Re-Imagining Community Inclusion

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Introduction

The Honourable Shane Simpson, Minister of Social Development and Poverty Reduction (SDPR) announced the Re-Imagining Community Inclusion Initiative (RCI) in May 2018. It was to focus on how we envision services for adults with intellectual and developmental disabilities in 10 years, the pathway forward, and how we work together to get there. The Terms of Reference are in **Appendix 1**.

A Partnership Table was established; it includes self-advocates, families, community service providers, Indigenous organizations, advocacy organizations and government. The Partnership Table represents a unique mix of perspectives and a significant opportunity for collaboration across the community living sector. A facilitator was appointed, assisted by a ministry team. Participants are listed in **Appendix 2**.

This document is our consensus report. We confirm our intention to continue working together to give life to our proposed vision and road map for community inclusion.

Purpose

Every person with an intellectual or developmental disability has the right and should have the opportunity to live a good life to the best of each person's unique abilities and interests. We asked what more complete, more fulfilled lives might look like. We asked how the system of services and supports, in communities and across government, might evolve to achieve those aspirations within the context of the existing authorities, structures and financial realities.

We addressed the following objectives:

▸ To re-affirm and update our shared vision for community inclusion

▸ To achieve consensus on a road map to guide detailed planning for the evolution of supports and services over the next ten years

▸ To improve collaboration and trust, and to build robust and durable partnerships amongst the key stakeholders

Use of Terms

The Partnership Table demonstrated the power and challenges of language in discussing disability and those who live with disability. There were differing perspectives among self-advocates, family members, and service providers. There was discussion whether the term "individual(s)" or "person (people)" was most appropriate, and discussion whether "with intellectual disability", "with developmental disability", "with diverse ability" or "with a disability" were the better ways to refer to the people we are doing this work for and with. There were many important points made: people are people so why use any other term? And, we don't want to lose sight of the people that RCI is specifically about.

Some of the topics in this paper relate directly to people who have a diagnosis of intellectual or developmental disability, Fetal Alcohol Spectrum Disorder (FASD) or Autism Spectrum Disorder (ASD); some relate to people with disabilities more generally; and some relate broadly to all people, with and without disabilities, who are economically and socially vulnerable.

CLBC's first Celebrating diverseABILITY newsletter has this to say from the people on its editorial board:

> "We would like to bring your attention to two terms you will hear often in this newsletter: self advocate and diverse abilities. These words mean different things to different people. To us, the word self advocate is about having a voice and having a say about your life no matter what you have been labelled. Many of us are part of the Self Advocacy Movement and are working hard for equal rights and opportunities in our communities. Many of us are also challenging language and the use of labels. We use the term diverse abilities because it can be used for everyone. Diverse abilities focuses on all of us being different, but able."

This is our guide in this paper—understanding that there will be context-specific needs to use terms like "individuals with an intellectual or developmental disability". The language will continue to evolve over time, moving beyond the stigmatizing language of the past.

In this paper, "families" include the parents of adult children, as well as siblings, extended and chosen family members. Families are often, but not always, the primary care givers.

Background

This report sets out the results of the RCI, including potential next steps in the journey of British Columbians with disabilities towards full community inclusion. It is important to say that this continues a long journey with many steps already taken.

Life Expectancy
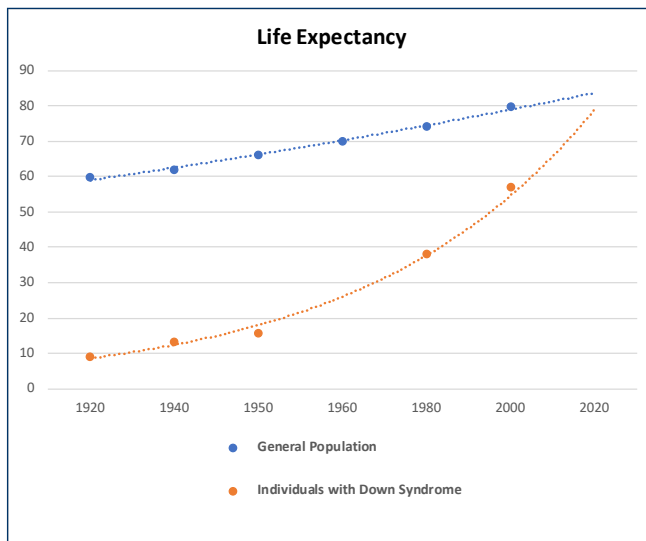
DIVERSE ABILITY

In psychological terms, people with diverse abilities are labelled as people with intellectual or developmental disabilities. Depending on the definition, it is estimated that between .05% and 1.55% of people have an intellectual disability, with 1% being the number used most often.[1]

Adults with developmental disabilities are living longer, healthier lives and can now expect to live about as long as most other people.[2] For example, the graph shows how long individuals with Down Syndrome lived at different times in the past.[3] In the United States, the number of adults with an intellectual disability aged 60 and older was projected to nearly double between 2000 and 2030.[4]

HISTORICAL CONTEXT

Until as late as the 1980s, it was practice in B.C. to place people with diverse abilities into institutions if their families could not cope. In the institutions, they were isolated and separated from their families and communities. They had no rights, had no choice in where they lived and were mostly told what to do.

Shifts toward greater community inclusion began in the 1950s when parents and families began to speak out more strongly and took an increasingly active role in shaping better options for their family members. By the 1980s, B.C. parents and advocacy groups had developed community-based alternatives to institutional placements. By 1981, the B.C. government committed to close the institutions and support people with diverse abilities to live at home and in community settings.

In 1996, B.C. became the first province to close all its institutions. Community living services emphasized support for people with diverse abilities to live, learn, participate, and contribute in their communities.

The self-advocacy movement has also been growing since the 1970s. In part, self-advocacy involves people with diverse abilities asserting their rights as full citizens, speaking for themselves and making decisions about their own lives without undue influence. In part, it reflects their growing expectations to have choices, to live in community and to have inclusive educational, employment, and other opportunities.

1   McKenzie, Katherine, Milton, Meagan, Smith, Glenys, Ouellette-Kuntz, Hélène. Systematic Review of the Prevalence and Incidence of Intellectual Disabilities: Current Trends and Issues. Current Developmental Disorder Reports, 3, 2016, p. 104–115.
2   Crawford, Cameron. The Employment of People with Intellectual Disabilities in Canada: A Statistical Profile, Institute for Research and Development on Inclusion and Society, 2011.
3   Adapted from Lane, A. M., Hirst, S. Growing Old with a Developmental Disability, International Federation on Ageing, May 2012
4   Tinglin, Carolyn C. Adults With Intellectual and Developmental Disabilities: A Unique Population, Today's Geriatric Medicine, 6 No. 3, p. 22.

By 2001, the B.C. government was concerned with increasing pressures on community living services such as rapid growth; reduced availability of funds; the Munroe settlement and corresponding labour accords; changing economic priorities; and the evolving expectations of families and communities with respect to the design of and access to services.[5] There were also concerns that the service system focused too much on funding and placing people in programs, and not enough on meeting the unique needs of individuals. Services were criticized for restricting access; limiting self-determination; reducing opportunities to develop personal relationships; and reducing people's ability to participate in their citizenship.[6]

After extensive public consultation, government established the **Community Living Transition Steering Committee** to explore potential service changes. The Steering Committee put forward 59 recommendations that resulted in Community Living BC (CLBC) being formed in 2004. The Steering Committee envisioned a system of community living supports that:[7]

▸ Sees individuals with a disability as full citizens in their community

▸ Honours and encourages their contributions

▸ Places trust in the capacity of individuals and families to lead their own lives effectively…to meet the challenges they face…and to develop their own support systems

▸ Builds the strength of individuals and the resilience of families to move away from dependence on government services

▸ Is built upon the premise of respecting the decisions of individuals and families

▸ Builds capacity in communities that recognizes and values the contribution of people with diverse abilities

▸ Provides support to individuals and families when they need that support

CLBC Vision – Service Plan 2005

Children and adults with developmental disabilities, supported by family members and friends, will have the opportunities and supports needed to pursue their own goals and participate as full and valued citizens in their communities.

The Steering Committee also spoke about an approach in which services are just one means by which people are supported to contribute as citizens; that shifts away from the supply of programs to more flexible supports; that ensures individuals and families have choice in how they meet their unique challenges, including individualized funding; and that represents the highest and best use of government funds with greater accountability and increased value for money.

Building out of these principles, CLBC's first Service Plan talked about the development of innovative supports and services that are better tailored to meet the needs of individuals and families, including:[8]

▸ Greater community involvement in shaping and carrying out public policy, including governance

▸ Increased flexibility and accountability in how personal support plans that identify individual and family goals and support requirements are developed and implemented

Since the establishment of CLBC, there have been many advances made and lessons learned. Some of the original thinking proved not to work as expected. For example, while CLBC offers individualized funding as an option, many families found the work involved in hiring and managing staff was onerous, and many preferred using agency-funded supports.

In 2016 CLBC undertook a stakeholder engagement process in order to develop its new Strategic Plan. Groups consulted included self-advocates, families, advocacy groups, service providers, staff, and many others. A new vision was established based on significant input from self-advocates.

[5] Discussion Paper on Community Living Services, MCFD, 2001.
[6] Community Living BC Service Plan, 2005/06 – 2008/09, p. 8.
[7] A New Vision for Community Living…a vision of choice and change, Community Living Transition Steering Committee, 2002, p. 2.
[8] Community Living BC Service Plan, 2005/06 – 2008/09, p. 12.

CLBC Vision – Service Plan 2016

"Lives filled with possibilities in welcoming communities."

Some of the priorities within the current strategic plan include:[9]

- Better serve individuals with multiple complex needs
- Increase access to independent living
- Increase employment
- Strengthen relationships with families and individuals
- Enhance the planning experience
- Strengthen collaboration across government
- Streamline our processes
- Improve performance reporting and forecasting
- Align services offered to the current needs of individuals

In addition to CLBC, government programs specifically for people with diverse abilities include the Ministry of Children and Family Development's (MCFD) Child and Youth with Special Needs (CYSN), the Ministry of Health's Developmental Disability Mental Health Services (DDMHS) and Health Supports for Community Living (HSCL), and SDPR's Services to Adult with Developmental Disabilities (STADD) transition services for youth, which is presently available in roughly half of the province. Other government programs, such as the Ministry of Education's K-12 and Disability Assistance through SDPR, provide services for people with disabilities broadly; while others, such as the ministries of Transportation and Municipal Affairs and Housing provide services to all citizens that need to accommodate people with disabilities.

The community living system touches all parts of peoples' lives—across the life span, from employment and education to health and housing. It touches families, service providers, advocacy and self-advocacy organizations, ministries and government crown agencies.

Leading into RCI, stakeholders identified issues and opportunities—organizational, financial, service models, human resources, innovation potential, amongst many others—that require exploration. Together, stakeholders offer a rich mix of perspectives. Working together collegially and effectively, stakeholders are well positioned to create a pathway for the future of community inclusion. This was the starting point for RCI.

Summary of the Process

On May 18, 2018 the Minister met with a group of organizations engaged with community living services and supports. He advised participants of his intention to establish the RCI and invited written submissions on the proposed Terms of Reference. A number were received and carefully considered.

The initiative partnered with community agencies to host consultations in Vernon, Nanaimo, Surrey, Fort St John, Smithers, Prince George, Richmond, Castlegar, Burnaby and Victoria. Invitations to participate were broadly circulated through the Partnership Table organizations. Individuals who were unable to attend in person were able to contribute in writing or by phone. Between 20 and 60 people attended each session, including self-advocates, families and service providers. They spoke about current services as well as their longer-term aspirations. While many themes were shared across these sessions, we also heard about regional differences and received many ideas. This input helped to inform the work of the Partnership Table and this paper.

"Working together for six months straight has been great. I've learned a lot from this group. I'm hoping this work will create a brighter outlook and more positivity for the ones we need to support."

Self Advocate Member of the Partnership Table

"My husband and I give workshops and we have a saying -- we are stronger when we sing together!"

Self Advocate Member of the Partnership Table

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[9] Community Living BC Strategic Plan 2017-2020, p.2.

The Partnership Table met for six full-day sessions, from October 2018 through March 2019. The sessions were hosted by the facilitation team. The table had over 50 members plus alternates, including 14 self-advocates, and 12 family members. A Steering Committee advised the facilitator.[10]

Several working groups took on tasks between sessions. They contributed to the Partnership Table conversations and provided additional input into drafts of the report. The topic areas were:

- Housing
- Self-advocacy and family leadership
- Community engagement and development
- Workforce training and development
- Truth and reconciliation
- Eligibility for services and supports
- Healthcare
- Affordability and financial security

The facilitation team prepared draft documents for review and ultimate approval.

Building on Past Success

The Partnership Table started its work with a discussion of what has been accomplished since the institutions closed, and of some of the newer developments in community inclusion. Additional observations were made by community consultation participants and representatives of organizations represented at the Partnership Table.

This initiative is well-timed. Supports and services have come a long way since the institutions closed—a community-based service network has grown. CLBC has established itself and progress continues in such areas as: opportunities for employment, transitions planning, inclusive education

at the post-secondary level; new service offerings including employment, learning, friendship and inclusion; and support for more independent living options.

The self-advocacy movement, established forty years ago, grew and matured. An additional support service for youth in transition, STADD, was established by SDPR in 2013. Legislative achievements include Adult Guardianship, Representation Agreements and, more recently, the Poverty Reduction Act and TogetherBC plan. The province has endorsed the UN Convention on the Rights of Persons with Disabilities.

People with diverse abilities are more visible in communities, and stigma is being challenged. They are marrying and having families. Financial resources, such as the Disability Tax Credit and the Registered Disability Savings Plan, have been created. The treatment of income and assets has improved.

A variety of changes are underway. To cite only a few examples: there is a focus on Trauma Informed Practice. CLBC has begun to provide services on reserve. CLBC and Inclusion BC have developed a housing strategy. Participation in employment has increased. In addition, there are broader government initiatives, related to poverty reduction, homelessness, housing and potential accessibility legislation that will help support this sector.

We can build on many accomplishments, applying a contemporary understanding of disability and responding to the evolving needs and aspirations of people with diverse abilities and their families. There are new opportunities and much yet to do.

RCI Scope

The initiative is…intended to work within the existing authorities, structures and financial realities. The topics of disability assistance rates, accessibility legislation, and the upcoming poverty reduction plan may form part of the discussions; however, as they are being addressed by other means, they largely exceed the scope of this initiative. Budget requests are out of scope.

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[10] Members of the Steering Committee: Michael McLellan, president, BC People First; Seonag Macrae, CEO, Community Living BC; Karla Verschoor, executive director, Inclusion BC; Angela Clancy, executive director, Family Support Institute; Neil Belanger, executive director, BC Aboriginal Network on Disability Society; Janice Barr, board member, BC CEO Network; Michael Lord, then Jonathan Dubé, assistant deputy minister, SDPR.

Out of scope financial and structural matters

Many families, self-advocates and service providers expressed concerns that touch a wide range of British Columbians in need, but that largely exceed the scope of the RCI. Although these issues are beyond RCI's scope, they were mentioned often enough to indicate they are important parts of a 10-year vision for community inclusion.

The B.C. government has several broad initiatives underway that touch on these concerns, including: the Poverty Reduction Strategy; the Homelessness Action Plan; a team of accomplished academics to apply a guaranteed income lens in the B.C. context; a housing strategy; and exploring options for provincial accessibility legislation.

RCI shares these concerns with SDPR to be shared with other ministries as needed. This will ensure that they are considered within these broader initiatives, and as policy evolves to continuously reduce barriers and increase opportunities by:

▸ Increasing disability assistance rates and health supports provided through SDPR

▸ Increasing or eliminating the disability assistance earnings exemption

▸ Increasing funding for families who are the first line of care and providing funding at the same level as home share providers. Families in every community raised this request, as did members of the Partnership Table. It would support individuals better to stay at home if that is their preferred living arrangement, and would relieve pressures on families themselves. They also note this would help to relieve pressure on other residential options

▸ Increasing funding for affordable, inclusive housing

▸ Increasing home care, specialized mental health and addictions treatment, and specialized assessment and diagnosis

▸ Increasing transportation options

▸ Expanding the eligibility criteria for CLBC and other services

▸ Testing the concept of a living wage or guaranteed basic income

▸ Benchmarking, analyzing market competitiveness and indexing CLBC funding levels against cost-of-living (e.g., for supported living and home-share supports)

In line with the scope of the RCI, we have not examined whether the existing authorities or structures are adequate or appropriate. We have focused on ways for all parts of the system of services and supports to work better together.

While some of the comments and ideas we heard had significant funding implications, we also heard there is scope and opportunity to adapt and evolve policies, supports and services and make meaningful progress in the direction envisioned.

Vision for 2028

People with diverse abilities thrive fully and equally with everyone.

Guiding Principles

At its most basic, community inclusion means that people with diverse abilities live and participate in their communities.

The UN Convention on the Rights of Persons with Disabilities (UNCRDP) was ratified by Canada with B.C.'s support in 2010 and takes community inclusion a step further.

The UNCRPD is about the right of every person with a disability to equality and non-discrimination. It calls on countries to ensure non-discrimination in areas such as respect for home and family, education, health, employment and access to services. It also sets out things countries should do to make sure that people with disabilities fully enjoy their rights under the UNCRPD.

Article 19 of the UNCRPD, that specifically addresses community inclusion, creates the right of all people with disabilities to live independently and be included in the community.

Building on the UNCRPD, the United Nations Declaration on the Rights of Indigenous Peoples, the Canadian Charter of Rights and Freedoms, Federal Human Rights Act and the BC Human Rights Act, the Partnership Table adopted the following principles to guide its work. The Partnership Table recommends that they guide the work that follows to give life to this vision.

Exemplify human rights

Inclusion recognizes and supports the rights of people with diverse abilities.

Relationship and trust building across partners with Indigenous peoples

Inclusion means that we recognize and honour the diverse history, traditions and cultures of Indigenous peoples, and address the profound impacts of past and current harms.

UNCRPD Article 19

Living independently and being included in the community

States Parties to this Convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, incluing by ensuring that:

(a) Persons with disabilities have the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement;

(b) Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community;

(c) Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.

We acknowledge the UN Declaration on the Rights of Indigenous Peoples (UNDRIP), Draft Principles that Guide the Province of British Columbia's Relationship with Indigenous Peoples, and the final report and Calls to Action of the Truth and Reconciliation Commission of Canada.

Respect the lived experience of individuals and families

Inclusion means that people with diverse abilities and their families participate in the governance, service design, planning, and policy decisions that affect the services upon which they depend. Services and supports respect and incorporate their cultures.

Support quality of life

Inclusion means having a good quality of life, which is more than providing for basic needs and safety. It includes belonging, a focus on relationships, and opportunities for meaningful contributions by everyone. All aspects of public policy incorporate a commitment to inclusion and quality of life.

Focus on the person

Inclusion means that people with diverse abilities and their families can select the help that they need to have a good quality of life. There are enough of the right services. Services continue to adapt to evolving requirements and expectations.

Engage Community

Inclusion calls for changes in community to embrace disability as a welcome form of diversity instead of a stigmatizing difference.

RCI Roadmap: Destinations, Milestones and Steps

Destination 1 (page 12)
Services are person-centred and focus on the support needs, preferences and aspirations of people with diverse abilities and their families.

Milestone 1.1 – Better services for individuals
 (a) Provide simple and dignified access to supports
 (b) Enhance person centred planning and services
 (c) Strengthen natural support networks
 (d) Develop flexible housing options

Milestone 1.2 – Better supports for families as caregivers
 (a) Reduce barriers to services
 (b) Provide tools and supports

Milestone 1.3 – Better coordination of services across ministries and the life-span
 (a) Added care
 (b) Seamless life transitions
 (c) Complex needs

Destination 2 (page 18)
Individuals with diverse abilities have every opportunity to live a full and satisfying life

Milestone 2.1 – People with diverse abilities are prepared for an inclusive adult life
 (a) Increase disability content in the K-12 curriculum
 (b) Increase K-12 capacity to accommodate people with diverse abilities

Milestone 2.2 – People with diverse abilities have more and better opportunities for employment
 (a) Continue efforts to improve education and awareness on the benefits of employment
 (b) Improve linkages and access to employment programming
 (c) Prepare individuals for the work force

Milestone 2.3 – People with diverse abilities have better opportunities for post-secondary education and life-long learning

Destination 3 (page 20)
Communities are welcoming, accessible and inclusive

Milestone 3.1 – Supports and services recognize the importance of preserving relationships and community connections in a person's life
 (a) Better support engagement with friends and community

 (b) Better support intimate relationships
 (c) Recognize the importance of relationships in service delivery
 (d) Be there for people who do not have natural supports

Milestone 3.2 – The needs of people with diverse abilities are reflected in broader government initiatives and policies
 (a) Encourage BC Transit and regional and local transit authorities to consider transit options
 (b) Improve access to health services
 (c) Improve access to mental health services
 (d) Leverage and participate in the development of broader initiatives to create more welcoming and inclusive communities
 (e) Support community development and broader engagement in community inclusion

Milestone 3.3 – People with diverse abilities exercise their full rights and citizenship
 (a) Support self-advocacy
 (b) Improve awareness and access to services by diverse communities
 (c) Better support equitable participation in the justice system

Destination 4 (page 24)
Services for Indigenous peoples are self-defined and self-determined

Milestone 4.1 – Services for Indigenous peoples are evaluated from an Indigenous led perspective

Milestone 4.2 – Culturally safe services are available for Indigenous peoples

Milestone 4.3 – Non-Indigenous services are more culturally responsive and appropriate when accessed by Indigenous peoples

Milestone 4.4 – Coordination is improved

Destination 5 (page 25)
The community living sector has strong capacity for research, innovation, and continuous improvement

Milestone 5.1 – There are more opportunities for research and evaluation

Milestone 5.2 – The people and organizations involved in community living are better able to innovate, adapt and deliver

Road Map

Participants in the RCI Partnership Table and community consultations envisioned several specific outcomes that will indicate success in achieving the overarching RCI vision. People with diverse abilities:

▶ Enjoy living in welcoming communities, including rural and remote, with enriching friendships and relationships, and with engagement in all aspects of life

▶ Are as self-determined and independent as they need and wish

▶ Have full opportunities for learning, life transitions, access to healthcare, work, and engagement in the social, cultural and spiritual life of the community

▶ Have incomes that can afford a good quality of life, including housing choices, and adequate supports for their families and caregivers

▶ Can choose from among flexible, accessible, timely and appropriate supports and services

Indigenous peoples and communities will also shape the services and supports they need, and services are provided in a culturally appropriate way.

Here are the key milestones and destinations that RCI participants believe need to be reached over the next ten years in support of these outcomes and the RCI vision.

Destination 1: Services are person centred and focus on the support needs, preferences and aspirations of people with diverse abilities and their families.

Demographic changes are both increasing and changing the need for services. There are more people heading towards adulthood. More adults are living into their senior years; they need appropriate care that does not disrupt the relationships and community connections that have developed over a lifetime. Aging families want clarity and certainty about what will happen when they can no longer provide care.

The mix of disability is changing. The number of children diagnosed with ASD in Canada is growing from 3.5 to 5.0 cases per 1,000 people in 2003 to 15.7 to 19.6 in 2015, depending on the province. In B.C., the overall prevalence of ASD in 2015 was 14.7 per 1,000 children aged 5-17.[11] The numbers of people with a diagnosis of FASD are underreported, for example, because of stigma around alcohol consumption, lack of access to assessments and parents not wanting to reveal that a condition may be alcohol related.[12] Increasing numbers of people are aging and experiencing changing support needs. Increasing numbers of young adults with complex needs are entering the system.

Generational changes are placing new demands on services. Youth graduating from high school have experienced inclusion in their school and community. Their aspirations for adult life include broader and more typical expectations. Young adults expect and have the right to live independently and to work, like anyone else. They are actively pushing their own boundaries, driving the need for an inclusive environment and services that better support them.

Self-advocates and families hope that we move away from the experience of receiving services as carrying stigma, and from policy that sometimes seems grudging or punitive. They are frustrated by bureaucratic complexity. They would welcome administrative systems that are simpler, respectful, more personal and helpful.

We heard about changes that both people with diverse abilities and their families would like to see in the services themselves, as well as the need for changes in service delivery culture that would support a more flexible, responsive and person-centred approach.

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[11] Autism Spectrum Disorder among Children and Youth in Canada 2018, A Report of the National Autism Spectrum Disorder Surveillance System. Public Health Agency Canada, 2018.
Provinces and territories that report historical data: Newfoundland and Labrador, Nova Scotia, New Brunswick, Prince Edward Island, Quebec, British Columbia, and the Yukon.

[12] **https://www.vchri.ca/stories/articles/2018/05/01/fetal-alcohol-syndrome-sometimes-misdiagnosed-and-under-reported-due**

MILESTONE 1.1: BETTER SERVICES FOR INDIVIDUALS

People with diverse abilities and their families want services to be more person-centred.

A central aspect of person-centred services entails involving people with diverse abilities and their families as equal partners in planning and decision-making processes, so that services reflect their individual goals and needs. We heard the expectation that government and service delivery organizations be required to include them. These expectations are increasingly seen through the lens of rights and citizenship.

Person-centred services provide flexibility in the range of available supports, how they are allocated and how they are funded, so they can be best shaped to meet individual needs. For example, more flexible residential options would help to better meet independence goals. People with diverse abilities and their families want a more holistic approach to services.

Service providers are thinking about how to design new support models and develop new skills to adapt to changing needs and expectations, and they need to invest in change. They want to be recognized and supported to participate in community engagement and development work that will improve the lives of people with diverse abilities in their communities. They desire new strategies to address chronic challenges, such as attracting and retaining employees and home share providers and developing housing options.

While CLBC reports positive feedback in recent surveys, families and service providers in the community consultations expressed the wish that the allocation of supports become less crisis-driven and more proactive.

Families and individuals report scarcity and difficulty in accessing specialized health care supports and experience the delivery of these services as disjointed and inconsistent across health authorities.

They need timelier and less costly access to assessment and diagnosis, which is often the first step in accessing the services they need.

People with diverse abilities and their families want planning and supports to become more proactive, timely, flexible, responsive to personal needs and interests, adaptable to changing circumstances, and seamless across life transitions. They said planning should be continuous and adaptable over a lifetime, not a one-time exercise. They also see a plan not as an administrative instrument, but a foundational support to a good life. Self-advocates and families said plans should consider:

▸ Is it best for the person?

▸ Is it voluntary?

▸ Are the right supports in place?

▸ How will the "right" supports change over time?

Some individuals do not have families or natural networks and may rely heavily on services. The system needs to improve its support and advocacy for them and to assist them to create natural supports.

Some families and service providers express concern that the principle of "least intrusive services" can be a rationale for offering minimal service. Its purpose is better understood to minimize unnecessary limitations on self-determination and personal freedom. Services may range from "a light touch" to very intensive; it is important to get "the right touch."

There was a call for greater certainty, consistency and transparency with respect to the services and funding that is available to families, and to ensure equity and parity in the system.

a. Provide simple and dignified access to supports

▸ "Map the journey," including core services for people with diverse abilities, disability assistance, and health services related to living with diverse abilities. Apply trauma-informed and intersectional lenses. Use this work to inform other actions under this destination

▸ Coordinate and reduce duplication across government in eligibility processes and requirements and avoid people having to retell their story

▸ Better align eligibility requirements, simplify reporting, reduce administration, increase choice, ensure the process is respectful of individuals, and reduce stigma, across all ministries and authorities

- Make it easier for people to obtain the information they need to access assessments, supports and services

- Develop a "no wrong door" approach: all parts of the service system throughout B.C. are aware of services, know how and where to make referrals, and have the time to do so

- Complement electronic application and reporting by providing more direct and supportive in-person interactions and offer outreach strategies that would help individuals and families access services

- Explore forms of expedited access, including auto-enrollment, to as many benefits as possible to reduce complexity

- Create certainty with respect to what supports and funding will be available and when.

b. Enhance person-centred planning and services

- Include people with diverse abilities and families more extensively in service and system planning. A person-led approach is essential to ensuring that needs, goals and outcomes are individual.

- Ensure that individuals themselves are full participants in their own planning.

- Ensure that the planning process is easy, reducing the need to repeat their story; that plans are as comprehensive as needed; and that plans change over time. Recognize that plans may not be needed or desirable for all aspects of life.

- Ensure that the individual's family and community context is considered.

- Ensure that services support engagement and participation and maximize self-determination and independence. Ensure that services shift from custodial to participatory.

- Ensure that privacy policy does not create unnecessary barriers to information sharing.

- Develop proactive and collaborative protocols, planning and problem-solving.

- Ensure smooth transitions as they occur.

- Provide service providers increased mandates and flexibility to develop and deliver more skilled, holistic and effective services; evaluate and

reduce barriers to flexibility and innovation (e.g., in contracting and funding models, etc.)

- Build on existing good practice in the system, including those of CLBC, MCFD and STADD; and ensure that effective and supportive planning occurs across the life span and anticipates transitions wherever possible.

c. Strengthen natural support networks

People with diverse abilities should have a natural network of support around them. This can reduce the services needed, increase capacity and the overall quality of life, and provide the individual with greater safety and financial security.

- Encourage, empower and support people with diverse abilities to create or broaden informal networks, including friendships, social relationships and community connections.

- Encourage, empower and support families to broaden their informal networks.

d. Develop flexible housing options

"I live in an apartment that is safe, modern, accessible, and affordable. I know my neighbours and we spend time together. I can ask them for help if I need it. I believe we need more affordable housing, so people can live on their own, the way they want and in a safe place."

– Surrey consultation attendee and self-advocate

"In small communities, families and care providers burn out due to lack of respite; there is nowhere for individuals to live with supports. The lack of housing and supports mean that people lose their community networks. When there's nowhere to go in your own community, you're moved on to a new community like furniture."

– Castlegar consultation attendee

We heard, in every community, urban and rural, that housing is a foundational concern without which other development potential is constrained. We heard that affordable and safe housing stock is inadequate, as is the range of housing options. Self-advocates and families expressed strong interest in new housing developments that are mixed-income, which support community inclusion. The gap between the disability assistance housing allowance and market rents was seen to severely limit housing availability and options. RCI participants felt that increased home ownership options would also help. Some of the solutions to these issues require funding and are out of scope for RCI. The suggestions below rely more on policy and practice changes within existing resources.

‣ Pursue opportunities outlined in the CLBC/ Inclusion BC report, "Home is Where Our Story Begins."

‣ Explore options for increasing affordability, including potential for public/private partnerships to develop home ownership options.

‣ Explore potential for an expanded portable rental subsidy program.

‣ Allow funding to follow the individual to their optimal living situation.

‣ Promote a more diverse housing mix, wherever possible, ensuring a mix of incomes and backgrounds.

‣ Apply an inclusive design lens in the location and design of housing, while ensuring that housing options are affordable.

‣ Provide flexibility in residential services policy to better respond to individual goals and needs as they change over the life span, including supported independent, home share, group home, and complex needs.

‣ Encourage and support community agencies and families to participate as investors in non-profit housing projects; develop policies and agreements that support and assist agencies to leverage assets.

‣ Address housing challenges for individuals aging out of MCFD youth services (e.g. availability of housing, appropriate and safe settings, acquiring references and deposits.)

‣ Work with community councils and agencies to build support for local housing options.

‣ Explore with the federal government to better enable people to use RDSPs for housing options, and on shared funding models.

MILESTONE 1.2: BETTER SUPPORTS FOR FAMILIES AS CAREGIVERS

"Families are exhausted and isolated. there aren't enough supports, so families can't pursue their own goals, dreams, or social needs."

– Prince George consultation attendee

"As a single mother, I rely on my elderly mother to care for my family member, which obviously is not sustainable. I have no idea what I will do when she is no longer able to provide care. Having people in home share costs the government more than it would to just offer supports to families."

– Victoria consultation attendee

Families take seriously their responsibility for the care and support of family members with a disability. They express gratitude when supports fall into place. They also say they are exhausted for lack of sufficient respite, and by the constant need to search and advocate for services. They talk about exhaustion, losing jobs and not being able to attend to other family responsibilities.

There are sources of family supports and information to build upon, such as the Family Support Institute's web-based system, STADD, and CLBC planning processes. In every community, families identified the need for even more accessible information and help to access services, especially at transition points along the life span. They want supports that are planned in advance and available when needed. Their individual expectations as expressed in the community consultations appear modest, though they say they need more than what is generally available.

There were especially strong calls for reducing cultural and geographic barriers, and for improved access to services from rural and remote communities. "Make inclusion the easy choice, not the uphill battle."

There were calls to replace the current "deficits-based" approach to assessing need and allocating services with a "strengths-based" approach that can focus on abilities and respect for the individual's contribution to society. Families say the current approach is demeaning and requires recipients to focus on what they cannot do.

People with diverse abilities experience significant cost and delay in obtaining assessments if these are not done before reaching adulthood. It is critical that assessments be completed during the school years, or while in MCFD care, and that the assessments follow the person.

a. Reduce barriers to services

▸ Improve timely access to assessments and diagnosis, and therefore to supports.

▸ Improve assessment access and remove barriers to those not assessed as children.

▸ Shift processes to allocate services to include strengths and gifts, and not solely deficits.

▸ Diagnoses, assessments and other records follow the person.

▸ Provide families with better access to information and people who can assist to make it easier to find and connect with the services and supports available to them.

▸ Improve advance planning and transition supports across the lifespan, including standard and respectful policies in place to support transitions.

▸ Develop protocols that clarify cross-government understanding of roles and responsibilities, and commitment and accountability to deliver on these.

▸ Increase access to the service system outside usual business hours and provide better access to 24/7 emergency supports.

b. Provide tools and supports

▸ Provide supports for financial planning so individuals may access all the benefits available to them (e.g. the Disability Tax Credit, Registered Disability Savings Plan [RDSP] and Registered Education Savings Plan [RESP]); support the

increasing number of individuals who are expected to be inheriting estates and provide support for estate planning.

▸ Provide for communications and correspondence in an accessible way (e.g. text to voice, Braille, plain language, pictures.)

MILESTONE 1.3: BETTER COORDINATION OF SERVICES ACROSS MINISTRIES AND THE LIFE-SPAN.

"I have to introduce my son and re-tell his story every time we make contact with a new government service, or transition to a new worker. I don't understand why this should be the case. There needs to be better information sharing to reduce stress on families. Families are looking to the government for help, not for a test."

– Nanaimo consultation attendee

"My brother with Alzheimer's and Down syndrome got caught in a system that could not help him or understand him, and he died without dignity as a result. Nobody is collaborating. We need to get organizations talking more effectively in order to solve these kinds of problems."

– Victoria Regional consultation attendee

Within government, cross-system collaboration and coordination in the provision of services to people with intellectual and developmental disabilities needs strengthening at all levels, from provincial level policy to practice in communities. Similarly, the community service network needs to forge stronger partnerships amongst themselves, with CLBC and with other ministries and authorities. Community-based agencies also have the potential to provide even better integration of services across funders and government silos.

The transition between services for children and youth and services for adults was frequently described as "falling off a cliff." Families describe long gaps in access to ongoing education and daytime supports, resulting in lost motivation and learning. They have to fight to secure any support beyond minimal respite. Some RCI consultation participants reported having to leave the workforce in order to provide in-home care.

Both STADD and CLBC's planning (including recent enhancements) are aiding many people in this transition. However, self-advocates and families were experiencing gaps both geographically and across the life-span.

Self-advocates and families strongly support advance planning, more seamless transitions and greater availability of timely and appropriate adult supports. Improved youth-adult transitions to timely post-secondary education and other adult supports are necessary to support increased work force participation.

Families identified service areas where it is unclear which government body is responsible, where transitional issues are uncoordinated across government agencies, or where an individual needs services from multiple government bodies which are not coordinated around the individual's needs.

BUILD CAPACITY FOR COORDINATION BY RESOLVING LONG-STANDING, CONCRETE CHALLENGES

"Many people with complex needs are ending up in the emergency room because if there isn't a charge being laid, they don't fit into the corrections system. Youth with complex needs are ending up in shelters even though they are not the right fit for a shelter environment. Government and community partners pass the buck and won't take responsibility for these individuals."

– Fort St. John consultation attendee

"There needs to be way better support for transitions. There is an enormous decrease in support during the transition from school and MCFD services to CLBC. Parents can't work and be home to care for their young adults with disabilities; there can be gaps in support and our kids end up being isolated at home. There needs to be better collaboration between government agencies and a better bridge between childhood and adulthood."

– Vernon consultation attendee

There are divisions in the way that government funds and delivers services for people with diverse abilities (e.g., youth versus adult services, services delivered by different ministries and government agencies, and services delivered by community.) Structural recommendations are beyond RCI's scope. Nevertheless, RCI participants identified challenges with services that involve complex coordination of transitions or services among multiple ministries and service providers. They report gaps in service delivery due to fragmentation or lack of coordination.

Rather than recommending out-of-scope structural change, RCI is recommending an approach in which government provides explicit direction and deadlines to resolve certain long-standing coordination issues, both to build better capacity for coordination and to achieve results in these areas.

At a minimum, key deliverables in each area would include ministries and agencies:

▶ Clarifying and documenting roles, responsibilities and accountabilities

▶ Developing or strengthening protocols to ensure coordinated service delivery and practice, provincially, regionally and locally

▶ Improving knowledge and expertise

▶ Providing flexibility as needed to deliver more skilled and holistic services

Individuals with "Complex needs" include individuals with diverse abilities who may also struggle with a combination of mental health concerns, behavioural issues, addictions, and/or involvement with the criminal justice system. Individuals with complex needs tend to be highly self-determined, can pose a risk to themselves or others, and tend to have limited or no positive natural supports.

These areas include:

a. Added care

▸ Including home and community care and health services for community living.

b. Seamless life transitions

▸ Starting with transition from youth to CLBC services and continuing with transitions across the lifespan.

c. Complex needs

▸ Leveraging CLBC's current plan, including enlisting partners in the plan's development and implementation.

Destination 2: Individuals with diverse abilities have every opportunity to live a full and satisfying life

MILESTONE 2.1: PEOPLE WITH DIVERSE ABILITIES ARE PREPARED FOR AN INCLUSIVE ADULT LIFE

Services for children and youth with diverse abilities, for example MCFD CYSN services, were largely out of scope for RCI. Participants did not comment extensively on these services except for transitions. In every community, families spoke about the importance of the K-12 system in preparing people with diverse abilities for an inclusive adult life. Families had varying experiences.

"In secondary school, inclusion is lacking in terms of options for work experiences and pre-employment supports. Different organizational mandates create silos and gaps related to youth employment readiness. Employment supports need to be available in grade 10 or 11; it would benefit everyone. If we wait until 19 or later, it's too late and we are not being inclusive."

– Richmond consultation attendee

Families hope that the K-12 system can achieve greater consistency in preparing youth for continuing education, employment, and other aspects of adult life. They also identified a need for a stronger emphasis on life-long learning.

Families saw an opportunity to more consistently focus special needs funding on special needs. Along with other matters, this is the subject of a current review by the Ministry of Education.

a. Increase disability content in the K-12 curriculum

▸ Increase the emphasis on diversity and inclusion in the K-12 curriculum. Include the story of people with diverse abilities, the history of residential and institutional schools, bullying, leadership and the confidence of our groups, and include people with lived experience in delivery.

▸ Provide education and establish early norms of inclusion, in ways that help to foster friendships.

▸ Provide access to employment readiness in the K-12 curriculum for individuals with disabilities.

▸ Ensure that learning supports successful transitions to school completion and adulthood.

b. Increase K-12 capacity to accommodate people with diverse abilities

▸ Improve recruitment, retention, training and mentorship strategies for K-12 teaching teams and leadership who are qualified to work with intellectual and developmental disabilities.

▸ Ensure that K-12 funding that is allocated for individuals with special needs is spent for that purpose.

▸ Continue work to fully include people with diverse abilities into schools and ensure they are not marginalized.

▸ Consider accessibility improvements to structures and outdoor space and accommodation to the varied styles of learning.

MILESTONE 2.2: PEOPLE WITH DIVERSE ABILITIES HAVE MORE AND BETTER OPPORTUNITIES FOR EMPLOYMENT

"Having a good job is important to me because it allows me to have my own money. It is important for me to have financial independence so that I can have freedom to make my own choices on what I need and want in my life. Whether it be paying off my cell phone bill, or going to the movies with my boyfriend. When I'm working I feel a part of my community and I really enjoy contributing."

– Surrey consultation attendee and self-advocate

RCI participants emphasized the importance of employment, and that employment is about real work and equal pay on real jobs. "Provide real opportunities for really rewarding work," said one self-advocate.

CLBC and WorkBC both provide employment supports for people with diverse abilities. In many communities we heard about the good work done by service providers to connect with local employers, increase the choice of jobs and build social enterprises that provide a community benefit as well as employment.

We heard there is increasing potential for and interest in employment. In addition to the economic and personal value that individuals and families attach to work, the workplace also supports community inclusion, through building friendships and social lives.

We heard there is an opportunity to increase employment. This would be supported by stronger coordination of CLBC, Work BC and service providers throughout B.C.

a. Continue efforts to improve education and awareness on the benefits of employment

‣ Continue awareness efforts with families regarding the benefits of employment to people with diverse abilities, and their capacity for employment.

‣ Continue to encourage businesses and public-sector employers to hire people with diverse abilities.

‣ Continue to work with employers to promote the social benefits of employment of persons with disabilities, reduce stigma, and increase the number and diversity of job opportunities. Create easy-to-use information resources. Use and adapt proven strategies and resources.

‣ Continue to support people with diverse abilities through employment services provide by CLBC, WorkBC and community service providers.

‣ Ask the broad B.C. public sector to lead by example, including leveraging the BC Public Service Agency's disability hiring initiative.

‣ Leverage learning from communities and organizations that strongly embrace this work culture.

‣ Ensure that employment is a choice for people with diverse abilities, and is not coerced or forced.

‣ Research the barriers that leave employers not acting to hire people with diverse abilities.

‣ Support the work of the Presidents' Group by encouraging community agencies to build similar relationships with local chambers of commerce and similar business networks.

‣ Acknowledge and support employers that exemplify best policies and practices.

b. Improve linkages and access to employment programming

‣ Clarify, communicate, coordinate and streamline access to the employment supports available through CLBC and WorkBC.

‣ Ensure WorkBC programs have the specialized skills and approaches to assist people with diverse abilities.

- Increase the use of specialized employment supports for individuals, including customized employment and post-employment supports.

- Leverage government's Social Impact Purchasing Guidelines (BC Bid) to promote inclusive employment.

- Support social enterprises in their roles to provide training and employment.

- Ensure employment is integrated and inclusive, not congregate in nature.

c. Preparing individuals for the work force

- Provide opportunities for people with diverse abilities to learn basic employment and workplace skills in school and in inclusive post-secondary education.

- Aim for early (16 years) exposure to work opportunities, to improve the likelihood of success in adulthood.

- Ensure the transition to CLBC services is seamless with respect to employment.

- Explore opportunities to make internships and summer jobs inclusive.

MILESTONE 2.3: PEOPLE WITH DIVERSE ABILITIES HAVE BETTER OPPORTUNITIES FOR POST-SECONDARY EDUCATION AND LIFE-LONG LEARNING

We heard about growing interest in education after high school. More individuals with disabilities are accessing post-secondary education. There were also calls for an increased emphasis on life-long learning.

- Work with the post-secondary sector to increase support for people with diverse abilities to access post-secondary education.

- Work with service providers, the post-secondary sector and others to promote and support life-long learning for people with diverse abilities.

- Provide people with diverse abilities with support past age 19 to accomplish the goals in their Individual Education Plan (IEP).

- Increase access and readiness to inclusive post-secondary education.

Destination 3: Communities are welcoming, accessible and inclusive

People with diverse abilities and their families look forward to when disability is fully accepted as part of human diversity and humanity. They told us they want to have friends, community networks, and social lives no different from any other person. Supports remain important, but RCI participants want to see a continuing cultural shift from services as an end in themselves to services that help to overcome barriers and support choice and independence. A whole and active life is understood to be larger than services.

RCI participants with diverse abilities shared joy about close friendships, going out to shop or to a movie of their own choice, living in their own apartments and working with their colleagues at local businesses. They and their family members also talked about stereotypes, prejudices, attitudes and stigma that still can get in the way of these things. They talked about how services sometimes only kept a person occupied instead of supporting them to engage in activities of their own choosing.

Some Partnership Table members talked about a simple but telling and natural milestone for adults with diverse abilities…

"…they are out at eight in the evening having a drink with friends."

RCI participants would like to see active development and support for welcoming and inclusive communities in all aspects of decision making. They encourage governments at all levels and service providers to intentionally promote inclusion and foster welcoming communities. There was also a call for greater collaboration amongst community living organizations to promote inclusion in the greater community.

Families and individuals want supports and services to help support and sustain relationships and community connections. They also talked about how important it is to understand and plan for relationship impacts during transitions; for example, from one service provider to another or one living arrangement

to another. This includes preserving important relationships in the former environment and building relationships in a new environment. They noted that relationship impacts can differ depending on whether the change was chosen by the individual, imposed or the result of a crisis.

People with diverse abilities want education about, and opportunity for, intimate relationships and parenthood. They talked about how disability assistance policies can discourage people from marrying; for example, lower rates for two people with the "Persons with Disabilities" (PWD) designation versus two individuals living together, and lower earnings exemptions for a couple where only one person has the PWD designation versus two individuals.

RCI participants observed that some people with diverse abilities have very limited or no natural supports. They felt that a lack of natural supports should not disadvantage a person's access to services or life opportunities.

At the same time, one self-advocate provided a cautionary reminder about how important it is to respect individual choice and self-determination: "This [support for developing friendships] needs to be person-led, e.g., if someone wants to make friends. Not all people do because of differences in ability or preference. For example, some individuals on the autism spectrum may not have a desire to create friendships or are very particular about their friends. The emphasis also needs to be on the friends people choose, not those chosen by service providers or families."

MILESTONE 3.1: SUPPORTS AND SERVICES RECOGNIZE THE IMPORTANCE OF PRESERVING RELATIONSHIPS AND COMMUNITY CONNECTIONS IN A PERSON'S LIFE.

a. Better support engagement with friends and community

▸ Create opportunities to develop and sustain friendships and social engagement, including cultural and spiritual participation.

▸ Support participation in recreational, spiritual, occupational, educational, cultural, arts, and other natural opportunities in the community at large to help develop friendships and support networks.

b. Better support intimate relationships

Self-advocates and others call for better support respecting sexuality, intimate relationships, parenting, and involvement with the child protection system.

▸ Provide better family supports for intimate and couple relationships (e.g., financial, residential, support for parenting, sustaining custody of children.) Improve strategies to prevent and address potential child protection concerns, including the provision of supports.

▸ Provide better education and supports to people with diverse abilities (from K-12 to adult) and their parents and families, including understanding and supporting:

   » Sexuality, family planning, and intimate relationships

   » People with diverse abilities who identify as members of the LGBTQ2S community

▸ Reduce barriers in the disability assistance system that discourage couples.

c. Service delivery better supports relationships.

▸ Proactively plan for relationship and community connection impacts in transitions.

▸ Emphasize individual choice and natural engagement with friends and community over rigid programs and keeping people occupied in service delivery.

▸ Support service providers to learn more about how to support relationship building and network development.

▸ Develop options to better support intimate relationships and friend visits in home share and group home policy.

▸ Provide advance notice and supports to families and others in the person's support network during transitions.

d. Be there for people who do not have natural supports

▸ Person-centred plans need to fully account for the needs of people who do not have natural supports in terms of the type and quality of supports provided, their reliance on support personnel, and their need for proactive assistance to develop natural support networks.

MILESTONE 3.2: THE NEEDS OF PEOPLE WITH DIVERSE ABILITIES ARE REFLECTED IN BROADER GOVERNMENT INITIATIVES AND POLICIES.

RCI participants felt there were many opportunities to improve government policies to better support accessibility and other aspects of a good, healthy life.

We heard that health and social service professionals often assumed that CLBC provides services that are, in fact, beyond its mandate.

Families were often unsure which government body provides services for various health care needs, including mental health. They talked about a scarcity of practitioners with disability expertise, as well as accessibility barriers, especially outside of the major urban centres. Participants in some communities had experienced some success accessing services through tele-health, though some Partnership Table members cautioned tele-health may not be suitable in all cases.

Families spoke about gaps in access to health services for people with complex health care needs, general practitioner services, dental services, and assistive technology supports. Some families and service providers felt that there were gaps in mental health services for people in CLBC's Personalized Supports Initiative who do not have a diagnosis of intellectual disability.

Among the most frequently mentioned was transportation, where people with diverse abilities identified very limited options in smaller communities, and, in all communities, saw availability, schedules and cost as barriers to employment and social engagement.

More generally, most government services and policies could benefit from a stronger accessibility and disability lens.

a. Encourage BC Transit and regional and local transit authorities to consider transit options

▸ Reduce the cost of transit for individuals with disabilities.

▸ Increase the availability and responsiveness of HandyDART Services.

▸ Increase transit coverage and frequency (e.g., where no public transit exists, and where existing schedules and routes do not accommodate work and social activity outside conventional work hours.)

▸ Consider the needs of people with diverse abilities in ride share policy.

"In Fort St. John, buses stop by 7pm and HandyDART stops at 4 or 5pm. There is no service for HandyDART on the weekends, and limited service for busses. Accessible transportation is a huge challenge – families have to buy their own wheelchair accessible vans at $40,000 or more because there aren't wheelchair accessible taxis available."

– Fort St. John consultation attendee

"In our community, some bus stops are not accessible for people in wheelchairs. As we have many community members who have mobility issues, this can make it difficult to get from place to place. I believe the community we live in needs to be for everyone. To be a part of the community, we have to be able to get there and to get there we need safe access points."

– Surrey consultation attendee and self-advocate

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b. Improve access to health services

▸ Foster and develop practitioner expertise to work with individuals, both to determine eligibility for supports and services and to provide suitable specialized care. Recognize that some disabilities are "invisible."

▸ Market the need/opportunity to learn about working with people with disabilities to prospective practitioners.

▸ Consider innovative service delivery models to support remote access to care (e.g., tele-health, where appropriate.)

▸ Engage with opportunities for health promotion.

c. Improve access to mental health services

▸ Build greater capacity for community mental health services, and better link them with families, home share providers and agencies.

▸ Increase focus on resilience, mental wellness, strengths-based practice, and trauma-informed practice; and, ensure we are using best practices.

▸ Consider including people served under PSI in Developmental Disability Mental Health Services.

d. Leverage and participate in the development of broader initiatives to create more welcoming and inclusive communities

▸ Ensure that the needs and interests of people with diverse abilities are accommodated within government initiatives, including the accessibility legislation now under consideration, the Poverty Reduction Plan, the homelessness strategy, and others.

▸ Develop an inclusive lens in the design of safe, secure and accessible public space (e.g., street lighting, transit, etc.)

▸ Establish an inclusive design policy lens for B.C. government initiatives.

▸ Consider incorporating inclusive design requirements into legislation, codes, procurement, and other policies (e.g., housing, municipal planning, infrastructure development, etc.)

e. Support community development and broader engagement in community inclusion

▸ Support efforts to advance disability education and awareness within the community living system, in the government and business sectors, and with the public.

▸ Support volunteer-led community development work.

▸ Support the sector to build organizational and financial capacity to undertake and

support ongoing community outreach and engagement work.

▸ Explore the potential for partnerships with community facilities (such as libraries, community centres, community schools, and neighbourhood houses) to establish "hubs" where people with diverse abilities can connect and interact with each other, and with the community.

MILESTONE 3.3: PEOPLE WITH DIVERSE ABILITIES EXERCISE THEIR FULL RIGHTS AND CITIZENSHIP

RCI participants spoke about citizenship as capacity for self-determination; political participation; exercising consent; being supported in making one's own decisions; taking responsibility; and self-advocacy.

a. Support self-advocacy

▸ Support people with diverse abilities to register, and to exercise, their rights to vote and to participate in political life.

▸ Provide advocacy support and the involvement of advocates, including self-advocates, should be expected and welcomed by decision-makers and planners.

▸ Provide leadership training and education on sources of help and recourse. Include self-advocates in quality assurance processes. Support families to understand self-advocacy.

▸ Build capacity of people with diverse abilities, including increased opportunities to learn from one another; to widely share information and experience; and to ensure that their expertise helps to inform and teach professionals. Build similar capacity with families.

b. Improve awareness and access to services by diverse communities

▸ Assess the awareness and uptake of available supports and services by multi-cultural communities and assess the need for additional outreach (e.g., to recent immigrants and refugees.)

▸ Apply an intersectional lens to better understand how social constructs such as race, gender and class have a compound impact on people with diverse abilities.

c. Better support equitable participation in the justice system

▸ Ensure that police, Crown and victim services have, or have access to, specialized expertise in working with victims with intellectual and developmental disabilities (during victim interviews, witness statements, testimony, etc.)

▸ Ensure that police, Crown, legal aid and corrections have or have access to specialized expertise in working with offenders with intellectual and developmental disabilities (such as capacity to instruct counsel, capacity to plead, issues regarding custody, etc.)

▸ Ensure that people with diverse abilities have access to supported decision making.

Destination 4: Services for Indigenous peoples are self-defined and self-determined

"As workers, meeting cultural inclusion needs is a challenge. Many programs for Indigenous populations aren't set up to support people with intellectual disabilities. Here in smaller communities, funding to Indigenous programming is often inconsistent, so some programs only run on a short-term basis. We rely on friendship centres for resources. Could there be staff training that is mandatory for everyone? Training needs to be locally available province-wide."

– Smithers Consultation attendee

An Indigenous-led initiative is needed to build stronger supports that reflect Indigenous cultures and needs and must be designed to serve the diverse populations both in their communities and away from home.

Networks and partnerships must be further developed and strengthened with the disability community at large, First Nations, Metis and Inuit governments and organizations, and the federal government, for increased awareness and engagement potential on improving supports and services for Indigenous people with diverse abilities. The guidance and leadership of Indigenous people and communities will support work flowing from this roadmap to address the Truth and Reconciliation Calls to Action.

It is vital to recognize and work with Indigenous people with diverse abilities, family networks, and communities to advance the work of improving supports and services.

RCI participants spoke to a need for the existing service system to be informed by the Truth and Reconciliation Commission of Canada's Calls to Action, the UN Declaration on the Rights of Indigenous Peoples, and Draft Pinciples that Guide the Province of British Columbia's Relationship with Indigenous Peoples.

MILESTONE 4.1: SERVICES FOR INDIGENOUS PEOPLES ARE EVALUATED FROM AN INDIGENOUS LED PERSPECTIVE

▸ Engage Indigenous communities to improve services both on and off reserve, and to create sustainable service delivery models.

▸ Develop Indigenous models for CLBC services, including financial models, that assist Indigenous communities and organizations to participate in service delivery.

▸ Support Indigenous-led planning, delivery and evaluation using models based on Indigenous cultures and traditions.

▸ Support Indigenous-led mapping of services for Indigenous people with diverse abilities and development of baseline information to support planning.

▸ Support relationship building between Indigenous and non-Indigenous organizations.

MILESTONE 4.2: CULTURALLY SAFE SERVICES ARE AVAILABLE FOR INDIGENOUS PEOPLES

▸ Nations and communities determine for themselves what "culturally appropriate and safe" means.

▸ Recognize the unique needs and barriers of Indigenous people and communities, through increased awareness of the historical and ongoing impacts of colonialism, Indian residential schools, and Indian hospitals.

- Expand awareness of Indigenous issues in service planning and provision for CLBC services that are available at home and away from home.

- Expand awareness of CLBC services available at-home and away-from-home and improve avenues for First Nations Health Centers to become CLBC service providers.

- Provide more information to professionals and Indigenous organizations on screening and assessment processes and procedures.

- Support the promotion of cultural safety and humility training (e.g., the San'yas Indigenous Cultural Safety Training) for organizations engaged in community living services. Refer to First Nations Health Authority policy on cultural safety and humility.

- Evaluate how CLBC procurement processes may better accommodate Indigenous-led services.

MILESTONE 4.3: NON-INDIGENOUS SERVICES ARE MORE CULTURALLY RESPONSIVE AND APPROPRIATE WHEN ACCESSED BY INDIGENOUS PEOPLES

Non-Indigenous RCI participants identified measures they believe are needed to improve their knowledge and services:

- Educate everyone who provides services on the Principles of the Truth and Reconciliation Commission and its Calls to Action.

- Invest time and commitment in relationship building.

- Invest in education on Indigenous history and aspirations and learn to ensure that supports and services are safe and culturally appropriate.

- Ensure that planning includes culturally appropriate and safe services for Indigenous youth who are leaving MCFD care and accessing CLBC services.

- Explore ways to improve the alignment of assessment instruments and processes with Indigenous cultures and traditions. Ensure that B.C. is aligned with emerging research and knowledge in this area.

- Respect traditional approaches to health care, wellness, mental health, defining services and different types of interventions.

- Encourage increasing the number of Indigenous caregivers.

- Train service providers in resilience and the intergenerational impacts of trauma.

MILESTONE 4.4: COORDINATION IS IMPROVED

- SDPR and CLBC fall outside the tripartite health governance agreements between First Nations in B.C., the Province of BC (Ministry of Health) and the Government of Canada (First Nations and Inuit Health Branch, Indigenous Services Canada), which complicates coordination.

Destination 5: The community living sector has strong capacity for research, innovation and continuous improvement

The timing and scope of this initiative did not allow for a research phase or for consultation with other jurisdictions. We were struck by how little basic data is available; for example, in compiling the contextual information included in this report. The Partnership Table sees a need for a stronger focus on data collection, research partnerships, and evaluation to support future changes and innovation.

The community living sector is called upon to be innovative and creative but does not have a foundational capacity for research and development to guide its work. Not only is there a lack of primary data in Canada and B.C., there is also a lack of a framework to guide the collection and use of data in support of research and development. Where data is gathered, it is often not the data the sector needs, and is inconsistent across the sector. Current funding structures are perceived by many service providers as not offering the flexibility or incentive to innovate, and in some ways to actively discourage it.

If we are truly to reimagine and achieve greater community inclusion, we must increase the capacity of government, community organizations, post-secondary institutions, and researchers to both gather and evaluate data, and test new ideas and programs.

CLBC collects important data on quality of life for individuals and this can be measured over time. The Centre for Inclusion and Citizenship has recently received a major federal research grant that is targeted at transitioning youth and employment. Further opportunities for collaborative research, development and exploration of wise or best practice should be pursued.

MILESTONE 5.1: THERE ARE MORE OPPORTUNITIES FOR RESEARCH AND EVALUATION

All partners in the community living sector, including people with diverse abilities and their families, have a shared commitment to achieving the highest level of service and supports for people with diverse abilities. This includes a commitment to prudent and effective use of public resources, to an ongoing process of evaluation and improvement, to the recognition and adaptation to emerging needs and trends, and to learning from–and contributing to–research and policy development.

▸ Strengthen partnerships with universities and colleges and support targeted research and development as a foundation for improved practice and innovation.

▸ Strengthen policy-based research, including assessing what can be learned and adapted from other jurisdictions.

▸ Develop a holistic service and outcome framework including setting benchmarks, measurement, program evaluation and accountability frameworks. Develop a strategy for Indigenous approaches to program evaluation.

▸ Collect, share and publish data that monitors outcomes, aligned with the social determinants of health. Include assessments of the economic benefits of supports and services.

▸ Collect and publish service utilization data, including wait times for services, new applications, and complaints received and resolved; monitor against performance standards and targets.

▸ Support an Indigenous scholar to research Wise-Practice models to better understand First Nations peoples' needs and provide tools to support First Nations implementation of CLBC services.

MILESTONE 5.2: THE PEOPLE AND ORGANIZATIONS INVOLVED IN COMMUNITY LIVING ARE BETTER ABLE TO INNOVATE, ADAPT AND DELIVER

The RCI was structured, in part, to strengthen partnerships across government and within the community living sector. That process should continue and should include building the strength of the organizations as well as the knowledge and skills of the people who serve in and are served by the sector. While all organizations in the system need to "step up" in order to adapt and innovate, this work does not occur in a vacuum without resources or without continuing efforts to build and sustain a collaborative culture.

Capacity building includes ongoing community awareness, engagement, and development work by CLBC and its advisory committees, community agencies, and their boards and other volunteers. Numerous examples throughout this report also demonstrate the important value of CLBC's critical relationships with the rest of government, and of local service delivery organizations' relationships with their communities.

▸ Explore options to increase the role of CLBC as government's key source of expertise on intellectual and developmental disability.

▸ Explore options to build service provider capacity (including organizational capacity, appropriate skill sets, ability to adapt to changing needs, ability to take on new responsibilities.)

▸ Reflect community awareness, engagement and development roles in service delivery contracts and include them in service procurement processes.

Supporting the Next Ten Years of Success

ORGANIZING OURSELVES TO SUPPORT SUCCESS

The Partnership Table envisions this paper as the first step toward real change based on the considerations we have identified. We believe that, like any plan, the RCI Roadmap will not translate to action without there being follow up structures in place. Without commenting on how government might organize this, we believe that successful implementation and

change management will involve establishing basic structures to:

‣ Leverage and sustain the collaboration, diverse perspectives and new partnerships established through the Partnership Table

‣ Establish a clear lead for community inclusion policy, including leadership for RCI implementation, cross-government collaboration, and establishing solid linkages with wider government policy and initiatives

‣ Establish priorities, an accountability framework, and an implementation plan

‣ Plan, support, monitor, report, and evaluate implementation

‣ Convene an Indigenous led process to build on the work started under Destination 4.

IMPLEMENTATION

The Partnership Table was not asked to develop a full implementation plan. We observe that an effective implementation plan would consider priorities, as well as opportunity, readiness, and the need to demonstrate momentum through near-term wins.

Appendix 3 includes the results of a rough prioritization exercise done by the Partnership Table considering importance and timing. Looking at just the top ten priorities, an implementation plan would require parallel action on multiple fronts, such as:

‣ Removing barriers and better responding to emerging needs

‣ Building capacity for research and innovation cultural shifts and new capacity within people and organizations

‣ Outreach and service enhancement opportunities across government

"I will be no one's token!"

– Self Advocate Member of the Partnership Table

The Partnership Table sees RCI implementation as co-creation across the community living system. Crucially, this means that people with diverse abilities are engaged meaningfully as the first voice among equals.

ORGANIZING THE WORK

The following sections provide, at a high level, some ideas about how work (projects or initiatives) might be organized to implement the RCI Roadmap. In the tables below, milestones within each type of work are shown in priority order, understanding that the Partnership Table exercise offers only a rough guide.

SERVICE EXPERIENCE ENHANCEMENT

This type of work involves reviewing existing service delivery processes across the system, to identify opportunities and recommend enhancements that make accessing services simpler, easier and less stigmatizing. It focuses more on how the services are delivered than on the content. The scope will cross ministries and service providers depending on the service under review.

This work would be well informed by mapping the journey of people with diverse abilities across the service system, with parallel work in the near-term to look at focused areas for improvement identified in the RCI roadmap and building on initiatives already underway. The journey map would identify additional opportunities, including potentially larger scale options that involve longer-term considerations like budget, regulatory or legislative change, or substantial change management.

In general, a service experience enhancement project might start with reviewing existing processes, and then developing options to simplify, create efficiencies, align criteria and other measures. Enhancements could include better processes, as well as changes in service delivery culture.

This type of work relates primarily to:

1.2 a) Reduce barriers to services
1.1 a) Provide simple and dignified access to supports
1.1 b) Enhance person-centred planning and services

Service content enhancement

This type of work involves shifting the focus of services and programs to better support the independence, self-determination and inclusion of people with diverse abilities. It focuses on the content of the services.

A service content enhancement project might include identifying how current services support these objectives, a gap analysis and the development of options to re-tool or replace content, or shift attitudes, priorities, and culture.

This type of work links with:

Milestones

3.1 d) Be there for people who do not have natural supports
3.2 e) Support community development and broader engagement in community inclusion
3.1 a) Better support engagement with friends and community
3.1 c) Recognize the importance of relationships in service delivery
1.1 c) Strengthen natural support networks
3.1 b) Better support intimate relationships

COORDINATION PRIORITIES

Specific challenges have been identified involving complex coordination or transitions among multiple ministries and service providers where there have been ongoing efforts to make improvements that have not brought resolution. The Partnership Table believes that progress in these areas could be supported by having a project plan with deliverables and deadlines approved by ministers or cabinet and by requiring regular progress reports back. Key deliverables would include:

▸ New or enhanced protocols to establish clear and documented service and funding roles, responsibilities and accountabilities.

▸ Service agreements, policies and procedures to ensure coordinated policy, service delivery and practice, locally, regionally, and provincially.

This type of work relates primarily to the milestones in the table below, and the approach will also come to bear on emerging priorities as the RCI progresses. These milestones were assumed among the highest priorities and were not part of the Partnership Table prioritization exercise:

Milestones

1.3 a) Added care
1.3 b) Seamless life transitions
1.3 c) Complex needs

Education, communication and awareness

This type of work involves the development of education, communication, and awareness strategies that better support RCI objectives. The work would rely on communications and engagement specialists working with service delivery and policy professionals. The work would identify key communications and/or learning objectives and target audiences, link with or enhance existing avenues or develop new ones as required.

This type of work relates primarily to:

Milestones

3.3 b) Improve awareness and access to services by diverse communities
2.2 a) Continue efforts to improve education and awareness on the benefits of employment
1.2 b) Provide tools and supports

Linking with broad government initiatives

Several RCI objectives touch mandates that may not have a specific focus on diverse abilities. Examples include services delivered by the ministries of Education, Municipal Affairs and Housing, MCFD, Attorney General and Health as well as school districts and the health authorities. In these cases, RCI follow up, as a first step, will need to engage with the relevant ministry and explore opportunities to enhance the interests of individuals with diverse abilities within the broader context.

This type of work relates primarily to:

Milestones

1.1 d) Develop flexible housing options

3.2 c) Improve access to mental health services

3.2 b) Improve access to health services

3.2 d) Recognize, leverage and participate in the development of broader initiatives to create more welcoming and inclusive communities

2.3 People with diverse abilities have better opportunities for post-secondary education and life-long learning

3.2 a) Encourage BC Transit and regional and local transit authorities to consider transit options

2.1 a) Increase disability content in the K-12 system and 2.1.b) Increase K-12 Capacity to accommodate people with diverse abilities

2.2 c) Preparing individuals for the work force

2.2 b) Improve linkages and access to employment programming

3.3 c) Better support equitable participation in the justice system

Indigenous-led approaches

Indigenous-led work will require, as a first step, engagement with Indigenous leadership to determine the overall approach. It relates to the milestones in the table below. These were assumed among the highest priorities and were not part of the Partnership Table prioritization exercise.

Milestones

4.1 Services for Indigenous peoples are evaluated from an Indigenous-led perspective

4.2 Culturally safe services are available for Indigenous peoples

4.3 Non-Indigenous services are more culturally responsive and appropriate when accessed by Indigenous peoples

4.4 Coordination is improved

Building capacity

This type of work is less about enhancing existing services and is more about identifying new opportunities. It will involve research and evaluation–understanding the environmental factors, demographics, trends and emerging practices affecting community inclusion. It will involve trying new ways of doing things and scaling up successes. It will also involve enhancing the capacity of people with diverse abilities and sector organizations.

The work will require leadership to convene and it can build on the diverse perspectives established at the Partnership Table. It will also bring in new perspectives, be open to change, and take a forward-looking perspective. The work relates primarily to:

Milestones

5.2 The people and organizations involved in community living are better able to innovate, adapt and deliver

3.3 a Support self-advocacy

5.1 There are more opportunities for research and evaluation

Appendix 1
Terms of Reference Reimagining Community Inclusion

BACKGROUND

Community Living BC (CLBC) was established in 2005 to provide services and supports for adults with developmental disabilities. Subsequently, there have been a variety of reviews, initiatives and improvements, including recent work to address disability issues with Indigenous communities. The community living system has stabilized to a reasonable degree, but there is an opportunity to improve working relationships and trust. This is an appropriate time to look to its future development.

To that end, on May 18, 2018, the Hon. Shane Simpson, Minister of Social Development & Poverty Reduction convened a meeting of key organizations engaged with community living services to discuss what inclusion for adults with developmental disabilities should look like in 10 years. Participants included CLBC, self-advocates, families, service provider networks, home-share providers, and advocacy organizations.

The provision of supports and services for persons with intellectual or developmental disabilities must fundamentally support the unique lives of individual persons, each with their own aspirations, capacities and needs, and in relationship with their families, peers, caregivers and communities. At the same time, it is a complex system: that meets the tests of government-funded public service; that recognizes the roles of families and community-based service providers; and that engages self-advocates and advocacy structures as essential components.

All stakeholders, including CLBC, have identified issues – organizational, financial, service models, human resources, innovation potential, amongst many others – that require exploration. They offer a rich mix of perspectives and value propositions, research and innovation. They are well positioned, working together collegially and effectively, to create a pathway for the future of community inclusion.

PURPOSE AND OBJECTIVES

Minister Simpson has appointed a facilitator to lead a process of "Reimagining Community Inclusion." Starting from a shared belief that every person with an intellectual or developmental disability has the right and opportunity to live a good life, across all domains, and to the best of each person's unique abilities and interests, this process will engage stakeholders in discussions of what more complete, more fulfilled lives look like. How might the system evolve to make those aspirations a reality within the context of enabling social and economic environments?

TIMEFRAME AND REPORTING

By March 31, 2019, provide the Minister with a document reflecting a consensus and endorsed by the Partnership Table, that provides an updated vision statement on community inclusion; a shared road map to address the design, policy and operational work required across the system of community inclusion stakeholders and supports to give effect to that vision, including projected routes and milestones; and a commitment to collaborate with one another as the new vision for community inclusion is implemented.

ROLES, RESPONSIBILITIES AND ACCOUNTABILITY

The Ministry of Social Development & Poverty Reduction will provide advice and support to ensure the Initiative completes its work, and will advise the Minister as requested. The Ministry will be represented at the Partnership Table.

The Partnership Table will identify issues and concerns, look for areas of agreement, identify a shared vision and a road map for ongoing action, and agree to collaborate toward taking the individual and collective action needed to implement the road map.

The Steering Committee's role is advisory, supporting the chair/facilitator in the development and management of processes and agendas that support an efficient and effective Partnership Table.

The Partnership Table will report to the Minister through the Chair. Participants are expected to share the discussions with their constituencies / memberships, as well as to reflect their organizational views. They will need to determine how to ensure they have the authority to sign on to the report to the Minister.

APPROVED BY:

Honourable Shane Simpson
Minister of Social Development and
Poverty Reduction

Date: August 29, 2018

Appendix 2

*Reimagining Community Inclusion Initiative Partnership
Table Members and Facilitation Team*

Representation at the Table changed through the six-month period; this is a complete list of attendees for the entire process. The participants listed below include both regular Partnership Table members, and their alternates.

BC Aboriginal Network on Disability Society
　Neil Belanger
　Melissa Aird
　 Evelyn Huntjens

BC Association of Aboriginal Friendship Centres
　Joanne Mills
　Leslie Varley
　Greg Anderson

BC CEO Network
　Doug Tennant
　Janice Barr
　Brenda Gillette

BC Family Net Society
　Linda Derkach
　Anita Dadson
　Susan Waldie
　Frank Reimer
　Marcella Baldwin

BC Government & Service Employees Union
　Andrea Duncan
　Selena Kongpreecha

BC Home Share Providers Association
　Mary-Lou Fedora
　Pat Cleave
　Michelle Holt

BC People First
　Michael McLellan
　Ariel Pavic
　Jo-Anne Gauthier

Centre for Inclusion and Citizenship, University of British Columbia
　Tim Stainton
　Rachelle Hole

Community Living BC
　Seonag Macrae
　Jack Styan
　Lynn Davies
　Alexander Magnussen

Family Support Institute
　Danielle Cross
　Angela Clancy
　Ernie Baatz
　Yuji Kajiwara
　Franceska Grantzidis
　Bob Kashyap

FASD Society for BC (The Asante Centre)
　Allison Pooley
　Robyn Matthews
　Myles Himmelreich
　Stephen Sykorsky

Federation of Community Social Services of BC
　Rebecca Lang
　Karyn Santiago

First Nations Health Authority
　Derina Peters

Inclusion BC
　Karla Verschoo
　Fiona Whittington-Walsh
　Kya Bezanson

PARCA [Provincial Association of Residential and Community Agencies]
　Caroline Bonesky
　Jen Hirsch
　Paul Barnett

PLAN Institute & PLAN
　Tim Ames
　Rebecca Pauls

Provincial Advisory Committee, Community Living BC (CLBC)
- John McCulloch
- Barbara Paciejewski
- Vicki Wang
- Victoria Stratton

Through an Aboriginal Lens (TAL) Program, Native Courtworker & Counselling Association of BC
- Darla Rasmussen
- Sean Russell

Vela Microboard Association
- Linda Perry
- Lori Cochrane

Services to Adults with Developmental Disabilities (STADD), Ministry of Social Development and Poverty Reduction
- Kelly McQuillen
- Via Evangelista
- Lauren Nackman
- Lori Parsons

Ministry of Health
- Kiersten Fisher
- Kelly Chirhart
- Sharon Stewart

Ministry of Children & Family Development
- Emily Horton
- Tamara Kulusic
- Danielle Smith

Ministry of Social Development and Poverty Reduction
- Jonathan Dube
- Michael Lord

Advocate for Service Quality
- Leanne Dospital

RCI Facilitation Team
- Timothy Agg
- Mark Medgyesi
- Megan Daly

Appendix 3

Prioritization Exercise Results

Type of Work	Desti-nation	Mile-stone	Milestone Steps	Impor-tance	Time	Total	Rank
Coordination Priority Projects	1	1.3	a) Added care	100	100	10000	1
Coordination Priority Projects	1	1.3	b) Seamless life transitions	100	100	10000	1
Coordination Priority Projects	1	1.3	c) Complex needs	100	100	10000	1
Indigenous Services	4	4.1	Services for Indigenous peoples are evaluated from an Indigenous led perspective	100	100	10000	1
Indigenous Services	4	4.2	Culturally safe services are available for Indigenous peoples	100	100	10000	1
Indigenous Services	4	4.3	Non-Indigenous services are more culturally responsive and appropriate when accessed by Indigenous peoples	100	100	10000	1
Indigenous Services	4	4.4	Coordination is improved	100	100	10000	1
Capacity Building	5	5.2	The people and organizations involved in community living are better able to innovate, adapt and deliver	25	31	775	4
Capacity Building	3	3.3	a) Support self-advocacy	16	21	336	9
Capacity Building	5	5.1	There are more opportunities for research and evaluation	16	21	336	9
Education, Communication and Awareness	3	3.3	b) Improve awareness and access to services by diverse communities	15	12	180	15
Education, Communication and Awareness	2	2.2	a) Continue efforts to improve education and awareness on the benefits of employment	10	11	110	20
Education, Communication and Awareness	1	1.2	b) Provide tools and supports	6	2	12	27
Linking with Broad Government Initiatives	1	1.1	d) Develop flexible housing options	24	21	504	6
Linking with Broad Government Initiatives	3	3.2	c) Improve access to mental health services	20	25	500	7
Linking with Broad Government Initiatives	3	3.2	b) Improve access to health services	16	20	320	11
Linking with Broad Government Initiatives	3	3.2	d) Leverage and participate in the development of broader initiatives to create more welcoming and inclusive communities	16	19	304	12
Linking with Broad Government Initiatives	2	2.3	People with diverse abilities have better opportunities for post-secondary education and life-long learning	14	17	238	14
Linking with Broad Government Initiatives	3	3.2	a) Encourage BC Transit and regional and local transit authorities to consider transit options	12	10	120	17
Linking with Broad Government Initiatives	2	2.1	a) Increase disability content in the K-12 system; 2.1.b) Increase K-12 Capacity to accommodate people with diverse abilities	7	17	119	18
Linking with Broad Government Initiatives	2	2.2	c) Preparing individuals for the work force	9	7	63	22
Linking with Broad Government Initiatives	2	2.2	b) Improve linkages and access to employment programming	8	7	56	23
Linking with Broad Government Initiatives	3	3.3	c) Better support equitable participation in the justice system	8	5	40	25
Service Development	3	3.1	d) Be there for people who do not have natural supports	21	17	357	8
Service Development	3	3.2	e) Support community development and broader engagement in community inclusion	20	15	300	13

Type of Work	Desti-nation	Mile-stone	Milestone Steps	Impor-tance	Time	Total	Rank
Service Development	3	3.1	a) Better support engagement with friends and community	8	14	112	19
Service Development	3	3.1	c) Recognize the importance of relationships in service delivery	14	7	98	21
Service Development	1	1.1	c) Strengthen natural support networks	9	5	45	24
Service Development	3	3.1	b) Better support intimate relationships	4	7	28	26
Service Experience Enhancement	1	1.2	a) Reduce barriers to services	31	31	961	3
Service Experience Enhancement	1	1.1	a) Provide simple and dignified access to supports	20	26	520	5
Service Experience Enhancement	1	1.1	b) Enhance person centred planning and services	12	11	132	16

British Columbia