



Creating Connections

Final Report - Section III

Provincial Focus



Section III

Provincially-Focused Working Group

Participants: Twenty

Question 1. What are the possibilities?

Strategies, opportunities for formal feedback,



- Trying to move a strategy forward to be able to connect.
- MH/A.
- Any connections that you are able to make back to strategies/strategic plan.

Strengthen connection between public and recreation therapy for the community to understand what is available (education, skills)

- Identify the role that recreation can play for children.
-
- Help our children have meaning in the activity that they do, there is learning.
 - Activity can be structured or activity in the day to day living that they do.
 - “Meaningful” engagement/activity.
 - Get [groups/organizations] to the table, intentional conversation*.
 - People don’t know about the skills and the expertise that people can bring.
 - Connection between recreation therapy and recreation.
 - Communications between providers in the community.
 - Inclusion/participation.
-
- Ideal – have a community service team working out of the community center that services the community (have a TR, a social worker, etc.) that can teach and inform individuals who are interested.

* Note: Point identified by the group as priority next step.

Develop community-based models of care

- Model of “Place and train”, not train and place.
-
- Community rec center would house the community recreation therapy outreach.
 - Ex. Fit 4 Life.
 - Need to think about how we can evaluate and capture what we are doing and model best practices.
-
- Who is the right person to do that job at the time.
 - If you want someone with the skills set of a recreation therapist that needs to be listed in the job description whether it is called a RT or not.
 - Partner with someone in the community like the municipal rec office or a school instead of the hospital so that you can help people more locally and actually have an impact that is meaningful for them.

Training rec providers in the community to increase capacity/opportunities

- Training in mental health/strategies to support inclusion, safe spaces and participation.

Promote/educate about the benefits of recreation for mental wellness

- Mental health week, Festival of Hope.
 - Academic Day – needs to Focus on the importance of implementing the social aspect and importance of mental health and wellness not just the medical aspect.
-
- Education focus – more awareness of the various forms of recreation.
 - Tend to get focused on formal recreation and not the informal recreation.
 - Don’t want to over-medicalize.
-

Strengthen policies and supportive environments

- Safe spaces.
- Support.
- Clearly define what is community recreation, in an informed way that is open and inclusive.
- Comes back to education.

Collaborative Funding

Need to collaborate with marginalized groups

- Include their culture.
- Need to be part of the discussion.
- Have the training to work with these groups and be sensitive to their needs.
- People in this group if they do not feel safe and do not trust the health care system they will go to their family or church community who may not have the skills they need to help them, or they will suffer in silence.
- Need to do a better job recruiting and placing people that identify with the groups we are trying to work with (aboriginal, LGBTQI, etc.).

Respite care

- Inclusive community programs instead of just respite.
- Build on existing services (youth health services, health promotion)*.
- Opportunities for connecting within the community.
- More cross over*.

Emphasize Recreation, not Therapy

- The word therapy has a negative connotation.
- Recreation is therapeutic.
- What value do we get out of recreation? What impact does it make on a person's life? Instead of focusing on "therapy" implement recreation and social to get people involved (people will want to engage more if they don't think it's therapy like what a psychiatrist does).



* Note: Point identified by the group as priority next step.

Question 2: What are the priorities for next steps provincially?

Recreation Inclusion Network

- Sharing information and moving things forward.
- Fall symposium (interested in recreation inclusion).

Map of what we have in each of the regions/provincially*

- Assets (what we have).
- Needs (where are the gaps and what is needed).
- Looking at where there are already networks and coalitions in place and working with services available .
- Sharing and using all the resources that are available, between services.

Recreation Nova Scotia, lead initiative to bring together the smaller organizations

- Expand mandate for RNS.
- Have a coordinator/collaborator of all the services and what people are saying and bringing everything together.

Need to have senior decision makers present, know the statistics, have the research

- Better Care Sooner deputies*.
- Provide guidance for all of us who work for government around what the priorities.

Provincial recreation policy

Help in looking at what we heard and planning some next steps (volunteers)

- Rhonda McLean: TRAAC President
- Ashley Penton: NSRPH President
- Paula Hutchinson: Coalition of Respite Care Providers
- Donna Menthon: Schizophrenia Society of Nova Scotia
- Kristen Sweany: Youth Project
- Barb Hamilton: Dalhousie
- Crystal Watson: NSCC

* Note: Point identified by the group as priority next step.