

# Children and Youth with Support Needs

*Appendix A, B & C, Glossary and Bibliography*



# APPENDIX A: DESIRED OUTCOMES

The following desired outcomes are intended to apply to:

- Family connections centres and their satellites and subcontractors
- Disability services

Desired outcomes will be assessed using the following tools. Data to assess the child, youth and family outcomes will be collected by the family connections centres. Outcomes for Provincial Services are still being developed and will align with these desired outcomes.

## CHILD/YOUTH RELATED OUTCOMES

Outcomes for children and youth are intended to align with the screening and support planning process. Through relational and family-centred practice, the child or youth and their family will have ongoing support that may adapt and change to meet their evolving needs. The desired child and youth outcomes are listed in Table 1. adapt and change to meet their evolving needs. The desired child and youth outcomes are listed in Table 1.

CHILD AND YOUTH OUTCOMES	
Indicators	Evaluation Methods / Tools
<b>Children and youth are making progress towards their developmental goals</b>	
Child/Youth and family report improvement in the child/youth's desired developmental outcomes	My Support Plan Supporting evidence may be gathered from About My Child Quality Assurance review of support planning
<b>Improved Quality of Life</b>	
Child/Youth and family report improvements in the child/youth's desired quality of life outcomes Child: All domains Youth: All domains	My Support Plan
<b>Optimize Social Inclusion</b>	
Child/Youth and family report improvements in the child/youth's desired social inclusion outcomes. Child: All domains <sup>27</sup> Youth: Social Inclusion domains <sup>28</sup>	My Support Plan

Table 1 – Child and youth outcomes and approved tools.

<sup>27</sup> Children domains: Function, Family, Fitness, Fun, Friends, Future

<sup>28</sup> Youth domains: Personal Development, Self-Determination, Interpersonal Relations, Social Inclusion, Rights, Emotional Well-Being, Physical Well-Being, Material Well-Being

## FAMILY RELATED OUTCOMES

Outcomes for families that access services at FCC are intended to align with the screening and monitoring process used to support the child or youth and ongoing conversations between the professionals in the FCC, the primary support coordinator, and the family. These outcomes are to ensure that the family empowerment model is being fulfilled and offer opportunity for professionals and families to fine-tune their planning, so it continues to support the family's needs. The desired family outcomes are listed in Table 2.

FAMILY OUTCOMES	
Indicators	Evaluation Methods / Tools
<b>Improved Quality of Life / Empowerment</b>	
<p>Families report improvements in their desired quality of life outcomes:</p> <ul style="list-style-type: none"> <li>• Parenting</li> <li>• Family Interaction</li> <li>• Emotional Well-being</li> <li>• Disability Related Supports</li> <li>• Education/Employment</li> <li>• Community Interaction</li> </ul> <p>Families report feeling confident in their ability to help their child grow and develop</p>	<p>My Support Plan</p> <p>Family Empowerment Scale</p>
<b>Optimize Social Inclusion</b>	
<p>Families report improvement in their desired social inclusion outcomes:</p> <ul style="list-style-type: none"> <li>• Community involvement</li> </ul>	<p>My Support Plan</p>

Table 2 – Family outcomes and approved tools.

## SYSTEM RELATED OUTCOMES

As this service delivery model represents a transformation of services for children and youth and their families, and the role of centres is central to supporting children and youth with support needs and their families, there are three indicators to monitor how the system is meeting intended outcomes. The desired system outcomes are listed in Table 3.

SYSTEM OUTCOMES		
Indicator	Options to Evaluate Indicators	Method
<b>System Is Responsive<sup>29</sup></b>		
Request for Service	<ul style="list-style-type: none"> <li>Length of time from intake to individualized services</li> <li># of children/families removed from the request for service list and the reason for removal</li> <li># and demographic of children and their families waiting for services and the story of those waiting</li> </ul>	IMIT
Service Recipient Demographics	<ul style="list-style-type: none"> <li># and demographics of those accessing services, including which services were accessed at the family connections centre and Disability Services</li> </ul>	
General Service Utilization	<ul style="list-style-type: none"> <li>Service utilization reports for Developmental Services</li> <li># of incidents of decreased or disrupted service provision and rationale</li> <li>Provision of accessibility supports</li> <li>Barriers/Reasons for not accessing and/or completing services</li> <li>Transition support provided</li> <li>Percentage of children previously on Autism Individualized Funding program 'opting in' to family connections centre</li> </ul>	Agency Reports  IMIT
<b>Culturally Safe</b>		
Families receive culturally safe services	<ul style="list-style-type: none"> <li>Service recipients report feeling culturally safe</li> <li>Cultural community is identified; family/community is participating in planning; Indigenous community party to agreements</li> </ul> <p><i>**to be further developed pending consultation with the Indigenous Advisory Circle</i></p>	To Be Developed

Table 3 – System outcomes and potential indicators.

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System is responsive and services are being delivered as envisioned: the right people are getting an appropriate amount of the right services

SYSTEM OUTCOMES		
Indicator	Options to Evaluate Indicators	Method
<b>Trauma-Informed</b>		
Families receive trauma-informed services	<ul style="list-style-type: none"> <li>Agency confirms policies and training for staff etc.</li> <li>Service recipients report they received trauma-informed service</li> </ul>	Agency Reports  Survey (agency or QA administered)
<b>Family-Centred</b>		
Families report the services they received were family-centred	# and demographic of families who reported barriers who are and are not able to access services	Measure of Processes of Care Survey
Families report fewer barriers to accessing service		IMIT
Accreditation Reports / Quality Improvement Plans		Agency Provided

Table 3 – System outcomes and potential indicators.



## APPENDIX B: STANDARDIZED TOOLS

Standardized tools will be used to provide an evaluation of the child or youth's strengths, barriers, functional abilities, health condition and support needs within the context of their family and circle of support. This includes their school and/or community. The purpose of the tools is to determine the child or youth's need for services as described in the Family Connections Centre Service Description section.

The standardized tools that will be used in family connections centres are listed in the table below. Licenses required for the standardized tools listed below will be purchased by the Ministry.

TOOLS	PURPOSE OF TOOL AND HOW IT WILL BE USED	ADMINISTRATOR OF TOOL, TRAINING AND COST CONSIDERATIONS
About My Child	To screen strengths and areas of concern and determine appropriate developmental and/or goal focused services.	<ul style="list-style-type: none"> <li>• Family connections centre clinical staff, Family Support Worker</li> <li>• Completion in 10-20 minutes</li> <li>• No training required</li> </ul>
Gross Motor Functional Classification System (GMFCS)	To determine eligibility for mobility and adaptive equipment. Informs selection of equipment to be provided by Specialized Provincial Services.	<ul style="list-style-type: none"> <li>• Occupational Therapists or</li> <li>• Physiotherapists at the family connections centres</li> <li>• Completion in 5 minutes</li> <li>• No training required</li> </ul> <p>Reassessment as per Ministry policy.</p>
Vineland-3	To determine eligibility for Disability Services when cognition and/or behavioural function is the primary concern.	<ul style="list-style-type: none"> <li>• Level B Qualification within scope of practice</li> <li>• Training: 3.5 – 7 hours</li> <li>• Depending on form used and age of child: 10 to 50 minutes</li> </ul> <p>Reassessment as per Ministry policy.</p>
Pediatric Evaluation of Disability Inventory Computer Adaptive Test (PEDI-CAT)	To determine eligibility for Disability Services for children/youth when physical functioning is primary concern.	<ul style="list-style-type: none"> <li>• Level B Qualification within scope of practice</li> <li>• Training: 1 hour</li> <li>• Depending on form used and age of child: 10 to 30 minutes</li> </ul> <p>Reassessment as per Ministry policy.</p>

## APPENDIX C: SUPPORT PLANNING OVERVIEW

The new service model has been designed to support enhanced quality of life for children or youth with support needs and their families. To ensure coordination, an integrated support plan will be developed to guide service delivery on behalf of the child or youth and their family. This plan will be referenced, implemented, evaluated, and adjusted by the child or youth and family and by those delivering services at the family connections centre and via the Disability Services stream.

Support planning is a holistic and strengths-based approach that recognizes an individual's capabilities and the varying levels and sources of support that may be drawn upon to achieve or maintain outcomes that are important to them.

Including the contributions of an individual's natural support system expands consideration beyond professional interventions and paid services to supports that family, caregivers, cultural communities, teachers, or the individual themselves can provide or access - things like community involvement, assistive technology, education, and skill building.



The person responsible for support planning in partnership with a child or youth and their family is called the **primary support coordinator**. The primary support coordinator may be:

- A CYSN worker for each child or youth who is eligible for Disability Services.
- An assigned person from the centre for each child or youth who is accessing Goal Focused services at the centre.

The primary support coordinator will ensure that support plans are developed in partnership with the child or youth and family and that they are reviewed at least once every six months. Specific outcomes and action items can be reviewed more frequently. Support plans will be updated to reflect changes to the family's circumstances and priorities as well as the services being delivered. Support plans must align with other relevant plans such as Care Plans, or discipline specific plans (e.g. therapy plans).

## EFFECTIVE SUPPORT PLANNING

A support plan will be required for all children and youth eligible for Disability Services. Support planning will be guided by the following principles:

- i. The child or youth and their family are actively involved in the plan's development, implementation, and regular evaluation.
- ii. Priority is given to outcome areas that reflect the current goals/wishes of the child or youth and their family and address important health and safety issues.
- iii. A holistic approach is used that considers all aspects of a person's experience and the interconnection of these dimensions.
- iv. Support objectives are attached to specific support strategies so that roles and accountabilities are clear.
- v. Progress is assessed in terms of the benefits derived by the person and their family that are the result of individualized, person-centred planning, and/or family-centred support strategies.

The plan will include a combination of things that are important to the individual (goals/wishes) and for the person (health, safety, care) including:

- vi. Gifts/strengths, likes/dislikes, and current supports/services.
- vii. Prioritized outcomes aligning with identified frameworks and identified goals/wishes - written in the voice of the child/youth and family.
- viii. Support required to achieve each goal and the timeframe within which each outcome/goal will be reviewed.
- ix. A scale indicating the level of improvement for each outcome/goal.





## CULTURALLY SAFE & TRAUMA-INFORMED SUPPORT PLANNING

True person-centred planning requires the support team to develop a deep and genuine understanding of the culture, beliefs, values and experiences of each child/youth and family so they may structure the planning process in a manner that aligns with that world view.

In placing the child/youth and their family at the centre and viewing them as experts in their circumstances, needs and solutions, the support planning process mirrors the restorative processes outlined in MCFD's Aboriginal Policy and Practice Framework by:

- x. Gathering those people identified as important by the child/youth and family.
- xi. Listening, assessing, and finding solutions based on the needs of the child/youth family and the wisdom of the group.
- xii. Focusing on security, belonging and well-being through the development of plans that support holistic quality of life.
- xiii. Continuing to bring the group together in various constellations based on the child/youth and family's wishes, to evaluate the effectiveness of the supports and continuing to build on the vision for their life including development and maintenance of support systems.



Person-centred planning incorporates common principles of trauma-informed service delivery including an awareness of the increased prevalence of trauma in individuals with disabilities or other support needs, the importance of safety and trustworthiness, a focus on empowerment, personal autonomy, choice, and collaboration and the need to recognize and build on strengths and skills. Person-centred planning also requires consideration of the pacing of planning and provision of support in recognition of family state dependent functioning, and the need to meet families where they are at.

## HOW THE SUPPORT PLAN WILL BE DOCUMENTED

Support plans will be embedded and populated within a shared Information Management and Information Technology (IMIT) system, with the ability to print a copy for children or youth and families. It will be accessible by those who are directly involved with providing support to the child or youth and family. Access can be customized, and the full plan will be visible to the child or youth, family, and the primary support coordinator. Early implementation sites will also provide records to families, though they may not be available through the IMIT system.

Using a shared platform allows the child or youth and their family as well as members of their support team to interact with the support plan as a living document - making changes and updates to reflect changing circumstances/priorities and the necessary supports and services. Use of a shared platform also provides the ability to tag responsibility for actions associated with the support plan for follow up by a service provider and can facilitate the migration of information between the plan and individual service files.



## GLOSSARY

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**Children and youth with support needs:** Children and youth who are experiencing, or have an increased likelihood of experiencing, developmental delay or disability and who require support to optimize their development, functional abilities and quality of life.

**Children and youth with support needs services (CYSN Services):** The suite of MCFD's CYSN services for children and youth with support needs and their families. Including the core service categories of Developmental services, Goal Focused services, and Disability services.

**Circle of Support:** A child or youth's circle of support includes their family, as it is broadly defined in this document, and other support people involved in their life. This can be people from school, community members, people from community programmes, and others.

**Cultural continuity:** The methods through which traditional knowledge and practices are maintained and transmitted.

**Culturally safe:** A transformation of relationships where the needs and voice of children, youth and their families take a predominate role. It is a theory and practice that considers power imbalances, institutional discrimination, colonization, and colonial relationships as they apply to social policy and practice. Cultural safety involves actively exploring and challenging complex power relationships including the way that bias, stereotyping, discrimination, and racism impacts how services are delivered and received.<sup>30</sup>

**Culturally responsive:** An approach to delivering services that shows respect for language, culture, and identity and is free of discrimination. It requires having the ability to learn from and relate respectfully with people of your own culture as well as those from other cultures, which builds relationships and enables a respectful, compassionate, and ethical partnership with those who are being served. The approach also recognizes that supporting cultural connectedness and reclaiming culture into the lives of families has health benefits on physical, emotional, and spiritual levels. Within an Indigenous context, learning one's culture and having strong connections between children, youth, parents, and Elders are key protective factors in family well-being.

**Developmental delay:** Children reach developmental milestones at their own pace and any lags may not be permanent for some. However, a developmental delay refers to a significant delay in achieving age-expected "norms" or milestones within the domains of gross and fine motor skills, speech and language, social and personal skills, activities of daily living, and/or cognition<sup>31</sup>. There are many factors that can contribute to a developmental delay (e.g., biological, environmental), which can sometimes help to identify children with an increased likelihood of disabilities<sup>32</sup>.

**Education and guidance:** Provide parents and caregivers with education on how to promote their child's development and assist with developing strategies to support the developmental trajectory of their child. This can come in the form of consultations, group education programs and/or through virtual methods.

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30 BC Ministry of Children and Family Development (n.d.), Aboriginal Policy and Practice Framework

31 Canadian Task Force on Preventive Health Care, University of Calgary (2016). Recommendations on Screening for Developmental Delay - Clinician FAQ. Retrieved from [www.canadiantaskforce.ca](http://www.canadiantaskforce.ca) on January 13, 2020

32 World Health Organization (2007). International classification of functioning, disability and health: children & youth version: ICF-CY

**Developmental monitoring:** For children and youth who have been identified through targeted screening, this process will provide ongoing monitoring of their development to identify risk factors and recognize any signs of delay in one or more developmental domains. This is to ensure children and youth who require additional supports will receive the appropriate services as soon as possible.

**Disability:** An ever-evolving concept that, for the purpose of this CYSN Service Framework, is used as an umbrella term to recognize any physical and/or cognitive condition that may create limitations for a child or youth to do certain activities and/or interact with those around them.<sup>33 34</sup> Disability is a complex and varied collection of conditions that is influenced by social and environmental factors. This term is used mindfully, understanding that language used to refer to people with physical and/or cognitive conditions can be stigmatizing and a form of labelling. The intent of this Service Framework is not to characterize children and youth with a disability solely in terms of impairment or inabilities, or “something to fix”. Rather, the focus is to enable children and youth to function to the best of their ability, whatever that ability may look like.<sup>35</sup>

**Equity/equitable:** A quality or ideal that recognizes individuals and groups have different circumstances which may require different treatment. An equitable system strives to ensure barriers are overcome so that everyone may access the resources, opportunities, power, and responsibility to lead full and healthy lives.<sup>36</sup>

**Family:** A term that is inclusive of diverse family structures including (but not limited to) single parents, adoptive parents, same-sex couples, step-families, married or common-law couples, foster families, intergenerational families and more.<sup>37</sup> A family is broadly identified to ensure the inclusion of all families and family experiences, including the variety of relationships bonded by genetic relations, marital or legal status, cultural identity, and kinship systems. This broad identification acknowledges different uses of terminology, diverse household membership, and diverse social ties to caring for a child or youth.

**Family-centred:** “A set of values, attitudes, and approaches to services for children [and youth] and their families. Family-centred service recognizes that each family is unique; that the family is the constant in the child’s [or youth’s] life; and that they are the experts on the child’s [or youth’s] abilities and needs. The family works with service providers to make informed decisions about the services and supports the child [or youth] and family receive. In family-centred service, the strengths and needs of all family members are considered.”<sup>38</sup>

**Family quality of life:** The extent to which a family’s needs are met, and family members experience their own quality of life within the family context.<sup>39</sup> This acknowledges the complex connections between individuals and their families within their surrounding environment, including the quality of relationships and communication

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33 World Health Organization. Disabilities. Retrieved from <https://www.who.int/topics/disabilities/en/> on January 14, 2020

34 Centres for Disease Control and Prevention, U.S. Department of Health and Human Services. Disability and Health Overview. Retrieved on January 14, 2020 from <https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html> on January 14, 2020

35 Heather Skelton and Peter Rosenbaum (2010). Disability and Child Development: Integrating the Concepts. Retrieved from <https://www.canchild.ca/en/resources/35-disability-and-child-development-integrating-the-concepts> on January 14, 2020.

36 BC Ministry of Children and Family Development (n.d.) Aboriginal Policy and Practice Framework. Retrieved on July 12, 2019 from [www2.gov.bc.ca/gov/content/governments/indigenous-people/supporting-communities/child-family-development](http://www2.gov.bc.ca/gov/content/governments/indigenous-people/supporting-communities/child-family-development)

37 The Vanier Institute of the Family (n.d.). Definition of family. Retrieved on January 29, 2020 from <https://vanierinstitute.ca/definition-family/>

38 CanChild. Family-Centred Service. Retrieved from <https://www.canchild.ca/en/research-in-practice/family-centred-service> on January 13, 2020.

39 Brown R.I. & Brown I. (2014) Family Quality of Life. Cited in: Michalos A.C. (eds) Encyclopedia of Quality of Life and Well-Being Research. Springer, Dordrecht

within families of children with disabilities.<sup>40</sup> There are five family quality of life domains: family interaction, parenting, emotional well-being, physical/material well-being and disability-related supports.<sup>41</sup>

**Functional abilities:** The potential or actual capacity of an individual to perform activities or tasks, with consideration for the biological, psychological, environmental, and social aspects of an individual. This can include such things as movement and mobility, communication, daily living skills, play, and work.

**Holistic:** An approach to engaging and supporting all aspects and dimensions of a child or youth and their family. Holistic factors address the whole person, including their physical, mental, cultural, spiritual, and emotional health, while considering the influence of environmental and social factors. The goal of a holistic approach is to understand the completeness, circularity, and balance of a child or youth's life.<sup>42</sup>

**In care:** The term used to refer to children and youth who are under the Ministry of Children and Family Development's care. This could be through foster care or contracted residential services.

**In-home supports:** Tailored to assist a family of a child or youth with a disability to live within their home setting and support family quality of life.

**Inclusive Child Care:** Children of all abilities, including children with support needs, have equitable access to quality child care and are supported in learning through play along with other children in a regular program. Inclusive child care supports the individual strengths and needs of each child, allowing them to participate meaningfully in all aspects of the child care program.

**Indigenous:** First Nations, Inuit, and Métis peoples of Canada. The term Indigenous does not identify the uniqueness and diverse cultures of First Nations, Inuit, and Métis peoples and is often viewed as a "pan-Indigenous" approach.<sup>43</sup> For this Service Framework, "Indigenous" is intended to be inclusive of status and non-status First Nations both on- and off-reserve and Inuit peoples. It is recognized that Indigenous peoples have the right to define and identify themselves as they choose.

**Interventions:** Child and youth-focused services delivered through a team approach that are directed and guided by a goal-based plan for the child or youth. The services are delivered by a range of professionals using a variety of delivery modes, including education, consultation, direct service (episodic, short- or long-term), provision of home programs (jointly designed for child, youth, families, and caregivers, and for families to carry out) and coaching.<sup>44</sup>

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40 Hoffman, L., Marquis, J., Poston, D., Summers, J. A., & Turnbull, A. (2006). Assessing family outcomes: Psychometric evaluation of the beach center family quality of life scale. *Journal of Marriage and Family*, 68(4), 1069-1083.

41 Summers, J.A., Poston, D.J., Turnbull, A.P., Marquis, J., Hoffman, L., Mannan, H. & Wang (2005). Conceptualizing and measuring family quality of life. *Journal of Intellectual Disability Research*: 49 (10), 777-783.

42 West Coast LEAF (Sept. 2019). Pathways In A Forest: Indigenous Guidance on Prevention-Based Child Welfare. Retrieved from: <http://www.westcoastleaf.org/publication-types/research-reports/>

43 BC Ministry of Children and Family Development (n.d.) Aboriginal Policy and Practice Framework. Retrieved on July 12, 2019 from [www2.gov.bc.ca/gov/content/governments/indigenous-people/supporting-communities/child-family-development](http://www2.gov.bc.ca/gov/content/governments/indigenous-people/supporting-communities/child-family-development) (p. 25)

44 Child Health BC (July 2018). Child Development, Habilitation & Rehabilitation Services (Children with Primary Neuromotor Impairment), retrieved on January 8, 2020 from <https://childhealthbc.ca/>

**Jordan's Principle**<sup>45</sup>: A child-first principle ensuring First Nations children get the services they need when they need them without experiencing any service denials, delays, or disruptions because of jurisdictional disputes. It is named in memory of Jordan River Anderson, a First Nations child from Norway House Cree Nation in Manitoba. Born with complex medical needs, Jordan spent more than two years unnecessarily in hospital while the Province of Manitoba and the federal government argued over who should pay for his at home care. Jordan died in the hospital at the age of five years old, never having spent a day in his family home.

**Jurisdiction**: The official power to make legal decisions and judgements. This includes upholding the right of Indigenous peoples to self-determination, including the inherent right of self-government and power in relation to child and family services.<sup>46</sup>

**Medical and equipment benefits**: Assisting with the costs of prescribed and eligible equipment and supplies.

**Neurodevelopmental conditions/disorders**: Multifaceted developmental conditions that influence the function of the neurological system and brain. Children and youth with neurodevelopmental conditions may experience difficulties with memory, learning, language and speech, behaviour, motor skills, or other neurological functions. This can range in severity, as mild conditions may be resolved and/or managed with early childhood interventions, whereas chronic or severe conditions may require increased levels of support and intervention.<sup>47</sup>

**Person-centred planning**: An ongoing problem-solving process used to support individuals with disabilities to plan for their future.<sup>48</sup> It focuses on truly listening to and keeping the individual at the heart of all decision-making, and what matters to them and their families.<sup>49</sup> There are three types of planning: family-centred planning, person-family interdependent planning, and person-centred planning. These approaches are carefully considered and chosen within the context of the individual's and the family's culture, values, preferences, and needs.<sup>50</sup>

**Policy**: In this Service Framework, policy refers to the core values, objectives, and processes that guide the service delivery of MCFD services for children and youth with support needs. Policy sets out expectations for practice and serves as the basis for consistent decision making and practice.<sup>51</sup>

**Quality of life**: The extent to which a person feels comfortable and satisfied with the entirety of their life. This is inclusive of their general well-being, defined in terms of health and happiness<sup>52</sup>, and within the context of the

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45 First Nations Child and Family Caring Society. <https://fncaringsociety.com/jordans-principle>

46 Government of Canada, Bill C-92: An Act respecting First Nations, Inuit and Métis children, youth and families.

47 America's Children and the Environment. (2015). Neurodevelopmental Disorders. Retrieved on January 29, 2020 from [https://www.epa.gov/sites/production/files/2015-10/documents/ace3\\_neurodevelopmental.pdf](https://www.epa.gov/sites/production/files/2015-10/documents/ace3_neurodevelopmental.pdf) and Mullin, A.P. et al (2013). Neurodevelopment disorders: Mechanisms and boundary definitions for genomes, interactomes and proteomes. *Translational Psychiatry* 3(12).

48 Pacer's National Parent Centre on Transition and Employment™. Independent & Community Living – Person-centered Planning. Retrieved from on January 14, 2020

49 Helen Sanderson Associates. Person-centred Practices. Retrieved from <http://helensandersonassociates.co.uk/person-centred-practice/> on January 14, 2020. For more information on the eight hallmarks of person-centred planning see Schwartz, Holburn and Jacobson (2000) cited in Kyeong- Hwa Kim and Ann Turbull (2004). Transition to Adulthood for Students with Severe Intellectual Disabilities: Shifting Toward Person-Family Interdependent Planning. *Research & Practice for Persons with Severe Disabilities*: 29(1), 43-57

50 Kyeong- Hwa Kim and Ann Turbull (2004). Transition to Adulthood for Students with Severe Intellectual Disabilities: Shifting Toward Person-Family Interdependent Planning. *Research & Practice for Persons with Severe Disabilities*: 29(1), 43-57

51 BC Ministry of Children and Family Development (n.d.) Aboriginal Policy and Practice Framework. Retrieved on July 12, 2019 from [www2.gov.bc.ca/gov/content/governments/indigenous-people/supporting-communities/child-family-development](http://www2.gov.bc.ca/gov/content/governments/indigenous-people/supporting-communities/child-family-development) (p. 26)

52 <https://www.collinsdictionary.com/dictionary/english/quality-of-life>

culture and value systems in which they live.<sup>53</sup> There are eight core domains: emotional well-being, interpersonal relationships, material well-being, personal development, physical well-being, self-determination, social inclusion, and rights.<sup>54</sup>

**Relational:** An approach rooted in building relationships with children, youth, and their families to deliver services that are culturally safe, respectful, and meaningful. A relational orientation to CYSN services emphasizes family well-being as a foundational determinant of a child or youth's health and development. It understands the multiple ways in which the daily lives of families are influenced by social determinants of health and family well-being. This approach recognizes the importance of creating space and time to develop trust and understanding between service providers and families and ensure accountability to families and communities served by tailoring and reframing services to meet the needs of families.<sup>55</sup>

**Respite:** Temporary care for a child or youth with a disability to assist families and caregivers in caring for their children in their own homes and communities.<sup>56</sup>

**Restorative policy and practice:** Culturally safe and trauma-informed policies and practices that support and honour Indigenous Peoples cultural systems for caring and their resiliency. The "model for restorative policy and practice is: Child, Youth, Family and Community-Centred; Culture-Centred; Inclusive, Collaborative and Accountable; and focused on Resilience, Wellness and Healing".<sup>57</sup>

**Social inclusion:** The process of improving the terms of participation in society, particularly for people who are disadvantaged, through: promoting opportunities for participation and inclusion, supporting access to resources, hearing and empowering their voice, and respecting their rights. It also enables an individual's self-realization within a society, and acceptance and recognition of one's potential.

**Substantive equality:** Equal access, equal opportunity and the provision of services and benefits in a manner that meets the unique needs and circumstances of the individual and family. It is a legal principle and a fundamental aspect of human rights law that recognizes equality is affected by societal attitudes, systemic barriers and gaps in services and opportunities to those who are disadvantaged, excluded, or ignored.

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- 53 World Health Organization. WHOQOL: Measuring Quality of Live. Retrieved from <https://www.who.int/healthinfo/survey/whoqol-qualityoflife/en/> on January 14, 2020).
- 54 Schalock, R.L. and Verdugo, M.A. (2002) as cited in Blatter, S. Bliem, H.R, Hildegard Juen, B. (2014). Empowering People with Autism. The Effect of an Integrated Daily Structure as Well as Improved Communication on the Lives of People with Autism. Open Journal of Social Sciences. Published Online at <http://www.scirp.org/journal/jsshhttp://dx.doi.org/10.4236/jss.2014.28002>
- 55 BC Ministry of Children and Family Development (n.d.) *Aboriginal Policy and Practice Framework*. Retrieved on July 12, 2019 from [www2.gov.bc.ca/gov/content/governments/indigenous-people/supporting-communities/child-family-development](http://www2.gov.bc.ca/gov/content/governments/indigenous-people/supporting-communities/child-family-development) and Gerlach, A. (2015). Relational pathways in early intervention: Research summary report for the Aboriginal Infant Development Program of British Columbia. Retrieved from [www.llbc.leg.bc.ca](http://www.llbc.leg.bc.ca) on January 27, 2020
- 56 Aniol, K et al. (2004). As cited in Canadian Institute for Inclusion and Citizenship, University of British Columbia (December 2019). Comprehensive Literature Review: Respite Services and Supports – Prepared for the Michael Smith Foundation for Health Research. For information about this report, please contact Canadian Institute for Inclusion and Citizenship University of British Columbia [cic.ubc@ubc.ca](mailto:cic.ubc@ubc.ca)
- 57 BC Ministry of Children and Family Development (n.d.) *Aboriginal Policy and Practice Framework*. Retrieved on July 12, 2019 from [www2.gov.bc.ca/gov/content/governments/indigenous-people/supporting-communities/child-family-development](http://www2.gov.bc.ca/gov/content/governments/indigenous-people/supporting-communities/child-family-development) (p. 2)

Substantive equality is an approach to enabling equitable access by:

- Alleviating disadvantage;
- Addressing stigma, stereotyping and prejudice;
- Enhancing voice and participation of people; and
- Accommodating difference and making structural change.

It is viewed as a four-dimensional concept of recognition, redistribution, participation, and transformation within the societal structures that reinforce disadvantage and discrimination and need to be modified or transformed to accommodate difference.<sup>58</sup>

**Targeted screening:** Standardized observational tools used to identify children and youth that may be considered to have a higher likelihood of developmental delay. This type of screening is different from the Ministry of Health’s “universal” or Early Childhood Health Screening Programs (dental, vision, hearing), which identify early any key health-related issues that influence a child’s development.

**Therapy Services:** Services provided by registered Occupational Therapists (OTs), Physical Therapists (PTs) and Speech Language Pathologists (SLPs) that examine the abilities of children and youth to support them and their family to achieve their developmental and functional goals. This may include:

- Recommendations to modify the child or youth’s environment to promote accessibility and adaptations to activities in the home, school, community, cultural, spiritual, and recreational environments;
- Training and monitoring caregivers to provide specific aspects of a child’s care such as safe transfers and feeding<sup>59</sup>; and
- Direct therapy sessions in an individual and/or group environment to support specific therapeutic goals

**Transdisciplinary Model:** Transdisciplinary models of practice aim to provide more family-centered, coordinated, and integrated services to meet the complex needs of children with disabilities and their families. Transdisciplinary service is defined as the sharing of roles across disciplinary boundaries so that communication, interaction, and cooperation are maximized among team members.<sup>60</sup>

**Trauma-informed:** Approaches that avoid re-traumatizing individuals and support safety, choice and connection for people accessing and delivering services. Trauma-informed approaches include:

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58 Fredman, Sandra (2016-04-16). Emerging from the Shadows: Substantive Equality and Article 14 of the European Convention on Human Rights. *Human Rights Law Review*. 16 (2): 273–301. Cited in Wikipedia Contributors (2019-03-21 - Wikipedia, The Free Encyclopedia). Retrieved on July 29, 2019 from [https://en.wikipedia.org/w/index.php?title=Substantive\\_equality&oldid=888852864](https://en.wikipedia.org/w/index.php?title=Substantive_equality&oldid=888852864)

59 Child Health BC (July 2018). *Child Development, Habilitation & Rehabilitation Services (Children with Primary Neuromotor Impairment)*, retrieved on January 8, 2020 from <https://childhealthbc.ca/>

60 King, G., Strachan, D., Tucker, M., Duwyn, B., Desserud, S., & Shillington, M. (2009). The Application of a Transdisciplinary Model for Early Intervention Services. *Infants & Young Children*. 22 (3): 211-223.

- Recognizing the universal need for children and youth to experience physical and emotional safety;
- Creating relational focused services that are **culturally safe** in all aspects of service delivery;
- Engaging parents and caregivers in non-traumatizing ways; and
- Integrating an understanding of trauma into all levels of planning, policy, and delivery of services.

There are two types of trauma particularly relevant to children and youth: developmental trauma and intergenerational trauma.<sup>61</sup> Trauma-informed approaches seek to consider the impact of these experiences on children, youth, and their families.



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61 MCFD (Nov. 2016). Healing Families, Helping Systems: A trauma-informed practice guide for working with children, youth and families. Retrieved on August 12, 2019 from [https://www2.gov.bc.ca/assets/gov/health/child-teen-mental-health/trauma-informed\\_practice\\_guide.pdf](https://www2.gov.bc.ca/assets/gov/health/child-teen-mental-health/trauma-informed_practice_guide.pdf)

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