



Recommendations from the BC Disability Collaborative’s Service Delivery Table January 20, 2025

In June 2024, 77 participants from 42 provincial organizations that represent children and youth with support needs (CYSN) came together in person for the first ever BC Disability Summit. The 2-day Summit was co-sponsored by the BC Disability Collaborative (BCDC) and the Office of the Representative for Children and Youth (RCY). Participants came with two main questions:

- 1) **What do we need?** As a united disability community in BC, starting with a focus on children and youth, how do we clearly articulate our shared needs?
- 2) **How will we get what we need?** What actions can we commit to taking to ensure these needs are met?

In response to the second question, five “action tables” were formed on Day 2, bringing together representatives from provincial organizations both within and outside of the BCDC. The Service Delivery table committed to ongoing meetings post-Summit to build on their initial discussions. Their goal was to develop principled recommendations for a new community-based framework for CYSN. Since September, members of this table (see Appendix) have convened five times, and this brief document outlines their recommendations.

Core Principles

The core principles that anchor a new service delivery model should include:

- **Reconciliation and decolonization:** Services must be inclusive, culturally safe, accessible, and trauma-informed.
- **Cross-Ministry Coordination:** A new service delivery model must be jointly planned and coordinated from the outset, involving at least the Ministries of Children and Family Development, Education and Child Care, Health, Indigenous Relations and Reconciliation, and Post-Secondary Education and Future Skills, as well as Community Living BC.
- **Collaboration with local communities:** The system must be co-designed to meet the local needs leveraging available resources in each community, recognizing that solutions will vary by region.
- **Building on existing strengths:** The model must build upon existing, effective community-based programs across the province, rather than replacing them.
- **Transparency and timeliness:** The transformation plan must address immediate needs in the short term while planning for long-term change; children and their families cannot wait. A province-wide feedback mechanism is essential to ensure that each component of the plan achieves its intended outcomes.

Short Term/Immediate Needs

In 2023, over 1,160 families across BC responded to a survey distributed online by the RCY. Among the insights gathered, families were asked to identify their #1 out-of-school service need for them or their disabled child. Responses are summarized below.

- Children ages 0-5 and 6-12: Therapy services (i.e., speech, occupational, and physiotherapies, as well as behaviour supports).
- Youth ages 13-18: Mental health counseling

Families also identified the “top 5” out-of-school services required, regardless of their child’s age:

- Community-based recreation and leisure programs;
- Spring and summer programs; and
- Parent/caregiver supports, including mental health supports.

Additionally, families requested:

- a) Better/easier access to information about the services available in their local community
- b) Individualized funding options to directly apply for specialized supports (e.g., for 1:1 autism intervention, feeding, toileting, supports for distressed behavior, etc.).

Proposed Immediate Actions

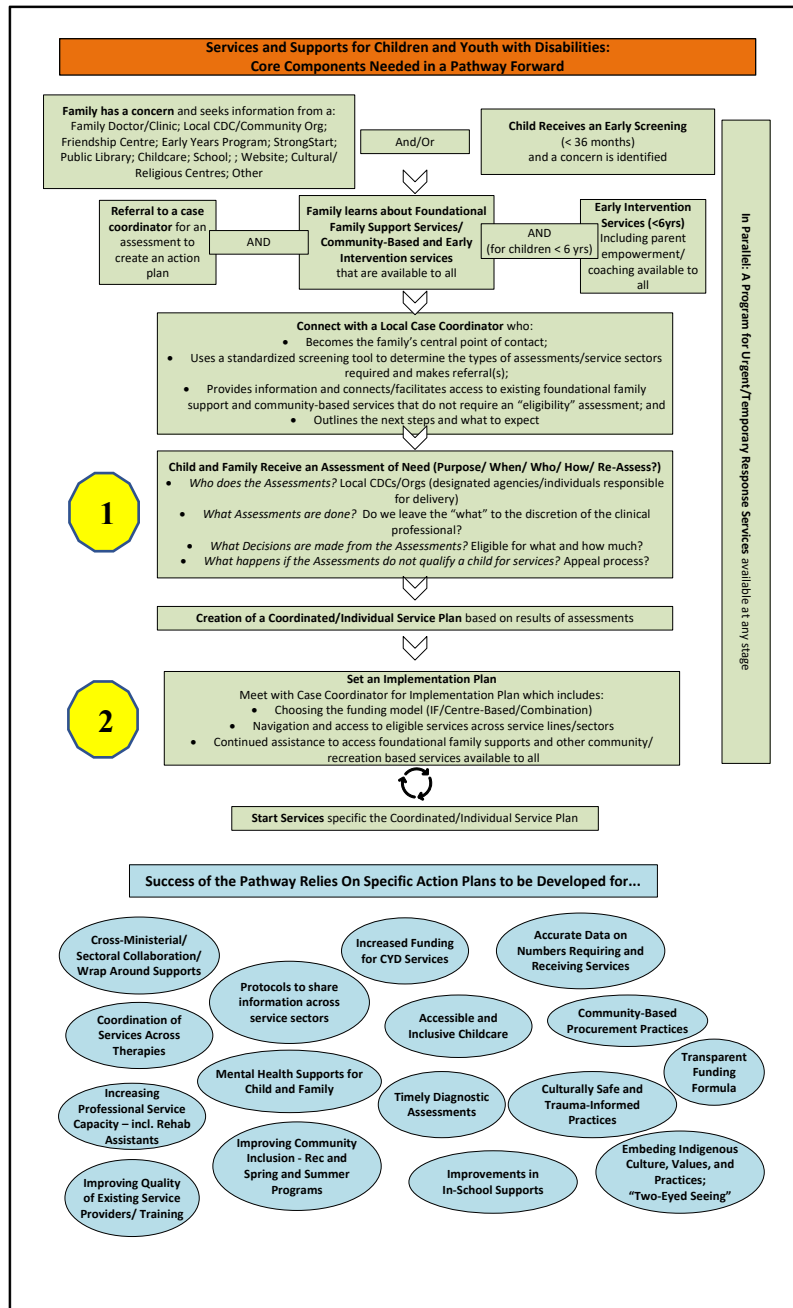
Based on these family-identified priorities, the Service Delivery table recommends the following actions to be implemented within the current CYSN system:

- **Provide contracts to nonprofit organizations to design community-based websites** that offer families comprehensive information about:
 - Generic services and supports (e.g., Boys and Girls Clubs, Scouts, sport programs, etc.); and
 - Specialized programs (e.g., local child development centre, other community-based providers) in their local communities;
- Provide funding for **community-based nonprofits to hire and train knowledgeable system navigators/case coordinators** to support families in accessing services while also working to reduce the challenges associated with systems navigation;
- Increase funding and expand eligibility criteria for **respite care and increase contracted overnight support** for children/youth who are medically complex and/or have complex behavioural needs;
- Boost funding for current child development centres and other community-based providers to provide **therapy services across all age ranges** (i.e., speech, occupational, and physiotherapy as well as behaviour support);
- Allocate **indexed contracted funding to current child development centres and other community-based providers for early autism programs** independent of the Autism Funding Unit (i.e., similar to current contracts for therapy services);
- **Expand the At-Home program direct funding model for therapy (i.e., School Aged Extended Therapy)** to:
 - (a) provide direct therapy prior to age 5 for children who are currently eligible and
 - (b) include children/youth who are currently ineligible, such as those with Down syndrome, other developmental disabilities, and sensory impairments;
- Provide current child development centres and community-based nonprofits with **funding for parent and caregiver support programs** (especially in early childhood) and **family counselling services**;
- Establish a one-time contract with a qualified non-profit organization to **develop an online training program that equips community-based recreation and leisure providers** to include children/youth with disabilities in their programs;

- Offer **direct funding to community-based recreation and leisure programs** to hire one-to-one workers for children/youth requiring additional support and to purchase equipment required to increase accessibility; and
- Collaborate with the College of Allied Health Professionals to **address application and eligibility barriers** that currently prevent qualified therapists from moving to and working in the province.

A Pathway Forward

We offer a *working draft* of a Service Model comprised of the components depicted in the diagram on the next page. Discussions at the Service Delivery table were focused on two specific aspects of the diagram: (1) Child and Family Receive an Assessment of Need and (2) Set an Implementation Plan. Recommendations related to each these follow the diagram.



Child and Family Receive an Assessment of Need

Children and youth with support require different types and levels of assistance, as do their families. A thorough needs assessment must consider both child/youth and family needs in a process that is respectful, transparent, and efficient. Depending on the child/youth, assessments should be conducted by qualified, community-based, graduate-level clinician(s) (e.g., speech-language pathologists, occupational and/or physiotherapists, behaviour analysts) using evidence-based assessment tools. These assessments should guide decisions regarding type, intensity, and duration of interventions. Family needs can be evaluated using tools like the updated version of the MCFD Priority for Service Tool, with revisions that are aligned to the Core Principles outlined in this document. **CYSN workers, social workers, and other Ministry staff without a background in assessment should NOT be responsible for conducting needs assessments.**

Set an Implementation Plan

There has been extensive discussion across the province about a “hybrid model” of service delivery, but limited clarity on how this would look in practice. Given that section 2 of the Pathways Forward diagram references to “Choosing a funding model (direct/centre-based/composition),” members of the Service Delivery table delved into this topic and strongly endorse a hybrid service delivery model. This hybrid approach ensures that families do not have to choose exclusively between direct funding and centre-based service. Instead, they can access both, as needed. For instance:

- If a child/youth requires therapy services (e.g., speech-language, occupational, and/or physiotherapy) they could be referred to a local community-based nonprofit agency that is adequately funded to provide these supports promptly (e.g., within a maximum wait time of 3 months).
- OR
- The family can choose to work with a physiotherapist at the community-based nonprofit, but choose to use direct funding to hire an occupational therapist and speech-language pathologist.
- OR
- The family can choose to receive direct funding for all therapy services.
- AND
- If that same child/youth also requires specialized support (e.g., for complex behavior support) direct funding is also available to allow families to access private providers for these services.

This model prioritizes timely access to services and flexibility to meet the unique needs of children, youth, and their families.

Appendix

Service Delivery Table Organizations and Participants (bold = BCDC member organization)

- **ACT-Autism Community Training Society:** Michelle Schmidt
- **BC Association for Behaviour Analysis:** Hayley Neimy, Pat Mirenda (Chair)
- BC Association for Child Development and Intervention: Jason Gordon
- BC Blind Sports and Recreation Association: Jane Blaine
- **BC Complex Kids:** Brenda Lenahan
- Canadian Occupational Therapy Association – BC: Sara Bishop
- **Down Syndrome Resource Foundation:** Susan Fawcett

- Federation of Community Social Services of BC: Kim Lyster
- Speech & Hearing BC: Chelsey Chichak
- Office of the RCY: Karen Bopp, Randi Mjolsness
- **Reach Child and Youth Development Society: Renie D'Aquila**