

REFLECTIONS BY THE
**ADVOCATE FOR
SERVICE QUALITY**

Over Five Years – 2016 to 2021



Ministry of
Social Development
and Poverty Reduction



LAND

ACKNOWLEDGEMENT

The Advocate and staff at the Office of the Advocate for Service Quality would like to acknowledge that we are living and working with gratitude and respect on the traditional territories of the First Nations peoples of British Columbia. We specifically acknowledge and express our gratitude to the keepers of the lands on the traditional territories of the xʷməθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Səlílwətaʔ/Selilwitulh (Tsleil-Waututh) First Nations where our office is located.

LETTER TO THE MINISTER

Dear Minister Simons,

Thirty years ago in 1991, the Office of the Advocate for Service Quality (OASQ) was established to support people with intellectual and developmental disabilities (IDD) and their families transition out of institutions and into the community. In 1992 Pat Vickers was appointed as the first Advocate and there have been three Advocates since then: Jane Holland (1997 to 2014), Paula Grant (2015), and Leanne Dospital (2016 to 2021). I want to take this opportunity to recognize the 30th anniversary of the office, reflect on my tenure as Advocate for Service Quality, and consider what priorities lie ahead for the Advocate.

For 30 years the OASQ has helped people with IDD, their families, and the organizations that support them to untangle complicated, and often emotional situations. We work behind the scenes to gather information, analyse patterns, collaborate, and assist in developing plans to address individual and systemic issues. Because we are most often contacted because of a problem, we tend to hear more negative than positive stories. But the OASQ takes the time to listen, values empathy and neutrality, and has a person-centred approach to problem solving, which allows us to find common ground and most often a positive path forward.

This past year and a half has truly been a time for learning and reflection. COVID-19 has redefined our lives and continues to veil our perspectives and bring new challenges. I will never forget the day I heard that George Floyd, a Black man in the United States, was murdered by the police. I continue to be heart-broken by the ongoing discoveries of children in unmarked graves at Indian Residential Schools which is a reminder of the unmarked graves of people with IDD at Woodlands. COVID-19, Black Lives Matter, and the Truth and Reconciliation Commission's 94 Calls to Action have further emphasized inequities in our society and the systems we rely upon to provide support to people with IDD. Promoting service quality must include paying attention to intersectionality and questioning whether the systems and structures in place serve ALL people with IDD.



Who is the keeper of the health care story?

This is the third year that I am highlighting Roxy's struggles. She is a young woman with Fetal Alcohol Spectrum Disorder, a developmental disability, untreated mental health and trauma, and substance use issues. Roxy continues to cycle in and out of the hospital and does not have any natural supports, i.e. family, to help her. Despite having many government and community agencies trying to support Roxy, the systems in place are insufficient to meet her needs and she remains vulnerable, living on the streets.


Since learning about Roxy, I have focussed on bringing the health and mental health needs of people with IDD to the attention of decision makers and looking for ways to connect outside of the community living sector. As the Advocate it is important to get to know people in a variety of organizations and at all levels. This enables me to bring the unique voice and perspective of Roxy and other people with IDD to committees, working groups, and meetings with decision makers whose mandate may not specifically include people with intellectual and developmental disabilities. Examples of ways the Advocate connects are: introducing the Homelessness Policy and Partnerships Branch of the Attorney General to Community Living BC (CLBC) and the Provincial Collaborative for the Prevention of Abuse and Neglect; and participating on Providence Health Care's working group to find better solutions for people with complex needs, like Roxy.

At these tables, the Advocate highlights the:

- ▶ Gaps in provincial health care leadership and data collection
- ▶ Need for specialized and bridging expertise between disability, health, and service delivery
- ▶ Uncoordinated initiatives to support young adults with multiple complex needs
- ▶ Need to update the Collaborative Guidelines providing direction to Health Authorities, CLBC, and service providers

A priority for the next Advocate will be to encourage the creation of a provincial Centre of Excellence for health and mental health leadership for people with IDD.





The right data will be key to tackling inequities.

In late March 2020 I was invited to join the Reimagining Community Inclusion (RCI) Steering Committee where we went to work prioritizing the areas for action: Housing, Employment, Indigenous Strategies, and Health and Wellness. I co-chaired the Health and Wellness Working Group and over an intense few months, I guided the diverse group through weekly discussions to figure out what actions are required to achieve the goal: Equitable access to quality health and mental health supports and services for people with barriers to inclusion. An outcome of this collaborative work was agreement on the 10 priority actions. The RCI Steering Committee further prioritized to five more immediate actions. Over-arching each working group is the importance of data collection and Indigenous cultural safety.

Ensuring these priorities are acted on will be a primary task for the next Advocate.

It has been a true honour and privilege to work alongside people with intellectual and developmental disabilities and their families, and the people and agencies who support them. There have been many highlights over the past 5 and a half years as the Advocate but it is connecting with people that stands out as my most treasured memories. Hundreds of people trusted me and my office with their stories and welcomed me into their homes and communities across BC. It's my hope that the OASQ has made and will continue to make a positive difference in the lives of people with intellectual and developmental disabilities.

Sincerely,

Leanne Dospital

December 2021

VISION

Bring about positive outcomes and shine a light on systemic issues that impact supports and services for people with intellectual and developmental disabilities.

We value:

- › Independence, neutrality, and empathy
- › Person-centred approaches to problem-solving
- › Dialogue to find facts and common ground, and promote quality service



STRATEGIC OBJECTIVES

- › Provide timely, person-centred response to inquiries
- › Provide comprehensive, objective, and independent reviews for situations of impact
- › Provide balanced, representative, relevant information about the community living sector to Social Development and Poverty Reduction's (SDPR) Minister and Deputy Minister, and Community Living BC's executive
- › Provide liaison and facilitate exchange and action for inter-ministerial initiatives to benefit people with intellectual and developmental disabilities
- › Explore opportunities for deeper relationship-building with Indigenous people with intellectual and developmental disabilities, and their families

WHAT WE DO

The Office of the Advocate for Service Quality (OASQ) helps government better support:

- Adults with intellectual and developmental disabilities
- Teens with intellectual and developmental disabilities who are almost an adult
- Family members and others who support a person with intellectual and developmental disabilities

The OASQ may act as an objective and neutral third-party to help solve problems and find solutions to concerns and complaints.

We are mindful that we all have our own stories – the challenge is getting people to gather around a common story. Then we can help find a path forward.

The OASQ:

- Asks a lot of questions
- Listens
- Provides information, advice, and referrals
- Builds relationships
- Works collaboratively – with CLBC, health authorities, families, people with disabilities, service providers, etc.
- Finds facts and common ground
- Helps solve problems
- Shines a light on systemic issues
- Makes recommendations to improve or change practices and policies

Problems are sometimes resolved simply by pointing people in the right direction. Other times, the Advocate helps broker a solution through behind-the-scenes work. In all cases the Advocate's focus is quality service for the person with an intellectual or developmental disability.

Solutions found with the OASQ's involvement include:

- Improved services for people
- Better communication amongst the parties
- Modelling a good response
- Identifying systemic issues



Impartial File Reviews

Since 2016, the Advocate has conducted two comprehensive and impartial file reviews. When issues about CLBC supports and services for a person with an intellectual or developmental disability remain unresolved, then the Advocate may intervene as an objective and neutral third party to assess whether the processes have been respectful, thorough, and fair. The purpose of these reviews are to:

- ▶ Examine the evidence
- ▶ Determine if processes are fair
- ▶ Attempt to get to the root cause of the issues
- ▶ Identify any learnings that may reduce the risk of recurrence and improve services

The resulting comprehensive reports with recommendations were provided to CLBC and the Minister of SDPR. The recommendations included improvements to CLBC's monitoring framework and adult guardianship policies and practices, and updates to CLBC's training and systems. In each case, the Minister accepted the majority of the Advocate's recommendations and directed CLBC to implement them. In September 2021, CLBC reported back to the Deputy Minister of their completion or significant progress on all the recommendations.

The Minister saw the reviews, and lessons learned from them, as opportunities for CLBC to continue to make substantive progress in working with individuals, families, and service providers to improve the service delivery experience, the supports provided, and the quality of life of the people CLBC serves.





IMPACT

Over the last five years the Office of the Advocate for Service Quality has received over 1,200 calls from people with IDD, their families, and service providers across British Columbia.

On average the OASQ receives 250 requests for help every year.

Of the 250 requests received, 55% were from people with a disability or their families. Other callers include service providers, CLBC staff, health authorities, and community agencies.

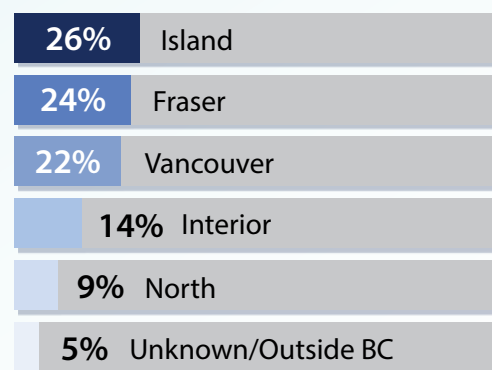
Advocacy Stats*

Since 2016, the data collected in the OASQ's database has been specific to the people calling for help. Administrative work is tracked separately. We can confidently report on the number of calls, who is calling, and where they are calling from. Themes are identified by manually reviewing each situation and help identify trends and areas of need.

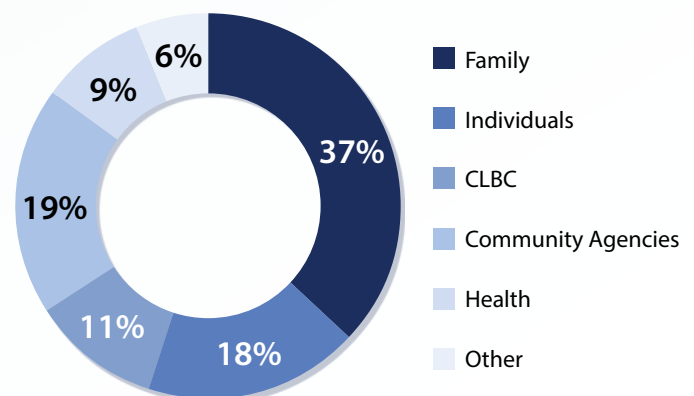
On average over the last 5 years, the OASQ receives most of their calls from the Island and Fraser regions of BC. 26% of the calls come from the Island, 24% from the Fraser region, 22% from Vancouver, 14% from the Interior, 9% from the North, and 5% are from outside of BC or unknown.

The majority of calls to the OASQ are from family members. 37% of the calls are from family, 19% from a community agency, 18% from a person with a disability, 11% from CLBC, 9% from a health authority, and 6% are other.

Calls by region



Calls by initial contact



*on average over 5 years

Ongoing themes over the five years include:

- **Self-determination**
- **Housing**
- **Health and mental health**
- **Transitions**
- **Funding**

Self-Determination and Housing

The Office of the Advocate for Service Quality (OASQ) continues to be contacted by frustrated families, agencies, and CLBC not knowing how to support a person whose decisions appear to be putting them at risk. Can a person refuse supports even if it's in their best interest to accept those supports? The answer is complicated and steeped in systemic problems with the primary issue being that what currently exists does not meet the needs of the person.

For many years Owen lived with a family in a home share setting, however due to Owen's changing needs the home share provider gave notice forcing Owen to move to Manitoba where he has some family. Owen returned to BC a couple of years later. When the OASQ was contacted, he was homeless and routinely admitted himself to the hospital. Owen had refused placements offered to him as he wanted to be more independent than the housing options found by CLBC. Owen does not have any friends or family who can provide support with his care or decision making.

The OASQ spoke to all people involved in trying to support Owen. We heard different perspectives and more about Owen's limitations. Through a person-centred approach, the OASQ was able to guide CLBC and the health authority to a solution that valued Owen's independence but also provided some necessary supports. Owen agreed to the plan with encouragement and ongoing support being provided by the health authority's Developmental Disability Mental Health Services.





Health and Aging

As individuals and families seek services through different government agencies and ministries, the OASQ is regularly contacted to help navigate these complex systems and processes. A recurring theme is the gap in health and mental health services for people who are CLBC eligible, especially as they age. Long wait times for assessments and services put people with changing medical conditions at increased risk.

Sharon is a 61-year-old woman who lives independently in the community and shares her home with a roommate. Eligible for CLBC services, Sharon receives a few hours a week of community inclusion supports as well as annual assistance from the health authority's Health Services for Community Living (HSCL). It is becoming increasingly more difficult for Sharon to manage her diabetes – she struggles to remember the insulin dose times and can no longer put her compression stockings on. This is gravely impacting her foot health. The agency providing community inclusion reported the change in Sharon's abilities to the health authority but the wait times for an assessment by a nurse was over a year. Unfortunately, this is common in smaller rural communities and the solution being offered is to travel to the closest major centre to receive care. This presents other issues such as transportation.

The service provider contacted the OASQ asking for help. After talking with the service provider, the OASQ called CLBC and the health authority to gather more facts, and researched the issue. The main problem was about responsibility for delegated tasks and whether Sharon could travel to another community to be assessed. The OASQ was able to bring Sharon's health to the centre of the conversation and all parties agreed that caring for Sharon's leg and managing her diabetes would mean increased long-term independence for her. CLBC was able to offer support for Sharon to travel to another community to get assessed earlier and HSCL updated her care plan to reflect changing needs. CLBC also increased Sharon's weekly supports to enable her to continue to live independently as long as possible.

Youth Transition

The period of transition from youth to adult services can be highly stressful for young people with IDD and their families. Multiple agencies' involvement, differing expectations of the youth and adult services, and an already busy transition phase, often involving switching education, residence, employment, and community supports, can lead to feeling confused and overwhelmed.

Clear and early communication between CLBC, the youth, and their families can help mitigate a lot of the stress and help set the goals and expectations, reduce timelines, and result in better quality service.



18-year-old Dev has a history of complex needs with behavioural and safety concerns that include police involvement. His mother has requested a staffed residence with one to one support for Dev. CLBC determined that Dev was assessed at a level four on the Guide to Service Allocation with multiple flags.

The stress of finding suitable supports for her son along with navigating the transition process was affecting his mother deeply. She had serious concerns about the supports being offered and reached out to the OASQ for help.

The OASQ spoke to the numerous parties already involved to gain their perspectives and form a clearer understanding of where Dev was in the process and what the desired outcomes were. After connecting with CLBC and relaying the concerns of the family, additional resources and an emergency placement were found for Dev.



Funding

Each year CLBC struggles to meet the demand for funded services while transitioning youths and their families request increasingly comprehensive supports. The OASQ receives many calls each year from youths and their families frustrated with the funding challenges they face. Even after long-term planning and collaboration has occurred many individuals still find themselves denied or not prioritized. Or in some cases their initial assessment does not reflect their current needs. The Advocate has noted a theme of inaccurate profiles which adds to people's frustration and confusion.

20-year-old Emily moved from her family home to a bigger city where she is attending college. The home share provider contacted the OASQ as Emily's needs are higher than previously realized and Emily is not going to school because she cannot manage her time or use public transportation independently.

The home share provider works full time so Emily spends most days at home alone watching TV. The home share provider is also worried that Emily won't eat anything without people around to prompt her and reports that Emily is losing weight. The OASQ contacted CLBC for their perspective and to relay the home share provider's concerns. Emily's GSA was reassessed, and she is now receiving community inclusion supports three times per week. HandyDART was set up so she could continue with her college program.

ACTIVITIES OF THE OFFICE OF THE **ADVOCATE FOR SERVICE QUALITY***

*Does not include activities relating to direct advocacy or administrative work

➔ **Engaging with people and communities**

- Visit communities across BC to engage with people and the families that support them, and community partners
- Increase awareness of OASQ

➔ **Increasing presence and knowledge of the OASQ**

- Make presentations to explain the role of the office
- Share knowledge and raise awareness of self determination, youth transitioning, aging, fairness, health care, mental health, and the rights of people with intellectual and developmental disabilities

➔ **Strengthening and creating relationships**

- Attend conferences and events
- Network
- Learn about existing initiatives (self advocacy, inclusive housing)
- Cross sectoral collaboration
- Strengthen Indigenous relationships

➔ **Indirect advocacy work by participating in committees and special projects**

- BC Abuse and Neglect Prevention Provincial Collaborative (BCANPPC)
 - April 2020 – Chair of BCANPPC
- Reimagining Community Inclusion (RCI) Steering Committee
 - April 2020 – Co-chair of RCI Health and Wellness Working Group
- Providence Health Care – Clients with Complex Needs Working Group

OPERATIONS

Database

In the 2015 review of the OASQ it was recommended that the Advocate implement more rigorous performance and accountability measures in order to improve confidence in the data and provide additional data outputs.

Since 1991 the Advocate Call Management System (ACMS) has been used solely by the OASQ to record and track calls and provide reports to the Minister. It is a legacy system from the Ministry of Children and Family Development. However, ACMS does not reflect the current work and structure of the OASQ and it is insufficient to provide accurate and relevant data to the Minister. There have been an increasing number of service requests due to connectivity issues causing data corruption and inefficient functionality.

Over the past five years the OASQ has been working with the Information Services Division at SDPR to explore options to replace ACMS. While the business requirements have been developed and the OASQ is ready to change, a system renewal is not yet financially feasible. It is anticipated that ACMS replacement will begin in 2022.

Activities

Annual average

- 16 Communities visited (excluding 2020)
- 24 Presentations made
- 33 Meetings held
- 7 Committees
- 16 Conferences
- 4 Projects

Budget

Salaries and Benefits	\$318,000
Operating costs:	
Travel	\$18,000
Office expenses	\$7,000
Information systems	\$1,000
Total Budget	\$344,000.00

CONTACT



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Places Visited

- | | | |
|---------------------|---------------------|---------------------|
| 1. Burnaby | 13. Mission | 25. Richmond |
| 2. Campbell River | 14. Nanaimo | 26. Scia'new Nation |
| 3. Chilliwack | 15. New Westminster | 27. Sooke |
| 4. Courtenay | 16. Nisga'a Nation | 28. Smithers |
| 5. Cranbrook | 17. Ottawa | 29. Surrey |
| 6. Dawson Creek | 18. Parksville | 30. Terrace |
| 7. Gitanyow Reserve | 19. Penticton | 31. Vancouver |
| 8. Hazelton | 20. Port McNeill | 32. Vernon |
| 9. Kelowna | 21. Port Moody | 33. Victoria |
| 10. Kimberley | 22. Powell River | 34. Williams Lake |
| 11. Ktunaxa Nation | 23. Prince George | |
| 12. Langley | 24. Prince Rupert | |