

# Session Summary and What was Shared:

Key Components of Effective Service Delivery for Children and Youth with Support Needs and their Families

# About the Symposium Speakers' Series

As part of the Children and Youth with Support Needs (CYSN) engagement, a virtual speaker series was held to connect professionals in the field of child and youth development and disability with British Columbians. The series was also an opportunity to participate in a facilitated dialogue to help inform a new provincial CYSN service approach that is balanced with local situations and individual needs.

This virtual symposium speaker series was open to all British Columbians and provided a unique opportunity to foster collaboration and sharing among families, professionals, service providers, and interested parties. The breakout room discussions provided participants with an opportunity to engage in inclusive conversations, share insights, best practices, and explore research and session learnings through an anti-racism lens.

#### Session Overview

On Tuesday, November 28, Dr. Pat Mirenda presented on "Key Components of Effective Service Delivery for Children and Youth with Support Needs and Their Families." Dr. Mirenda is a Professor in the Department of Educational and Counselling Psychology and Special Education, and Director of the Centre for Interdisciplinary Research and Collaboration in Autism (CIRCA) at the University of British Columbia and a Board-Certified Behavior Analyst.

The presentation was based on a research review and analysis that was conducted for the Office of the Representative for Children and Youth in 2022 and published in February 2023.

More than 125 people joined this session from areas across the province, representing a variety of perspectives including non-profit organizations, health care professionals, families, educators and others.

#### Session Takeaways:

- Published literature research from the year 2000 and beyond resulted in a total of 50 studies that identified key components of service delivery in three domains:
  - 1. General CYSN services domain with six key components: 1) provision of family-centred care, 2) cross-sector collaboration, 3) care coordination of services across therapies, 4) sufficient and equitable funding, 5) services customized to meet individual needs, and 6) staff training related to the service delivery model.
  - 2. Mental health service delivery domain with two key components: 1) wraparound services and 2) ease of referral and access.
  - 3. Indigenous CYSN and family services domain with two components identified: 1) embedding Indigenous culture, values and practices (i.e., "Two-Eyed Seeing") in the service delivery system and 2) supporting the whole family, not just the child or youth with support needs.
- Assets and suggestions related to funding workforce enhancement, MCFD engagement with families, service providers and experts, leveraging existing network of Child Development Centres (CDCs) with expertise and commitment, leveraging existing network of community partners, post-secondary institutions, and others with expertise, and cross-ministry collaboration to reduce waitlists and expand services/support availability.

#### Breakout Room Discussion - What was Shared

Participants were placed in small breakout rooms (ranging from five to 15 participants per room) for a moderated discussion to discuss this question:

Given all the learnings shared today, what one or two considerations stood out for you when informing a system of services for children and youth with support needs?

The comments reflect participants' lived experiences and ideas for an effective system of services for children and youth with support needs across BC.

Participant comments have been themed into four categories:

- 1. Service Planning and Coordination: direct planning with families, transition planning (of any type), cross-program/ministry coordination.
- 2. Service Delivery: direct CYSN Services, wraparound services, workforce considerations.
- 3. Administration: funding, service processes and pathways (e.g., intake; prioritization), ministry roles and responsibilities (i.e., which ministry is responsible for what), and physical space.
- 4. Equity-centered, Anti-racist, and Inclusive Approaches.

## Service Planning and Coordination

In the context of direct planning with families, key points and potential strategies emerged. Participants expressed the need for a holistic approach as essential for all families. When it came to a family-centered approach, it could be beneficial for the system to accommodate a diverse range of needs, recognizing that families may require varying levels of support, with some needing more frequent check-ins and others benefitting from individualized support.

To support transition planning, communication is needed for families with children moving from early years into school age and beyond. In terms of cross-program and ministry coordination, participants were hopeful about the integration of services, including streamlined processes and information sharing. Participants also noted it would be helpful to increase and broaden mental health services for children with support needs, to include services such as art therapy and one-on-one support, in addition to the group or family approaches that are available.

Program navigators, a shared case record system, and exploring opportunities to centralize CYSN service delivery or expediate communication across ministries were shared as some ideas to consider in supporting families. Participants shared that it was important to talk about an individual's lifespan and services available to them through different stages of life (distinguishing between CYSN and Community Living BC). Some participants with younger children with support needs shared they have informal communication networks with peers, but these were lost as their children aged. Participants noted that communities are coming together to share information and would benefit from improved inter-ministerial communication to further enhance support.

## Service Delivery

Suggestions to improve direct CYSN services included:

- Providing evidence-based behavioural support options, based on the needs of the child or youth.
- Including enhanced approaches for Fetal Alcohol Spectrum Disorder (FASD) and prenatal substance exposure in the new system.

Participants shared that families would prefer to access services within their community, including those living in remote areas of the province.

To support children and youth with complex needs, participants suggested establishing a 'parent navigator' role (a dedicated support figure to assist families in accessing and navigating services as well as ensuring continuity of services) and a support person to help families through referrals. A personalized and hands-on approach would enhance families' service access journeys. Targeted efforts and strategic planning would enable children with complex needs to receive the support they need in a way that aligns with community preferences and circumstances. Ministry of Children and Family Development Logo

Enhanced training and expansion of training opportunities, especially in supporting children with complex needs, would help build a robust and well-prepared workforce. Participants suggested building service capacity, particularly for families in remote and rural areas; comprehensive strategies could be developed to bolster capacity, improve training avenues, and address the systemic issues contributing to the shortage of professionals in the child and youth services sector. Preserving institutional knowledge would also help.

## **Program Administration**

Participant discussions focused on ensuring sufficient and adequate funding, while understanding that resource allocation must be considered. A point that came up was that healthcare systems have adapted to respond to changing conditions, as demonstrated during the COVID-19 pandemic, where solutions were found to address emerging needs (for example, families had greater autonomy on using program supports). Additionally, we heard that funding should be linked to human rights. Funding approaches could focus on program stability and alignment across regions, with funding allocated for rural areas and for training for healthcare professionals. Participants expressed that transparency in funding allocation, especially around professional training, would be helpful.

Participants expressed support for streamlined intake processes particularly for non-English-speaking families to make system navigation easier. Regarding support needs, simplifying processes and ensuring that diagnoses inform access to treatment and support would ensure children and youth are able to have their needs met within this system.

Recommendations included: early intervention, expediting waitlist processes, and incorporating cultural support through navigators to alleviate family responsibilities. Participants shared that resources should be directed towards remote Indigenous communities and underserved areas, highlighting the importance of relationship building, compassionate care, and the provision of choices for children and youth.

## Equity-centered, Anti-racist, and Inclusive Approaches

Overarching points raised in this session included:

- Consideration of funding equity across regions and addressing needs.
- Supporting families to navigate administrative process (e.g., forms and paperwork), particularly for families who are not fluent in English.
- Building cultural supports and understanding into the system of care.
- Recognize the centrality of lived experience and ensure support roles like navigators are in place to support families, meeting them where they are.
- Bringing cultural competency to the forefront for Indigenous communities and ethnocultural communities.

# Participant Questions and Comments Summary:

Throughout the presentation, participants shared comments and questions in the Zoom chat function related to designing a new system for children and youth with support needs:

- Training and Education: Emphasis on the need for more specialized training programs, such as gender identity and expression training for service providers. Recognize the importance of training navigators and peer specialists.
- Access to Services: Suggestions to recognize families as leading decision-makers in the therapies provided to their children and youth.
- Interconnected Services: Highlighting collaboration across Ministries (e.g., MCFD cross-ministry and service provider engagement) to develop a new, integrated system and training opportunities and incentives for professions such as speech language therapists, occupational therapists, etc.
- Capacity Building: Using peer support or paraprofessionals to support capacity building within the system.