



Collective Impact and Holistic Approaches to Positive Attendance

A Report from the Continuing Care Council Fall Assembly 2017

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THE CONTINUING CARE COUNCIL

The Continuing Care Council (Council) is a group of 14 executive/administrative representatives from Health Association Nova Scotia continuing care membership (long-term care, home care, and the adult residential / regional rehabilitation sectors). Its purpose is to identify, discuss, and, where appropriate, engage others to advance policy issues of mutual interest.

THE FALL ASSEMBLY & ITS OBJECTIVES

The Continuing Care Council Assembly is an opportunity for members and partners of the sector to gather, network, learn of recent Council successes, and discuss strategic concerns. This year, much of the Assembly was dedicated to examining Council's new strategic initiative, ***holistic approaches to positive attendance***. This issue was chosen after extensive consultation, and it encompasses a variety of relevant sub-themes, for example: recruiting, retention, the physical and mental health of staff, time off due to injury, policy, and attendance management programming. Our discussions highlighted just how multifactorial and complex the underlying issues of attendance can be.

Of equal importance was a learning session on the path through which Council wishes to make progress on positive attendance: The ***Collective Impact Framework***^{1 2}. Collective Impact is a new, disciplined, cross-sector model and philosophy for progress that focuses its attention on true collaborative power, through an emphasis on partnerships with both stakeholders the group is accustomed to working with, and also stretching to incorporate stakeholders the might be newer to us. The framework places great value on both the reduction of duplication (by bringing partners together), but also listening, learning, flexibility, synergy, and innovation. Collective Impact emphasizes that complex issues have no exact formulae, and that there are multiple right ways to address an issue. Through deeper understanding, it tackles root causes of problems. Collective Impact has been successfully implemented in communities tackling difficult issues such as poverty, homelessness, and obesity. The five key conditions of Collective Impact are listed below.

Five Conditions of Collective Impact	
Common Agenda	All participants have a shared vision for change including a common understanding of the problem and a joint approach to solving it through agreed upon actions.
Shared Measurement	Collecting data and measuring results consistently across all participants ensures efforts remain aligned and participants hold each other accountable.
Mutually Reinforcing Activities	Participant activities must be differentiated while still being coordinated through a mutually reinforcing plan of action.
Continuous Communication	Consistent and open communication is needed across the many players to build trust, assure mutual objectives and create common motivation.
Backbone Support	Creating and managing Collective Impact requires a separate organization(s) with staff and a specific set of skills to serve as the backbone for the entire for the entire initiative and coordinate participating organizations and agencies.

¹ Tamarack Institute. Collective Impact. <http://www.tamarackcommunity.ca/collectiveimpact>

² Kania, J., & Kramer, M. (2011). Collective Impact. *Stanford Social Innovation Review*, 9(1), 36–41.

PARTICIPANTS

Participating partners in our Assembly included:

- Long term care organizations
- Home care / support / nursing organizations
- Adult residential and regional rehabilitation organizations
- Department of Health and Wellness
- Department of Community Services
- Public Service Commission
- Workers Compensation Board
- AWARE-NS
- Health Association Nova Scotia – CEO, Member & Partner Engagement, Group Benefits Solutions divisions
- Nova Scotia Health Authority
- Mount Saint Vincent University



DISCUSSION POINTS

Liz Weaver, co-CEO of the Tamarack Institute, joined the Assembly to lead our Collective Impact conversation. Ms. Weaver is one of the foremost trainers and coaches on the framework in North America. She took the group through an in-depth discussion on what Collective Impact is and means, as well as through a conversation on attendance issues themselves, with particular attention to the most common related themes heard to date:

Staffing	Workplace	Individuals
Recruiting Staff	Workplace Engagement and Motivation	Employee Stress, Fatigue, Mental Health
Hiring “Fit”	Responsive Behaviours	Injury
Attendance Management	Organizational Culture	Physical Illness

The following summarizes relevant discussion points heard through the day.

Our Assets

There are resources available

Many participants noted that resources (training, programs, policy examples) are available related to attendance and its roots causes, and that, generally, perhaps enough resources (funding) is in the system overall – it just may have to be more effectively targeted. That being said, administrators may not fully know what resources are available, how to tap into these assets, or may lack the time / capacity to do so.

We are willing to work together

The Assembly highlighted that the sector and partners are ready and willing to act in a collaborative fashion. The issues identified are common across organizations, and there is strength in numbers in trying to tackle them. Acting collectively could result in synergies not seen to date, and current resources could potentially be stretched further through collaborative participation.

Our staff can be a positive influence

Staff are a strength. While there is a tendency to get bogged down in negative examples, the majority of employees are dedicated workers and positive influences. Some may be able to be tapped into as champions this work from their perspective.

Our Opportunities

Building data and information

A lack of data and information related to attendance and its root causes was highlighted as perhaps the greatest weakness currently being faced. Many employers do not track attendance, and for those that do, it is side-of-desk work due to a lack of capacity and resources. Aside from basic attendance statistics, without meaningful information related to the root causes of attendance issues, it will be difficult to support staff to come to work. Current information is mostly based on assumption or atypical cases. The employee voice needs to be collected and heard in a way that is non-judgmental and non-stigmatizing.

Fostering trust and advancing engagement



To achieve broader and deeper engagement on this issue, commitment and champions are needed at all levels. From employees / unions in particular, trust is needed to co-create a healthier, more productive future for the sector. Building such trust, which is vitally important, will take time. Employees should be engaged, asking them what they need for collaborative participation. In addition to employees, there are a number of other organizations that could be involved in this work, that would have to be identified and targeted.

Creating supportive systems and policies

Current systems can often work against keeping or returning an individual to work. For example, collective agreements allow bankable sick benefits, and these are perceived to be seen as a benefit as opposed to an insurance policy. Some employees use all system benefits and then make a sudden return. There is opportunity to rethink or take a critical eye to current policies to ensure they are reasonably applied by all parties, while not impairing those employees who genuinely need them.

Modernizing the sector

The difficulty and changing nature of the work in continuing care was a common theme. Current staffing models perhaps do not fit the current clientele. The challenging work, potentially coupled with compassion fatigue and/or feelings of belittlement, can lead to dissatisfaction and eventual burnout. The well-being of staff should be a focus, as should making our organizations and our sector a workplace of choice.

Building off our base

The timing for work on the root issues of attendance is appropriate. The Workplace Safety Action Plan is in its final stages of development, and it highlights many of the issues discussed at the Assembly. The Continuing Care Strategy will also soon be established, pieces of which can also align hopefully with this work.

Learning Moments

The complexity of the issue

Our discussion opened our eyes to the fact that the issue of attendance is far more complex than originally thought. There are a variety of root causes that have rarely been delved into. In particular, employee mental health, mental illness, and stress requires better understanding.

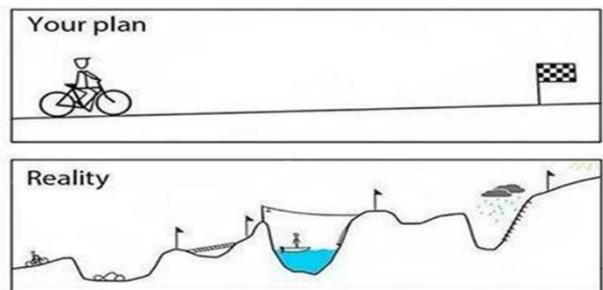
Better is good –perfection isn't necessary

Focusing on innovators and early adopters is a perfectly acceptable approach and we do not necessarily need to have everyone on board to make progress.

Also, avoid paralysis from analysis – if an idea seems pretty good, test it and learn from it. Taking small risks is a worthy endeavor, as is taking small steps in lieu of a massive, complicated plan. Large plans in complex, changing environments can be overwhelming and lead to failure.

Innovation

While there is value in learning from others, “best practice (can be) anti-innovation”. In a complex environment, all activities do not have to be, nor should they be, the same for everyone. Making room for innovation and context is important. The “positive deviances” in activities might prove fruitful.



NEXT STEPS

The Continuing Care Council and the Member and Partner Engagement team from Health Association Nova Scotia will use the information from the Assembly to build the next steps in the Collective Impact process. The first stage will be to build a decision-making governance structure, followed by further discussion on which themes would be most effective and efficient to work on. Subsequently, stakeholder engagement will be broadened appropriately. While these processes are taking place, small steps or

opportunities that surface will be capitalized on. Relationship building will be pivotal and will be ongoing throughout the entire process.

Aligned with the Collective Impact pillar of continuous communication, plans will also be made to ensure broader membership is frequently informed of progress and that there is opportunity to engage in this work as your time and interest allows.

If you already know you would like to be involved in some capacity in our Collective Impact initiative, you are welcome contact Sara Limpert Woods (sara.limpertwoods@healthassociation.ns.ca).

