

Advancing Neighbourhood-based Integrated Care for Older People – Lessons from around the world

26 March 2026

Q&A

Chair: **Prof Nicholas Goodwin**
NUS Centre for Research in Health Systems Performance (CRiHSP)

Speakers

Ms Lian Stouthard
Vilans, Utrecht Netherlands

Ms Jen Recknagel
NORC Innovation Centre, Ontario, Canada

Ms Fiona Morrison
Central Coast Local Health District, Australia

Ms Melissa Chang
NORC Innovation Centre and University
Health Network Connected Care, Ontario
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Prof Nicholas Goodwin
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Mr Dominic Lim
Agency for Integrated Care, Singapore

Talk-specific questions:

Talk 1 (Ms Lian Stouthard)

Question: What are some of your current strategies to upskill volunteers to support your programs? Also, how do you sustain your pool of volunteers?

Ms Stouthard: *(Answered live)* What we see in volunteer training or upskilling volunteers, that really depends on the municipality. The Social Support Act is one of the care acts that pays and organizes informal support. We see municipalities have training programmes for volunteers, and really work with volunteers side-by-side with professionals. I think that's a really great way to make sure your volunteers have the right skills, but also honor their position as a volunteer, and not as a formal healthcare worker. Because for people who need care, it's sometimes easier to talk to a volunteer, or easier to open up to a volunteer than to a formal healthcare worker, and it's really important that the volunteer and the formal healthcare worker are operating in kind of a tandem.

And how do you sustain your pool of volunteers? We have municipalities who have, fixed amounts of money for volunteers, who can pay volunteers. But what we see is people are really busy in the Netherlands. As I said, we have a housing crisis, houses are really, really expensive. Especially younger people, they just don't have the time to volunteer anymore. You both just need full-time jobs just to live in the big cities in the Netherlands. So, that's... that's one of the big questions. How do we sustain our pool of volunteers? At the same time, we really see this community-driven approach to healthcare and to caring for each other, and I think if we can nurse that culture more, that it's normal to look after each other in the neighborhoods, then we can sustain our pool of volunteers. But it's really a shift in culture, we need.

Question: What are the reasons for the government withdrawing from grass roots programs? Is it challenges associated with demonstrating impact?

Ms Stouthard: *(Answered live)* Yeah, so I think this, these Caring communities, it's really started bottom up as a grassroots organization, because the government said we cannot care for everybody in the same way anymore as we did 20 years ago or 10 years ago. So people said, we are going to care for our own neighbors. So we saw kind of parallel developments, and what we see now is how can we, really question from formal care, and from our formal care organization, how can we integrate these grassroots communities in the way we always provided care? So I think it was really much a parallel, a parallel development, and now our system is, reacting to the development they, they saw for the last 10, 15 years.

Talk 2 (Ms Melissa Chang & Ms Jen Recknagel)

Question: Are you running into ageism by condo property owners who say they don't want NORCs because it reduces property values? If so, how are condo NORCs dealing with this?

Ms Recknagel: (*Answered live*) I would say, you know, we did, as I mentioned, go into a variety of types of settings, and it's mostly the condos, which is an ownership structure where people have more concern about this kind of thing. But I would say, for the most part, a large majority of the condo properties we approached, that was not an issue. It's mostly because the people who are managing these buildings, their staff are getting asked to do things all the time that are out of scope for their jobs, right? So, a lot of pressure to, can you help me move this? Can you order a cab for that? Can you help me with this? Or they're just concerned about people who seem isolated. And so, for the most part, it's not an issue. I think if it has had any, it can sometimes be one or two board members that can have the louder voice at the table. I would say in most of our condo buildings, though, once the program gets started, it is open to everyone in the building. It just centers the needs of older adults. They see what starts to happen in terms of the sense of liveliness, and most are converts.

Follow-up question/response: Boards seem supportive, it is the property owners who seem to be a problem. Thanks for responding Jen.

Ms Chang: Generally, once you have a chance to share data and real-life experiences most are supportive, including property managers. We do spend time working through questions re: liability but generally have been able to gain support.

Question: Are the community Connectors 2 days per week in each building?

Ms Chang: Yes, on average we are finding Connectors only need to be on site about 2 days a week, some may require more time at the start but we aren't seeing a need for full time.

Question: I would like to inquire whether your government provides visa support or permits for international volunteers.

Ms Chang: I'm not sure in this case - but if you want to reach out to us via <https://norcinnovationcentre.ca/> - we would be happy to follow-up

Question: Are the onsite support roles volunteers or are they paid positions, if paid who employs them?

NIC response: Yes, the onsite support roles are paid staff. We have a community connector role who is onsite 2 days on site and we have a virtual clinical team that offer onsite and virtual appointments. Our NORC Community Ambassadors are volunteers from the community who are not paid roles.

Question: What are the regions you are expanding to? We are in Dundas and very interested.

Ms Chang: We'd be happy to follow-up with details. Pls reach us via - <https://norcinnovationcentre.ca/> - We also have a monthly NORC Ambassador series for individuals looking to get more active in this space. We look forward to hearing from you.

Question: You did mention that most of the volunteers recruited are women seniors. What are the challenges of recruiting men seniors? What's the engagement like for men versus women? those with family and without family living near the neighbourhood, within the programme?

Ms Recknagel: (*Answered live*) it is a lot of women, mostly women, but I will say that there's this wonderful group in Canada that started... I don't know if it started in the UK and spread to Canada, but they're called Men's Sheds. And it is an initiative that's specifically trying to get men to do, types of programming and activities to reduce social isolation. And I bring it up because they said the best thing. They said, women like to socialize, face-to-face, and men like to socialize shoulder to shoulder. And so, I think one of the things that we talk about in our ambassador's training is how you engage people who have a different sense of what that looks like, right? And so, it's part of that training to be able to put yourself into somebody else's shoes and to think about other needs. Like, some people just want to be quiet in the corner, but want to be welcomed in, and some people want lots of lively discussions. It's part of that training and support to help people think.

Question: Perhaps you could call them Naturally Recurring Caring Communities / Naturally Occurring Caring Communities

Ms Chang: We love all the different ideas we get as to what NORCs should stand for - many of these community groups choose their own name that fits and we love that! Some want Naturally Occurring Resilient Communities

Talk 4 (Mr Dominic Lim)

Question: Interested to hear if and how AACs (Active Ageing Centres) outreach to 'recruit' new seniors. Also interested to hear more about data sharing and accountability among the various care providers within each region.

Mr Lim: The Silver Generation Office under the Agency for Integrated Care conducts outreach to Seniors. The Office shares details of Seniors who consent to being engaged further with AACs. AACs are required to comply with the Personal Data Protection Act. To facilitate data sharing, some additionally sign Data Sharing Agreements among themselves.

Question: Are there any statistics about how many seniors (%) attend the AACs?

Mr Lim: *(Answered live)* Yeah, so on average, every active aging center, has a population of about 2,500 seniors, on average, to take care of, and of this, about 500 of the 2,500 seniors, about 20% are more regularly engaged by the AACs, and we're okay with that, because we recognize that seniors may have their own informal sources of engagement. And seniors have agency and choice to tap on other support services as well. So the intent was never for the Active Aging center to be the sole party actively engaging all 3,500.

Question: Who are these ICCPs (Integrated Community Care Providers)? Are they SSA? still unclear about the ICCP - are these the AACs, or the GP coordinating care? Or maybe the case managers in centers they are attending?

Mr Lim: *(Answered live)* So currently, they are contracted with government to deliver the various types of services. In terms of coming together. I would characterize them more as partnerships at the moment. And the government has not come in to enforce, that they must be legally binding consortiums, because we recognize that relationships and trusts take time to build. And indeed, we are trying to move away from a transactional model alone to one that engenders ownership.

I think for the moment, there are no such lens to create a distinct profession, because if we wear a strengths-based lens to looking at it, the ICCP is really a consortium of individual providers and partners. And residing within these partners is the expertise to be able to do some of this care assessment as well as the care coordination. And the thinking then is more than growing a separate professional pool organization, whether this might inadvertently then create another layer. I think in this regard, there are no good or bad options here, but for now, we've preferred to take the approach of tapping on the strengths.

Question: How are you engaging the stakeholders to adopt the interRai? Especially those in the acute hospitals

Mr Lim: *(Answered live)* We started more from a top-down, central organizing way of doing things. And I think this is the notion or direction that we are heading of making every neighborhood great to age in. That's something that we are going to begin by co-creating with local communities, beginning with the partners, to have a pulse of the lay of the land, and also working through them and their networks to bring the seniors in to co-create some of these initiatives as well.
