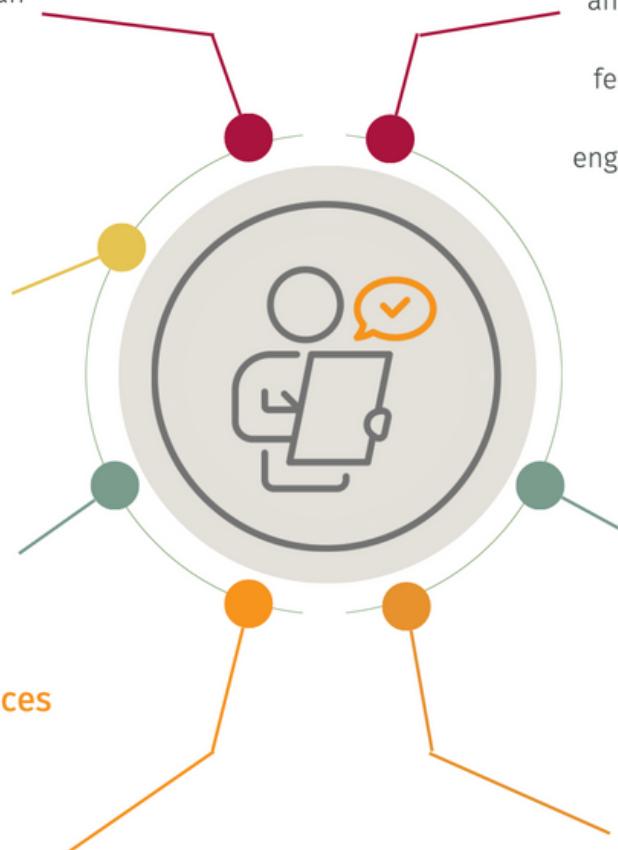
Operational challenges facing the centre and supports needed to mitigate challenges

## Programs and Services

Program and service offerings, including: languages, online, telephone, & in-person programs, program amenities

## OACAO Supports

Use of resources being accessed by current members, and interest in resources among non-members



## SECTOR TRENDS

### Daily Users

2022: 6,494  
2020: 10,965

### Volunteers

2022: 8,420  
2020: 16,773

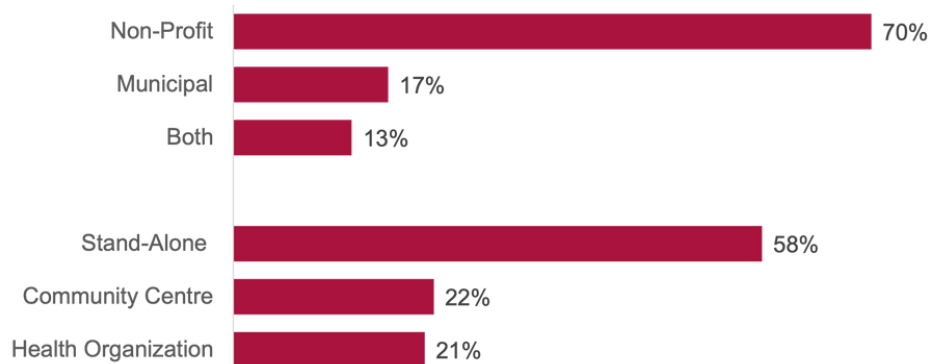
### Volunteer Hours

2022: 482,617  
2020: 1,143,537

## CENTRES AT A GLANCE

Centres were a mix of municipal and non-profit agencies; 17 centres indicated they were both, suggesting they were municipally operated with a non-profit board of directors. Over half of centres were stand-alone. Others were part of a community centre, or a health organization, such as a community support service agency, a community health centre or long-term care community. While eight centres were new (built within the past five years), most have been serving older adults in their community for several decades, with an average of 35 years.

There is diversity in both centre type and organizational affiliations



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## Staff and Volunteers

Staffing levels were similar to those reported in 2020. Centres had an average of five paid staff, made up of three full-time and two part-time positions. Non-profit centres had half as many staff as municipally-run centres. Additionally, centres with more staff had larger operating budgets and served more participants.

Volunteers have declined since 2020, but they continue to play a significant role in centre operations. Nearly 8,500 volunteers across Ontario contributed almost half a million hours of service to their local centre. This includes 20 centres that were entirely run by volunteers. These centres were typically in rural areas, had smaller operating budgets, and served a smaller number of participants.

Centres also relied on paid instructors to host specialized fitness and skill-based classes. The number of instructors was similar to 2020, with an average of 11 per centre. The proportion of centres without any instructors, however, increased from 25% in 2020 to 30% in 2022.

## Participants

Centre participants continue to be mostly older women (67%) who are aged 65-74 (37%) or 75-84 (31%). Centres also continued supporting older adults living alone (93%), from rural areas (56%) and in caregiving roles (53%).

Centres have maintained their success in reaching older adults from equity-deserving communities. However, one-third felt there were ethno-cultural groups in their neighbourhood that were not well represented in their membership, and 35% reported that reaching older adults from diverse communities remains a top challenge.



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## Reaching Diverse Seniors

Around half of centres hosted immigrant, refugee, and newcomer older adults, including 14% who served Ukrainian seniors. Some centres had a mandate to serve specific ethno-cultural communities, while others hosted social and recreation programs in multiple languages. **Centres called for more training and resources to create more inclusive environments and better meet the needs of these communities.** Suggestions included cultural awareness and sensitivity training, strategies to assess program and service needs, financial resources to hire multi-lingual staff, and opportunities to develop new partnerships with immigrant and newcomer service agencies.

**85%**

Centres that served seniors with physical disabilities

**68%**

Centres that served seniors with mild cognitive impairment

**53%**

Centres that served 2SLGBTQI+ seniors

**47%**

Centres that served immigrant, refugee, & newcomer seniors

**46%**

Centres that served Francophone seniors

**45%**

Centres that served seniors with developmental disabilities

**42%**

Centres that served Indigenous seniors

**36%**

Centres that served seniors from ethno-cultural communities

**11%**

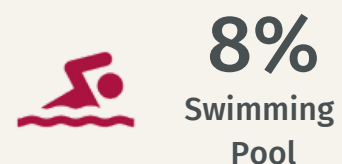
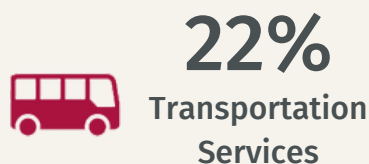
Centres that serve undocumented seniors

## 12

## Centre Amenities

Centres have access to a variety of amenities on-site to enhance their programs and services. Compared to 2020, **more centres are reporting outdoor space**. This may reflect a trend to optimize outdoor spaces, as public health encouraged outdoor programming when indoor options were not possible or recommended. It may also reflect a growing interest in the health and wellbeing benefits of being nature.

Also stemming from the pandemic is **an increase to digital access**. In 2020, only 36% had computer labs available for their participants. However, the pandemic prompted the creation of more digital supports. Now, most centres (85%) offered free WiFi on-site, and over half provided digital devices (55%) and technology training (57%) for participation in virtual programming. Many (18%) also had digital devices designed for people with hearing and/or vision loss, and a small number (6%) provided data plans for participants.



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## Recreation, Education & Social Programs

Fitness programs, group games, lectures and art programming continue to be top programs at centres; however, there has been a drastic shift in the ways these programs are provided. With mandated closures, all in-person programs were put on hold and many centres pivoted to virtual and telephone-based programming. **Two-thirds started new virtual programs during the pandemic**, including fitness and meditation, cooking classes, knitting groups, book clubs, meditation, and lectures. **Several centres (56%) also started new telephone programs**, primarily through Seniors' Centre Without Walls. The gradual reintroduction of in-person programming started in Spring 2022; however, most have continued offering programs through a variety of formats. This is especially true for fitness, lectures, and discussion groups.

### Top Online Programs

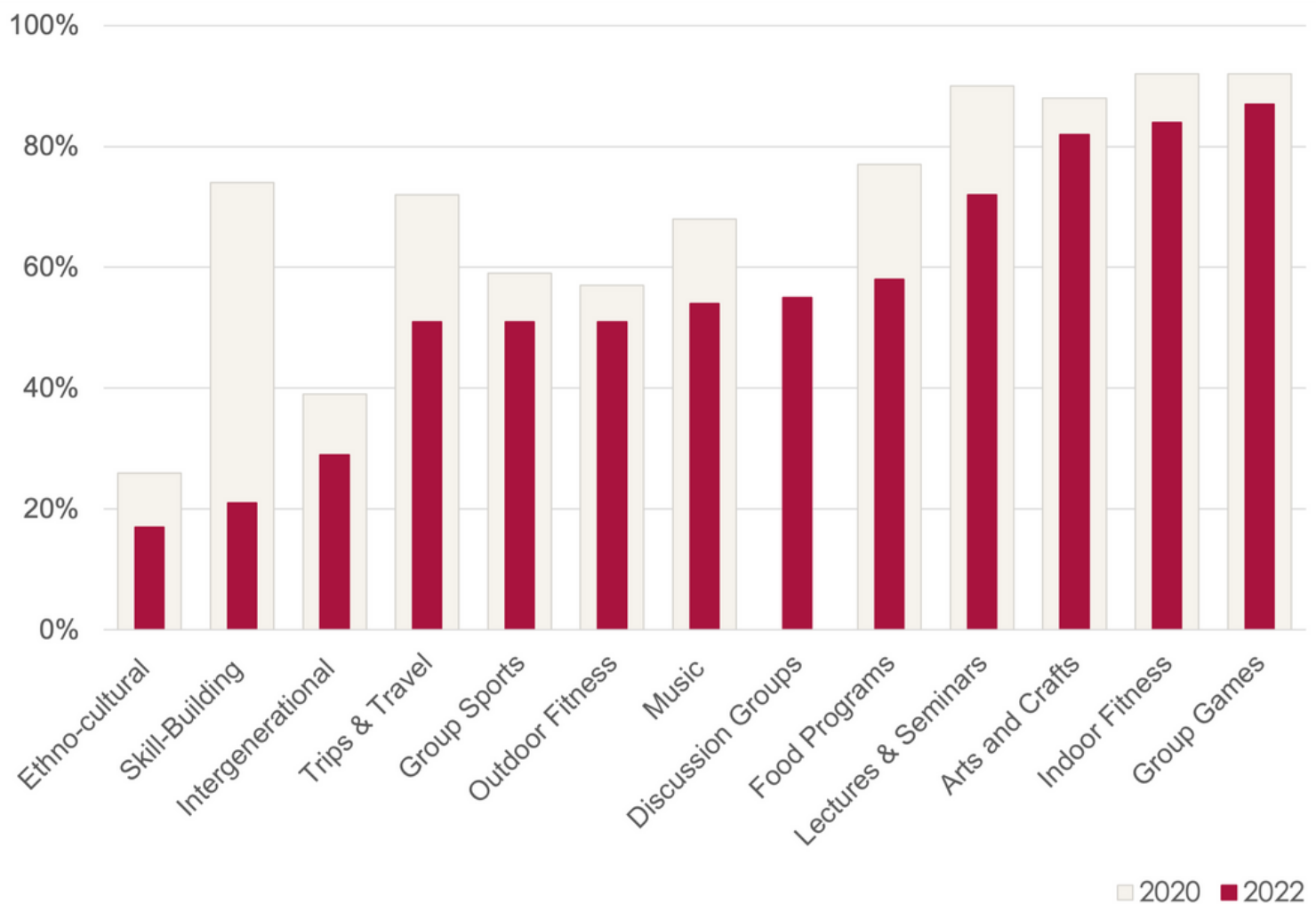
- Fitness (32%)
- Lectures (28%)
- Discussions (19%)
- Arts and Crafts (14%)
- Skill Building (12%)

### Top Phone Programs

- Fitness (11%)
- Discussion Groups (11%)
- Lectures (10%)

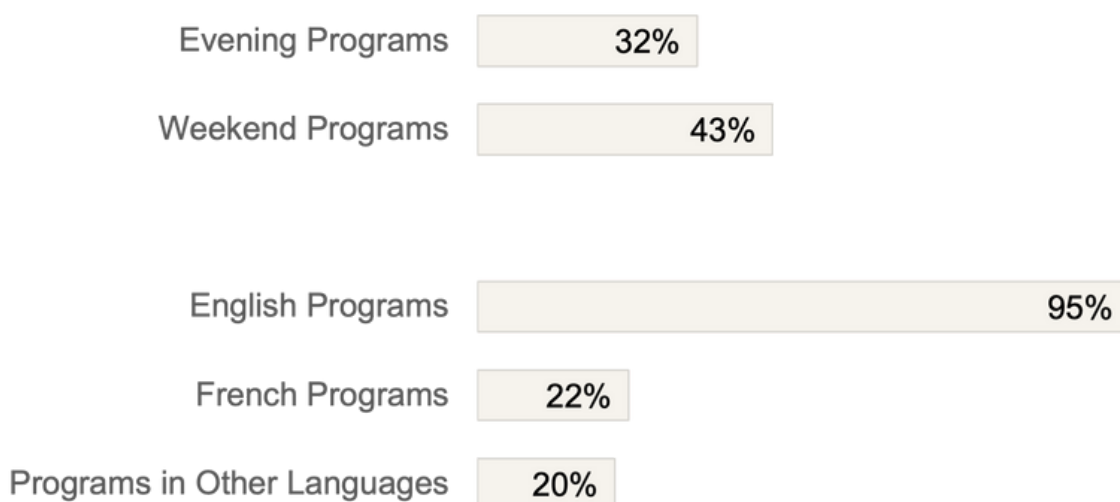
# 14

**Compared to 2020, centres are offering fewer types of recreation, education, and social programs in-person**



\* Discussion Groups were not included in the 2020 MPS

## 15

**Centres offer programs on evenings and weekends and in multiple languages**

Although centres had not yet reinstated their full complement of recreation, social, and education programs available in-person, the availability of programs in multiple languages has remained relatively stable throughout the pandemic. Centres have also been successful in maintaining their weekend program offerings.

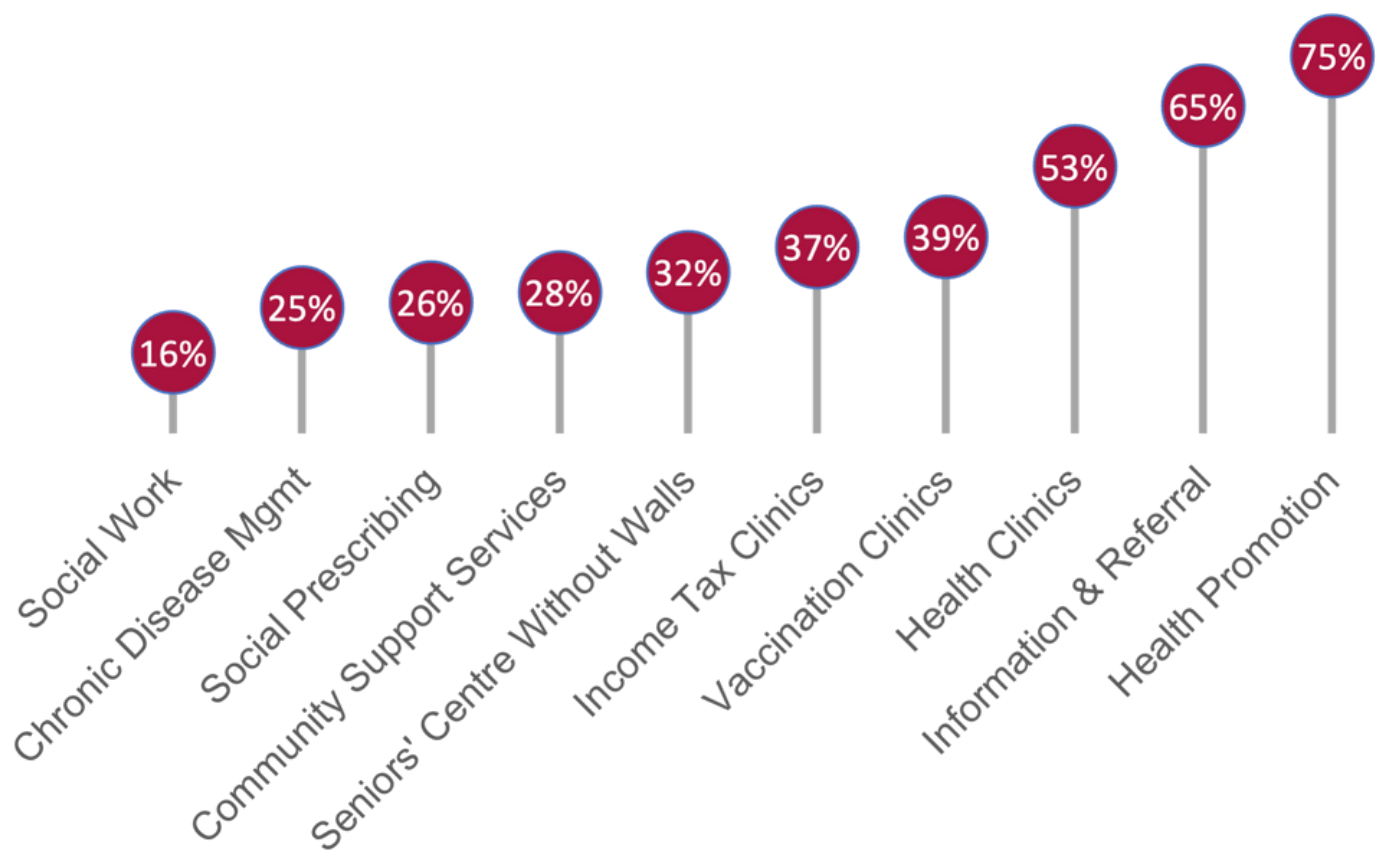
There has, however, been a substantial drop in the availability of evening programs. In 2020, over half of centres offered programs in the evenings, but this has dropped to 32% in 2022. This may be linked to the human resources challenges that were experienced across the sector, including reduced staff capacity and fewer volunteers.

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## Health and Support Services

In addition to recreation, social, and educational activities, centres have been able to offer a wide variety of health and support services throughout the pandemic. Health promotion activities remained the most common, with many offering health seminars, health clinics (e.g., foot care, hearing clinics), and programs to support chronic disease management.

Information and referral programs have grown in frequency from 48% in 2020 to 65% in 2022; especially during lockdowns, centres provided more referrals for mental health services, as well as grocery and medication delivery. Vaccination programs were also up, with centres supporting vaccine clinics for COVID-19 and Influenza.





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## Funding Sources

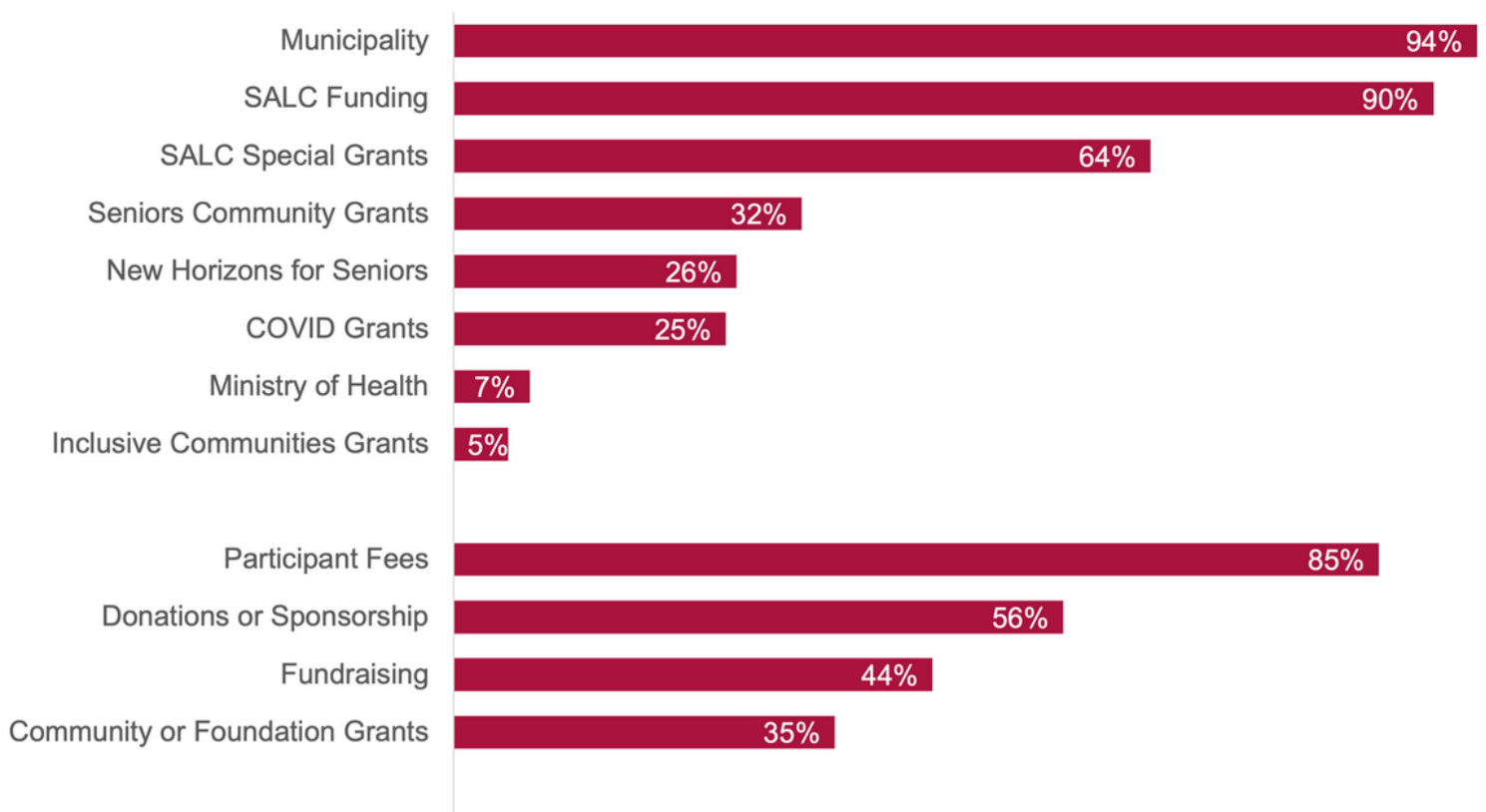
The median annual operating budget was \$129,000, down from \$150,000 in 2020. Although the operating budget did not vary by centre classification (i.e., non-profit, municipal, or charitable), centres serving more older adults had larger budgets.

Centres relied on funding from all levels of government; however, one-third of funding continues to come from non-government sources. This includes donations, sponsorship, fundraising, and participant fees. Non-profit centres were more likely to rely on these funding sources.

Most centres (90%) received Seniors Active Living Centre (SALC) program funding from the Government of Ontario, and it was an essential part of their operating budget, especially for smaller, non-profit, and volunteer-led centres. For centres where SALC funding was their primary source, it represented over 50% of their operating budget. Furthermore, nearly two-thirds made use of SALC special grants to purchase equipment to enable the digital environment, fund marketing and translation costs, and undertake small capital projects, such as IPAC adaptations and accessibility upgrades. Those without SALC funding expressed strong interest in applying, should the opportunity become available.

## 18

**Centres rely on funding from all levels of governments. Budgets are supplemented by user fees and fundraising, which have been negatively impacted by the pandemic.**



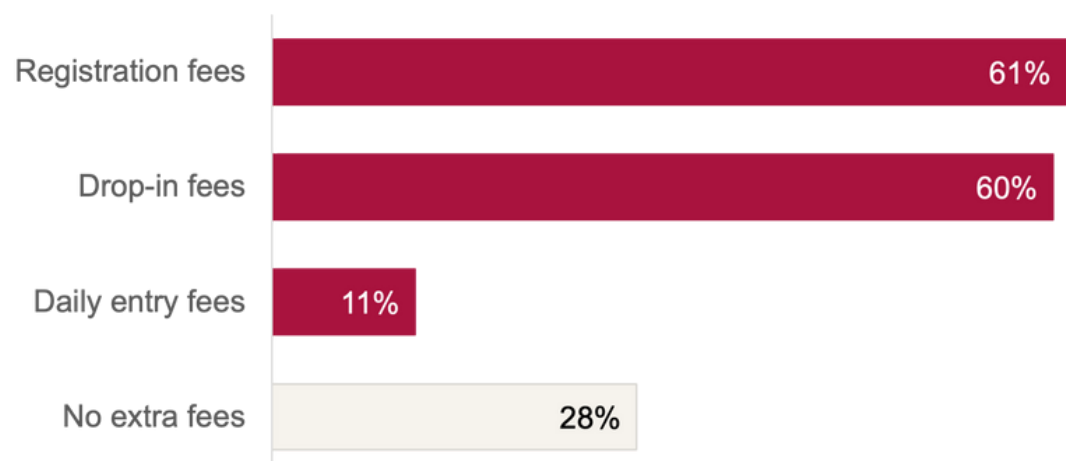
## 19

**Most centres (80%) had a membership fee.** Fees ranged from \$7.00 per year to \$45 per month. The average annual fee across all centres was \$35, which has not changed since 2020. Some centres had higher fees for non-residents, and others offered discounts for couples, and low-income households. Normally, centres build annual increases into their membership fee. Most fees, however, were paused during the pandemic and were just beginning to be re-introduced at the time of this survey. Centres reported a desire to keep their membership affordable as they rebuild their service levels back to pre-pandemic levels.

**One fifth of centres had no membership fee.** These centres were usually part of a community centre or a community health centre. Most centres with no membership fee (70%) offered their programs completely free, but some charged drop-in fees or registration fees, especially for programs with a specialized instructor.

Regardless of their participant fee structure, most centres charged extra for special events and meal programs. Some also charged “supply fees” to cover the costs of program materials.

**In addition to their membership fee, most centres charged extra fees to access programs and services**



## 20

### Accessibility

Centres have been diligent in seeking out funding opportunities to enhance the accessibility of their space but renovating the centre to remove accessibility barriers has been challenging during COVID-19 and it remains a top priority for 13%. Rising inflation has also impacted accessibility upgrades, and centres with fully funded projects have had to scale-back their work to accommodate rising costs.

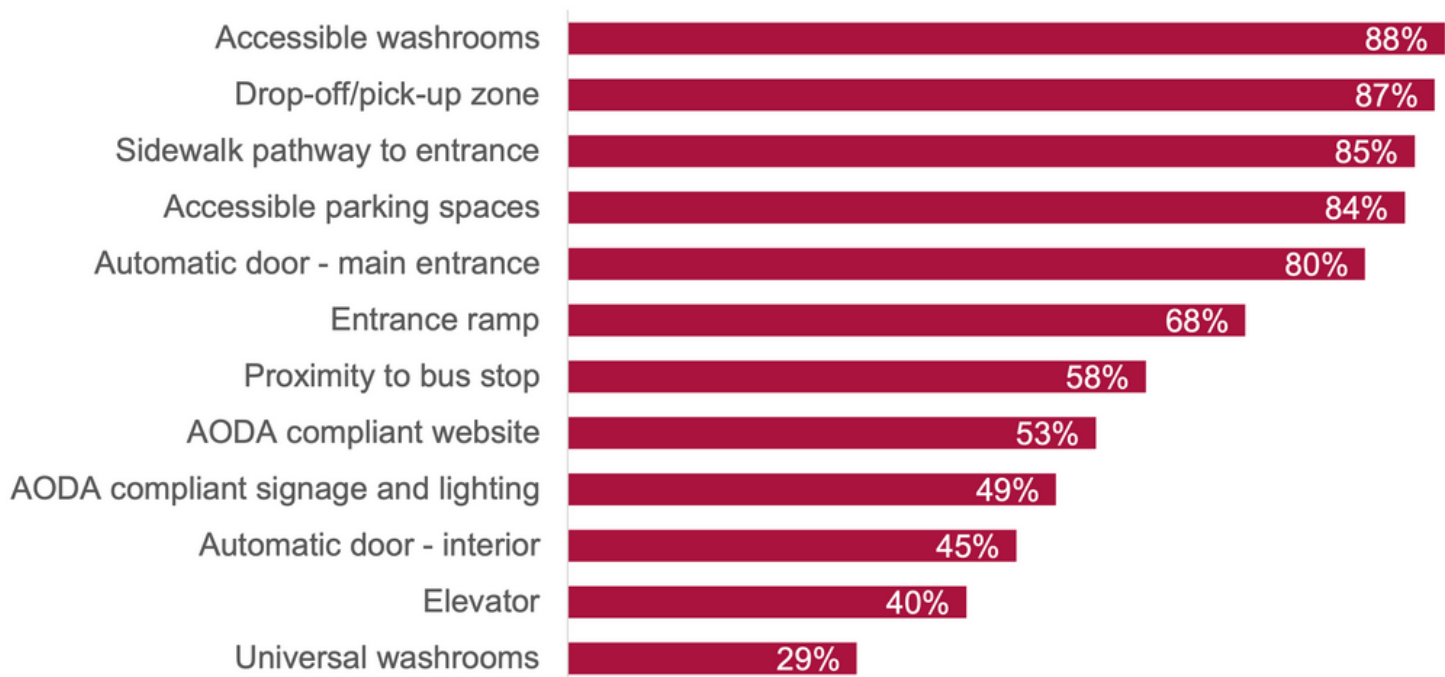
“*The rising costs of renovations is a challenge. We received funds to renovate two washrooms and now can only renovate one.*”

As a result, many centres had an ‘accessibility wish list’ for when new funding opportunities emerged. They were keen to design accessible, universal washrooms, add elevators and ramps, and create more accessible drop-off zones. For some, however, the physical space created challenges in being fully accessible.

Many buildings are aging, and retrofits (such as elevators, ramps, and automatic doors) are difficult to complete. Centres that rent their space also reported difficulties carrying out renovations to improve accessibility, as they were reliant on their landlord’s interest and capacity to renovate.

# 21

**Most centres have been successful at creating accessible spaces for their participants.**



# 22



## IMPACT OF THE COVID-19 PANDEMIC

*Centres were closed for in-person programming an average of 15 months between March 2020 and July 2022. These closures had substantial impacts to operating budgets, staff and volunteer levels, and participation rates.*



## 23

## Infection Prevention and Control Practices

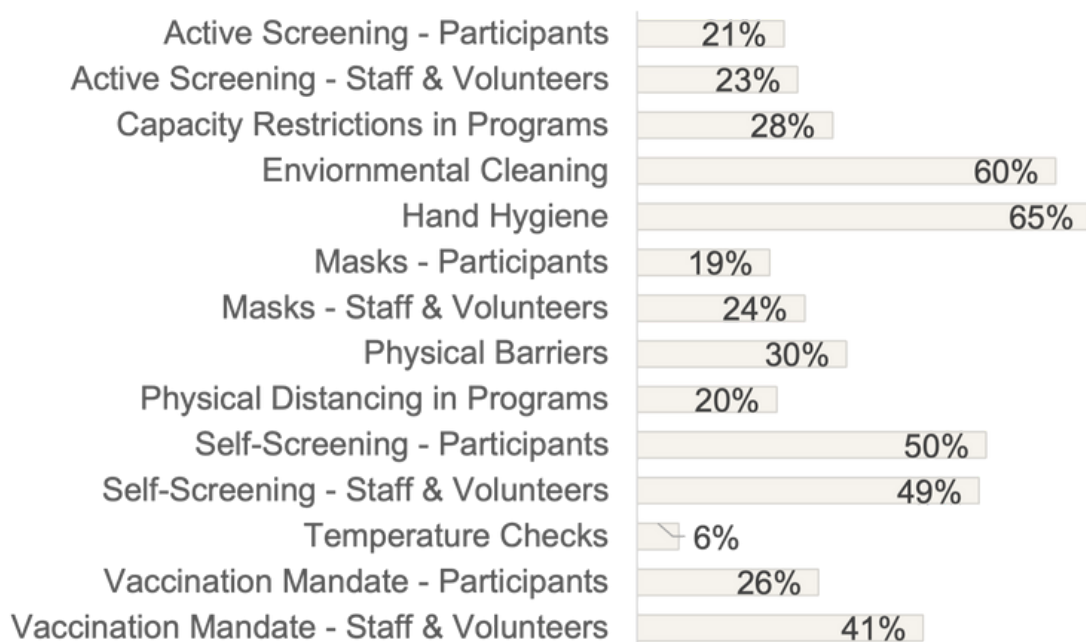
Infection prevention and control (IPAC) practices emerged as a top priority during the pandemic, and centres were committed to following public health recommendations to create a safe environment for their staff, volunteers, and participants.

**Nearly two-thirds of centres received training in IPAC practices.** This includes resources and training developed by the OACAO in partnership with the Public Services Health and Safety Association (PSHSA) that focused on return-to-work protocols, risk mitigation, and IPAC strategies that were tailored to reflect the realities of the sector. For many centres, especially non-profits and those not affiliated with a broader community agency, the OACAO was their primary source of IPAC-related training and supports.

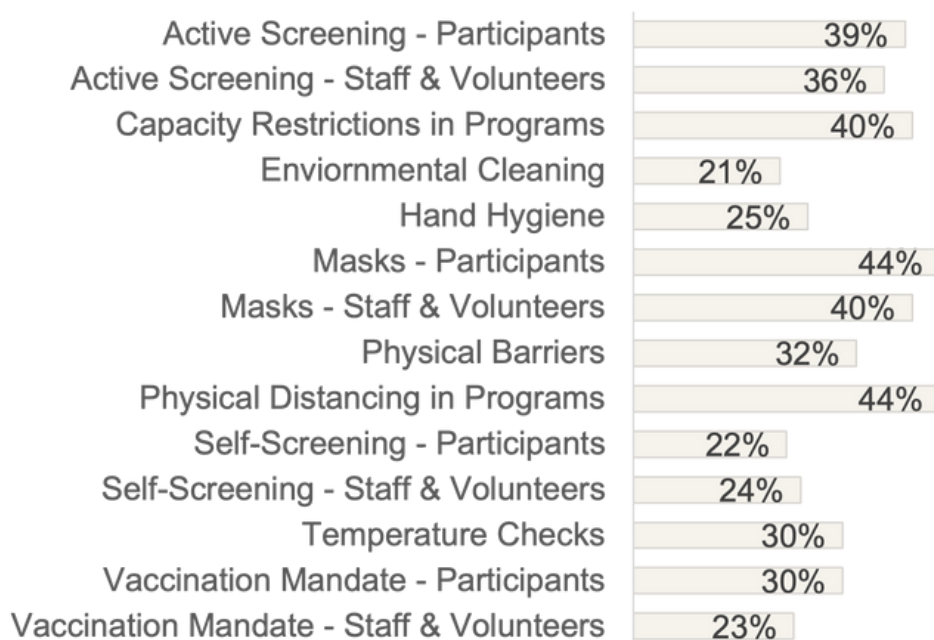
Throughout the pandemic, centres implemented a variety of strategies to keep their centres safe, including active screening of everyone entering their facility, temperature checks, capacity restrictions, enhanced environmental cleaning, mandatory masking, and vaccination policies. At the time of this survey, however, 26% of centres had removed all COVID-19 mitigation strategies in line with when public health removed restrictions. Among those still implementing IPAC practices, self-screening of staff, volunteers, and participants was the most common. While there has been a gradual reintroduction of IPAC policies and practices, centres recognized that these were intricately connected to hesitancy or willingness among older adults to return to the centre for in-person programs and volunteer opportunities. **Therefore, centres were willing to re-introduce IPAC practices in line with the needs of their community and evolving public health recommendations.**

## 24

## A variety of IPAC practices were still in place



## Centres were willing to reintroduce measures as needed



## 25

### **Implementing IPAC practices placed significant financial pressures on centres.**

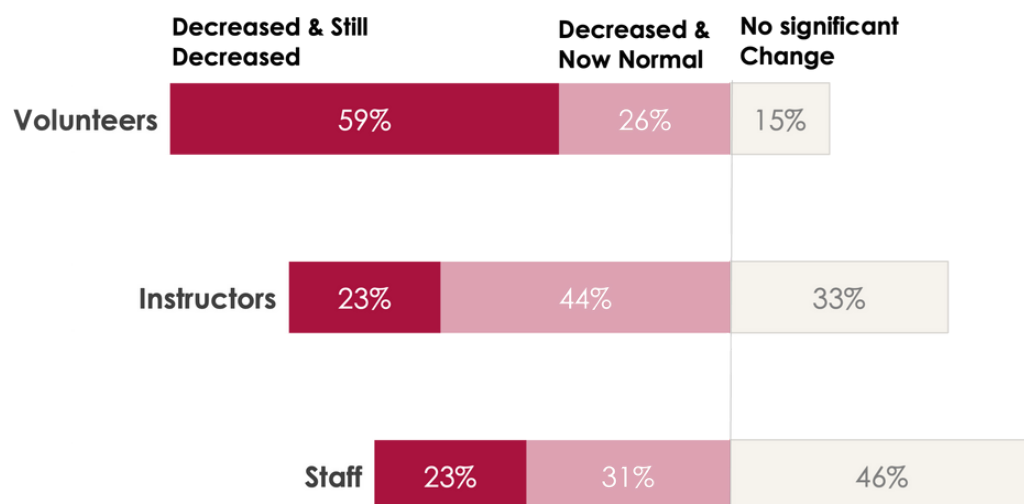
Very little funding was available or accessed to pay for personal protective equipment, physical barriers (e.g., plexiglass), or supplies for enhanced environmental cleaning. Over half of centres paid for these costs out of their operating budget. Others were able to apply for a grant (37%) or received support from their municipality (32%). Many also relied on donations of masks, rapid tests, and hand sanitizer from partner agencies such as the Canadian Red Cross.

## 26

## Infection Prevention and Control Practices

Centres experienced a variety of challenges maintaining a full complement of staff, volunteers, and program instructors throughout the pandemic.

Many centres are **still experiencing shortages** of staff, program instructors, and volunteers



## 27

## Volunteers

**Centres have seen a significant loss of volunteers throughout the pandemic.** Over half reported that they had decreased volunteer engagement as result of COVID-19 and engagement remains lower than normal despite the gradual loosening of pandemic restrictions.

From the perspective of staff, a primary driver of this disengagement has been hesitancy among volunteers to return in-person (68%). Centres also reported they are struggling to create volunteer roles that reflect their new hybrid program environment (32%), especially as many found volunteers were not comfortable using digital technology (30%). Centres also reported mounting difficulties recruiting new volunteers to replace those that have stopped (60%).

As a result of these ongoing volunteer challenges, program schedules have been modified to reduced program offerings (45%) or cancel programs altogether (38%), and 41% of centres felt they lost participants as a result. The loss of volunteers has also made it difficult for centres to run their boards and committees (26%), which threatens the governance viability of many centres.

## Program Instructors

**It has been difficult for centres to retain program instructors.**

Centres reported a growing lack of interest among instructors to return in-person (35%), especially as many had moved away (28%). Centres also reported that instructors have increased fees (31%), forcing some to pass rising costs onto participants (14%). Similar to challenges observed with volunteer recruitment and retention, difficulties finding affordable instructors to offer in-person programs has led to substantial calendar changes. Centres have reduced (36%) and cancelled (34%) programs due to a lack of instructors, which they felt contributed to declining participation rates (42%).

## 28

### Staff

Around half of centres were able to maintain their staff levels during the pandemic; the other half lost staff and struggled to replace them. Several centres (especially municipal) had staff redeployed to other roles for various lengths of time.

In addition to challenges maintaining their overall staff levels, the capacity of centre staff was stretched very thin. Centres reported difficulties maintaining a positive team environment (35%) and found that IPAC demands were difficult for staff to manage on top of regular workloads (30%). Many centres also had to reduce staff hours (22%) or lay staff off (20%) due to budget cuts. Having to back-fill roles previously filled by volunteers or program instructors created further stress.

The limited capacity among staff had several impacts. Centres reported that staff have struggled to support their remaining volunteers (48%) and are facing difficulties balancing in-person, virtual, and telephone programs (43%). Centres also reported that staff are experiencing challenges building and maintaining partnerships with other agencies (36%), securing new donations (33%), and conducting marketing and outreach (32%), all of which are vital to re-build their centre after the pandemic.

**Most centres have cancelled programs and reduced program offerings because of personnel challenges, and older adults have disengaged from centres as a result.**



## 29

### FINANCIAL IMPACTS

The pandemic had a significant impact on centre's operating budgets. Although some (25%) benefited from emergency COVID-19 relief grants (e.g., Canadian Emergency Business Account Loan), many did not access these funds, likely due to limited staff resources to complete the application and/or reporting.

“

*The costs are increasing, and the budgets have remained unchanged. We can no longer do what we did, yet there is an expectation that we will continue at the same level*

”

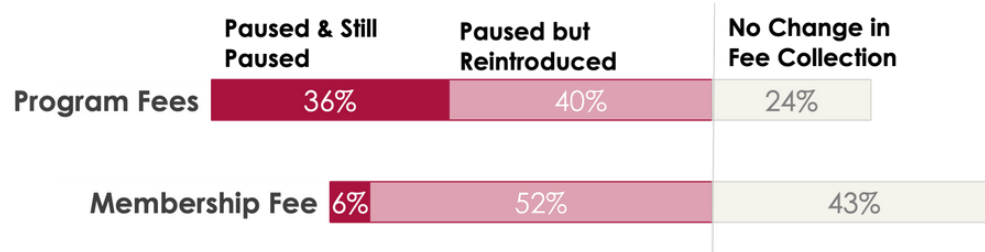
Most centres also experienced a substantial loss in revenue generated through membership (77%) and program (76%) fees, fundraising (69%), donations (41%), and sponsorship (38%). Revenue losses have occurred in the face of rising operating costs, and centres are concerned about their ability to manage their rising costs while maintaining affordable programs.

Loss of membership and program fees were the most significant. Participation rates were down, and many centres stopped collecting membership and program fees when their location was physically closed for in-person programming. Virtual and telephone programs were usually offered for free, especially at the start of the pandemic, to help older adults stay connected.

## 30

## Centres have begun reintroducing membership and program fees

With the transition back to in-person programs, most centres have started to re-introduce their membership and program fees. For some centres, this has been a full reintroduction of fees at the same or higher price. Others are taking a more gradual approach by requesting participants pay a nominal drop-in fee or make a donation to the centre to access programs.



"Pre-pandemic, [membership] rate was \$35 for the year and had not increased in years. We [extended] the 2020 membership to 2021 as well. Membership is now \$40 for renewals and \$45 for new members."



"All programs that we were able to offer virtually were provided without user fees. Since re-introducing [in-person] programs, we have now just increased our user fees and are increasing our membership fee in the next fiscal year."



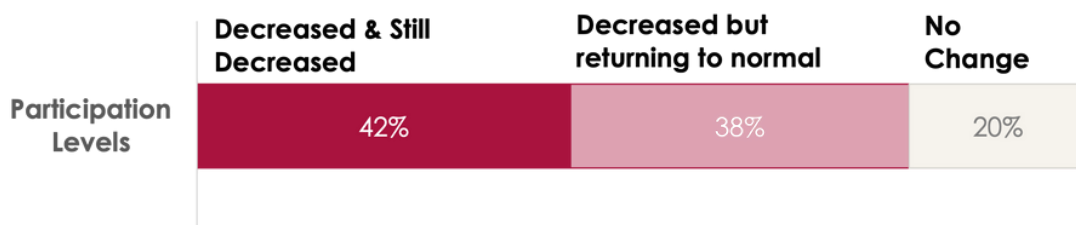
"At first, we offered several programs online for free, but due to the duration, [we started] charging for online classes and leaving online recreation 'drop-in' programs free. We have now reintroduced all the pre COVID fee structures.."

## 31

## Program Impacts

The pandemic spurred innovation as centres pivoted to virtual and telephone programs to keep older adults engaged and connected during centre closures. However, program calendars were typically smaller due to staff and volunteer shortages and centres felt many participants reduced their engagement partly due to declining health or emerging caregiving responsibilities.

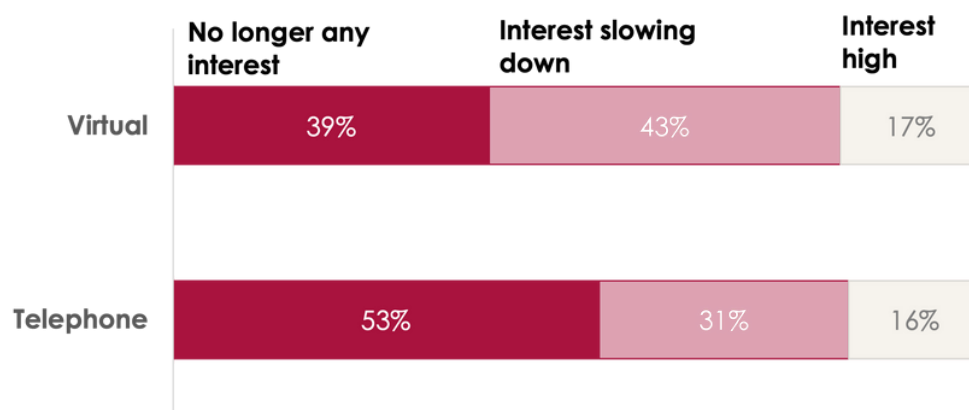
### Most centres lost participants during the pandemic and it has been slow to rebuild



As the pandemic has continued, centres reported that interest for virtual and online programs is declining. Yet, they continue to face significant challenges re-engaging their participants for in-person programs, reporting that only 60% of their membership had returned. Concerns about COVID-19 infectivity (77%) and changes in health status (67%) were thought to be the main reason that people were not returning to the centre. Other reasons were thought to include participants moving away (37%), lack of transportation (30%), changes in program needs (23%), and loss of preferred programs (21%).

## 32

## Demand for virtual and telephone based programs is waning



Although interest in virtual and telephone programs remains mixed, Centres also acknowledged that demand for these programs may continue to fluctuate based on external factors, such as COVID-19 variants, flu season, and the weather. Centres also acknowledged that remote programs were a way to continue engaging their most vulnerable participants who felt uncomfortable joining in-person. They were also thought to offer a new level of flexibility that centres hoped would be attractive to new participants. Other benefits identified included:

- No need to travel to the centre - 60%
- Reach participants outside of catchment area - 46%
- Easier for participants to fit programs into busy schedules - 45%
- Easier for participants to balance programs with caregiving roles - 38%
- Participants can continue participating while travelling - 31%
- Programs can be offered at more affordable rates - 30%

Therefore, most intend to keep at least some of their virtual (66%) and telephone (61%) offerings. However, balancing these programs with in-person opportunities continues to be a major struggle in the face of ongoing volunteer shortages and increased demands on staff. Digital equity and digital literacy are also reported challenges for those hoping to maintain a mix of in-person and remote programs.

# 33

## Stories of the Pandemic

### Centres shared their struggles and successes reaching older adults during the pandemic



*"There has been a slow resumption of some programs based on operational hours and volunteer availability. Some have increased health conditions during the pandemic that limit their ability or comfort to resume programs. However, more individuals are [joining] as many people have also retired since the pandemic."*



*"We have attracted a newer audience, younger seniors have engaged in the on line programming where as our regulars wanted to return to the in-person programming as soon as possible ."*



*"Participants were hesitant and it was very difficult to plan as we did not know if at the time the Centre would be closed. Trips have not yet been established due to the comfort level and new strains of COVID."*



*"Members may have filled the time with other activities and have not yet returned to the Centre. Some of the program instructors have refused to teach in-person as that has stopped some members from renewing their membership."*



*"We have developed a new branding package, an advertising campaign, and we are hosting an open house. A survey has helped us identify new interests. We have [new] programs, workshops and guest speakers [based on] the responses of the survey."*

## 34

# RE-BUILDING AFTER THE PANDEMIC

“The costs are increasing, and the budgets have remained unchanged. We can no longer do what we did, yet there is an expectation that we will continue at the same level.”

## Increasing Financial Resources

The COVID-19 pandemic had significant impacts on the financial wellbeing of centres across Ontario. In addition to the substantial revenue losses from donations, sponsorship, and program/membership fees, 14% of centres reported grant losses and funding claw backs, most commonly from their municipality. As a result, centres are concerned about rising costs (54%) and making sure their programming remains affordable for participants (43%). With ongoing budgetary challenges, some centres have had to lay off staff (20%) or reduce staff hours (22%), which negatively impacted their operational capacity.

## 35

Centres expressed concern that core funding, including Seniors Active Living Centre (SALC) funding, has not kept up with inflation. They also felt that core funding has failed to adequately cover base operating costs, especially in this new hybrid service model that requires substantially more staff resources and digital support for participants.



*“Adequate funding from the province. \$42,700 isn't sufficient. Also, the timing of the special grant makes it difficult to plan programs. It often comes with 2 - 3 months left in the year. The quality of programming could be increased if we knew at the beginning of the year how much revenue we could expect to receive.”*



*“Stable Core funding increase that reflects the need for additional human resources for hybrid model of service and staff retention supports; access to the digital environment for participants.”*

Expanded core funding ensures centres can offer competitive, high-quality employment opportunities (e.g., increased pay, benefits, and pensions) and hire more staff, which is essential for the rebuilding process. More staff will ensure centres are well positioned to enhance their marketing activities, revamp their volunteer program, and build new partnerships with other community agencies.

## 36

### Enhancing Marketing

Even though centres have been open to in-person programming for several months, most are operating under their pre-pandemic levels. As a result, attracting new participants and re-building their centre membership is a top priority.

To market their programs, centres primarily rely on sharing their monthly calendar and activity schedules (65%), print brochures (50%) and social media (48%). However, centres felt that a more coordinated, innovative, and robust marketing strategy was needed to re-build after the pandemic. They are eager to learn ways they can promote to community partners, prior participants, and new participants that they are “open for business” with a dynamic new hybrid program model.

Despite a recognized need for enhanced marketing, centres had several concerns about their ability to develop and implement an effective strategy. These concerns were primarily due to limited staff capacity (including time and knowledge) and a lack of funding to support the costs of new marketing opportunities.

“Marketing assistance! The 2 staff are so busy trying to run the programs, create programs, support participants in [accessing programs], or trying to find volunteers [to run] programs that there is very little time to do any marketing beyond the immediate community. Marketing assistance is needed.”



# 37

## Growing Volunteers

The volunteer network that supports centres was devastated during the COVID-19 pandemic. There are fewer volunteers offering fewer hours of service, and this has had a significant impact on centre programming and operations. As a result, 68% of centres reported that recruiting and retaining volunteers was one of their top challenges in need of support.

In response to the impact of the pandemic on the ability of centres to recruit and retain volunteers, the OACAO developed and implemented a volunteer engagement survey that centres distributed to current, past and potential volunteers.

The results of the survey, which were under review at the time of this report, are expected to provide valuable insights into benefits of volunteering, volunteer satisfaction and how the pandemic impacted their volunteer work. Importantly, the survey addresses the factors that volunteers consider when deciding to volunteer, and the challenges they are facing carrying out this role.

The findings of this survey will offer important insights into how centres can reignite their volunteer engagement and will identify opportunities for the OACAO to support the re-building of a thriving volunteer sector. The focus will be on opportunities to create new volunteer roles that reflect shifting realities of hybrid program environments, and ways to develop recruitment strategies, on-boarding processes, and training strategies to support engagement and retention.

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## Building Partnerships

Centres also identified a need to strengthen community partnerships. Such partnerships are critical for offering more diverse programs and expanding outreach initiatives. However, the human resource challenges observed across community-based organizations and health service agencies has negatively impacted the ways in which they work together. As a result, centres are looking to re-build and strengthen these partnerships. Many of these partnerships offer opportunities for centres to promote their programs to other older adult groups within their community, as well as find affordable spaces to facilitate programs. For instance, one centre has cross promotion partnerships with their local Probus Club and has also started partnering with local condo associations for space in their facilities to run programs.

Key partners for many centres were post-secondary institutions. Several centres (37%) hosted practicum students, including students from social work, gerontology, social services, recreation and leisure, and nursing programs. Although the placement is usually only a few months long, these students were essential for supporting programs, especially during the ongoing volunteer shortage seen during the pandemic. Moving forwards, 34% of centres who did not currently offer practicums were interested in learning more about these opportunities, and 12% indicated that building new partnerships with post-secondary institutions would be a top priority for them. Importantly, as seen in a handful of centres, practicum students in digital marketing and communications may be important for helping centres developing new marketing materials.

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## ROLE OF OACAO

The OACAO provides valuable resources, funding and networking opportunities to centres across Ontario.



77% of respondents were members of the OACAO. The quarterly newsletter was most popular, but other resources such as job board and volunteer board, OASSIS Employee Benefit Packages for non-profits and discounts from business partners were also valuable.

Most non-members were aware of the OACAO's advocacy work on behalf of centres. Non-members were most frequently interested in the quarterly newsletter (81%), seniors active living fairs micro-grants (41%), governance and operating resources (41%), program evaluation resources (32%), regional meetings and workshops (32%), and capacity-building events (32%).

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At the onset of the pandemic, the OACAO ramped up supports to their members and the sector more broadly. They provided pertinent and timely resources, professional development, and networking opportunities to ensure that centres across Ontario were able to provide high quality supports and services to their members while in-person programming was closed.



*"We were never OACAO members until the pandemic. I found membership in this network to be very valuable. There were times when you included non-members to ensure the information was available which was very important. We have funding issues, but I found that OACAO was worth every penny and the networking extremely valuable!"*



*"You guys are great and I'm so happy we joined prior to Covid. Your commitment to help us all get through it made a world of difference."*

Throughout the past two years, the OACAO provided virtual regional meetings, live webinars, training modules, and annual conferences to provide updates to the sector, share information and resources, and provide a space for centre staff and volunteers to share best practices, ongoing challenges, and innovative solutions. This was particularly important during the time when centres were re-launching in-person programming while managing various health and safety protocols directed by their local public health authority.

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Early in the pandemic (summer 2020), the OACAO conducted a province-wide COVID-19 re-opening survey to gauge comfort level and priorities of Ontario seniors to return to centres. Centre staff found this report especially valuable as they worked to develop and launch a re-opening plan that would meet the needs of all their participants.

The OACAO also launched a COVID-19 Resource Handbook in early 2021. This valuable resource identified precautionary safety measures and guidelines to support the recovery and expansion of centre centres. A training webinar was also hosted with PSHSA to review the handbook.

Early in 2022, the OACAO released a Health and Safety Resource Manual for SALCs and Older Adult Centres that outlined the basic components of a health and safety program, tailored for the sector.

These supports and resources ensure that centres across Ontario are well positioned to tackle emerging challenges and create innovative programs and services that will meet the needs of their local older adult community.

# **Older Adult Centres' Association of Ontario (OACAO)**

## **Question & Information**



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