

REQUEST FOR PROPOSAL

Comprehensive Needs Assessment

Victoria Hospice Society

Issuing Organization	Victoria Hospice Society
Document Title	Request for Proposal — Comprehensive Needs Assessment
Date Issued	May 5 th , 2026
Submission Deadline	June 1 st , 2026, 5pm PST
Budget	Up to \$50,000 (inclusive of all fees and expenses)
Contact	Teri Henderson, CEO teri.henderson@victoriahospice.org

Confidential — Not for Distribution

1. Introduction

Victoria Hospice Society (VHS) is a registered Canadian nonprofit organization dedicated to providing compassionate palliative care and community services; including bereavement; to individuals and families facing life-limiting illness and end-of-life transitions in the South Island region of British Columbia.

For decades, Victoria Hospice has been a trusted leader in hospice, palliative care and bereavement support, guided by its core organizational values:

- Respect
- Integrity
- Compassion
- Commitment
- Collaboration
- Excellence

As Victoria Hospice looks to the future, it is committed to ensuring that its services, programs, and strategic direction are deeply aligned with community needs — including those of populations it has not historically served well. To that end, VHS is seeking a qualified consultant or consulting firm to conduct a comprehensive needs assessment that will directly inform the organization's next strategic plan.

This Request for Proposal (RFP) has been developed collaboratively with Victoria Hospice staff from across the organization. Staff participated in several planning sessions to define the scope, priorities, and parameters for the needs assessment. Their insights and decisions are reflected throughout this document. The executive team is committed to implementing staff guidance on what the needs assessment should explore, who it should involve, and how it should proceed.

2. Purpose of This RFP

Victoria Hospice Society is seeking proposals from consultants or consulting firms with experience in the British Columbia healthcare system, expertise in community engagement, qualitative and quantitative engagement/research methods, equity and inclusion.

The selected consultant will conduct a comprehensive needs assessment that:

- Identifies current and emerging palliative, end-of-life and bereavement needs of individuals, families, caregivers, and communities across the South Island region
- Identifies service gaps and opportunities
- Engages a broad and diverse range of interest holders using a trauma-informed, culturally safe approach
- Analyses of demographic and healthcare trends affecting hospice, palliative and bereavement care delivery

- Provides actionable, evidence-informed recommendations to guide program development and strategic planning

3. Guiding Principles for the Needs Assessment

Victoria Hospice staff identified the following principles that must guide every phase of the needs assessment. These are not aspirational — they are expectations. Proposals should demonstrate how the consultant's approach reflects these principles in practice.

3.1 Values-Driven Approach

The needs assessment must uphold Victoria Hospice's organizational values of Respect, Integrity, Compassion, Commitment, Collaboration, and Excellence throughout all activities.

3.2 Grief- and Trauma-Informed Practice

Regardless of who the consultant engages — clients, caregivers, healthcare partners, community members — those individuals will likely be speaking from their experiences with people close to them at the end of life, death and possibly their own grief and bereavement. The consultant must:

- Approach interactions with the consciousness that grief and trauma are may be present
- Use inclusive, deliberate, and compassionate facilitation methods
- Pay close attention to participants throughout and after difficult conversations and be able to direct them to appropriate resources or support, if needed
- Not promise what cannot be delivered; be transparent about the scope of the process
- Prepare all team members conducting engagement to care for themselves and for participants

3.3 Cultural Humility and Striving for Cultural Safety

The consultant must practice cultural humility throughout, recognizing that a culturally safe approach is a goal to continually strive toward. The consultant should demonstrate experience and knowledge in decolonizing research and engagement practices and approach all communities with an understanding of their specific context before engagement begins.

3.4 Equity and Inclusion

The needs assessment must centre the experiences and voices of those who are furthest from the centre — populations that Victoria Hospice has not historically served or engaged well. This includes (but is not limited to) Indigenous peoples, 2SLGBTQ+ individuals and families, people living in poverty, racialized communities, and younger adults. The consultant should approach this as co-creation and diverse participation, not token inclusion.

3.5 Human-Centred and Relational

This work is relational. Dying and grief are deeply human, intimate experiences. The consultant must approach all engagement as non-extractive and non-exploitative — building genuine

relationship, acknowledging people's time and experience, and providing appropriate supports for participants where needed.

3.6 Transparency and Accountability

Victoria Hospice is committed to clear, ongoing communication with staff, partners, and participants throughout the process. The consultant will be expected to:

- Communicate clearly with all partners before engagement begins
- Maintain transparency with VHS frontline staff throughout the process
- Acknowledge knowledge gaps openly — the consultant is not the expert in the room
- Involve VHS in an iterative, collaborative way — not only produce a final report
- Be clear about what is open to input and what is not

3.7 Well-Integrated with Victoria Hospice

The consultant will work collaboratively with a Victoria Hospice advisory committee and internal lead throughout the process. This is not an arms-length engagement — the consultant should bring insights back to the VHS team for shared reflection, learning, and processing. The expertise of VHS staff in supporting people experiencing dying, death, and bereavement should be drawn upon to support engagement participants.

3.8 Do No Harm

At every stage, the consultant must ask: 'Whose needs are we meeting?' The process should leave participants and communities feeling seen, valued, and respected. The consultant should reduce barriers to participation, be aware of the potential for re-traumatization, and use participant time wisely.

4. Scope of Work

The selected consultant will be expected to carry out the following activities. Consultants may propose modifications to this scope and should clearly justify any changes.

4.1 Environmental Scan and Document Review

The consultant will review relevant internal VHS documents, reports, and data, as well as conduct an external environmental scan. Internal documents may include:

- Bereavement reports, client evaluation data and accreditation reports
- PRT/IPU performance reports and feedback data
- Island Health service contracts and partnership agreements
- Annual reports and operational plans
- Previous strategic plans (including 'Growing Our Circle' and related documents)
- Relevant national and international reports (e.g., the Lancet Commission report on the value of death, BCCPC reports, CGA reports)

The external scan will be based on agreed-upon deliverables that may include a literature review, regional service mapping, demographic analysis, and an environmental scan of comparable hospice organizations in BC, Canada, and internationally.

4.2 Interest Holder Engagement

The needs assessment must engage a broad and diverse range of interest holders across multiple methods. Engagement is to be designed in close collaboration with the VHS advisory committee. Direct engagement with First Nations and Indigenous communities is not within the scope of this needs assessment. This work will happen through a parallel process with an Indigenous Consultant.

Priority populations and recommended methods include:

1:1 Interviews

Approximately 15 one-on-one interviews are anticipated. The consultant, in consultation with the advisory committee, will determine the specific number and who to interview.

Focus Groups

Focus groups should involve approximately 10-15 participants and run no longer than two hours. Priority populations for focus groups include:

Population Category	Key Populations	Mode
Current & Past VHS Clients & Families	PRT clients, IPU clients, bereavement clients	In-person and/or virtual (group participants according to program)
Health System Partners	Island Health Palliative Care, Division of Family Practice, PORT, Long Term Care, Saanich Peninsula Hospital, Home and Community Care, MHSU (including Urgent Primary Care Clinics and Primary Care	Could be several groups given population diversity

	Clinics), First Nations Health Authority, Community Pharmacies, Emergency Providers	
Other Community Orgs & Learning Institutions	Family Caregivers of BC, UVic School of Nursing, UVic Student Health & Wellness, Moms Stop the Harm, Learning Through Loss, Victims Services, Military Family Resource Society	Virtual
Victoria Hospice Donors & Funders	Legacy donors, longtime donors, new donors, potential donors	In-person or virtual
Other Palliative/Hospice Organizations	TBD: BC Centre for Palliative Care, Vancouver Hospice, Canuck Place, Pall End-of-life program, MAID House, Kelowna Hospice, Edmonton Hospice, Vancouver Island Federation of Hospices	Virtual or survey

Surveys

Online surveys will complement focus groups and interviews

Surveys should be used to:

- Capture current and past VHS clients unable to attend focus groups or interviews
- Reach populations not prioritized for focus groups (e.g., private sector organizations such as death doulas, Inspire Health)
- Engage Victoria Hospice staff and volunteers (potentially in lieu of a staff focus group, and possibly completed in-house to allow the assessment to focus on community needs)
- Capture health system partners unable to attend focus groups

4.3 Analysis

The consultant will conduct a thorough analysis of all data gathered, which should include:

- Thematic analysis of qualitative data from interviews and focus groups
- Analysis of survey results
- SWOT analysis (Strengths, Weaknesses, Opportunities, Threats)
- Integration of environmental scan findings with engagement data
- Identification of service gaps and emerging community needs
- Analysis of demographic and healthcare trends impacting service delivery

4.4 Reporting and Presentations

The consultant will prepare and present findings to multiple audiences.

Deliverables include:

- **Project plan with timeline and engagement strategy**
- **Ongoing check-ins with the VHS advisory committee throughout the project**
- **Interim progress report (midpoint update) sharing emerging themes/findings**
- **Final comprehensive needs assessment report with findings, analysis, and actionable short. mid-term and longer recommendations**
- **Presentations of findings to:**

- VHS Board of Directors and organizational leadership
- Community partners
- Community members

5. Advisory Committee

An internal VHS advisory committee will collaborate closely with the selected consultant throughout the project. The committee will provide guidance on engagement design, review interim materials, and support integration of findings into VHS's work. The consultant should plan for regular working sessions with this group.

VHS will identify a primary internal liaison at the outset of the project.

6. Proposed Timeline

The project is expected to take approximately 6 months from the start date.

7. Budget

The total budget for this project is up to \$50,000, inclusive of all fees, expenses, taxes, and disbursements. Proposals should include a detailed budget breakdown.

Note: In-person focus group costs assume use of a free venue at Victoria Hospice. Food and beverage as an additional cost to be covered by Victoria Hospice. Virtual focus groups assume no additional venue costs.

8. Proposal Requirements

Interested parties should submit a complete proposal that includes:

8.1 Cover Letter

A brief cover letter summarizing your understanding of the scope, your firm's or practice's fit, and why you are interested in this work.

8.2 Organizational Profile or Consultant CV(s)

A profile of your organization or the CVs of key personnel who will lead and carry out this project. Include the specific roles each team member will play.

8.3 Relevant Experience and Qualifications

Evidence of experience with:

- Community-based needs assessments, particularly in health or social service contexts
- Palliative care, end-of-life care, grief, or bereavement-related projects
- Trauma-informed and grief-informed engagement approaches
- Culturally safe and decolonizing research or engagement practices
- Engagement with Indigenous communities
- Equity-centred approaches to community engagement
- Qualitative and quantitative research methods
- Strategic planning support

8.4 Methodology and Work Plan

A clear description of your proposed approach, including:

- How you will address the guiding principles outlined in Section 3
- Your proposed engagement strategy and methods for each population category
- Your plan for collaborating with the VHS advisory committee
- Your approach to analysis and synthesis of findings

8.5 Proposed Timeline and Milestones

A project timeline aligned with Section 6 above, including key milestones and check-in points.

8.6 Budget Breakdown

A detailed budget inclusive of all fees, expenses, taxes, and disbursements. Please itemize costs by activity or deliverable.

8.7 Three References

Contact information and a brief description of the project for three references from similar projects. Victoria Hospice may contact references as part of the evaluation process.

9. Evaluation Criteria

Proposals will be evaluated by a review committee using the following criteria:

Evaluation Criterion	Weight
Understanding of scope and objectives	20%
Experience with similar community-based projects in palliative/end-of-life and bereavement care in the province of British Columbia	25%
Methodology, approach, and engagement plan	25%
Qualifications of key personnel	15%
Cost-effectiveness and budget clarity	10%
References and past performance	5%

10. Submission Instructions

Proposals must be submitted electronically to:

Contact Person	Teri Henderson, CEO
Email	teri.henderson@victoriahospice.org
Subject Line	RFP Submission – Needs Assessment – [Your Name]
Submission Format	PDF preferred; Word acceptable
Deadline	[June 1 st , 2026, 5pm PST]

Questions regarding this RFP must be submitted in writing to the email address above no later than 10 days prior to the close date.

11. Terms and Conditions

- Victoria Hospice Society reserves the right to reject any or all proposals, or to cancel this RFP at any time without obligation.
- Victoria Hospice Society may request clarification or additional information from any proponent.
- All proposal materials submitted become the property of Victoria Hospice Society.

- The successful consultant will be required to sign a consulting agreement with Victoria Hospice Society prior to commencement of work.
- Proponents shall bear all costs associated with the preparation and submission of their proposal.
- Victoria Hospice Society is not bound to select the lowest-cost proposal and will evaluate submissions holistically based on the criteria in Section 9.
- The selected consultant must comply with all applicable privacy legislation and obtain informed consent from all research participants.
- Victoria Hospice Society may negotiate the final scope, methodology, and fees with the preferred consultant.

Thank you for your interest in this work.

Victoria Hospice Society looks forward to partnering with a consultant who shares our commitment to compassionate, equitable, and community-centred care.