

# **Developmental Services Community Service Plan**

*Niagara Region*

*Prepared by:*

**Contact Niagara for Children's and Developmental Services  
in collaboration with the Niagara Community**

*Prepared for:*

**The Ministry of Community and Social Services  
The Ministry of Children and Youth Services**

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# **Executive Summary**

## **PREAMBLE**

This Community Service Plan is the result of a community-wide collaboration that has created a shared vision for developmental services in the Niagara region. The focus of this plan is on services provided to adults and children with developmental disabilities that are funded by the Ministry of Community and Social Services (MCSS) and the Ministry of Children and Youth Services (MCYS).

A wide-ranging planning process collected information on the community, the service system, and the experiences of people using the system, as well as those providing the services. It resulted in a vision and a series of strategic directions, goals and priorities that will help set the course for the future development of these services.

## **INTRODUCTION AND BACKGROUND**

The Community Service Plan was created at the request of the Hamilton Niagara Regional Office of the MCSS and the MCYS. The Regional Office and community organizations are committed to a systems approach to finding the best match between resources and needs. With this in mind, a process was initiated for the development of community service plans for the children's and developmental services sectors in each of the four communities that comprise the Hamilton Niagara Region.

The responsibility for leading this process was placed in the hands of the four Contact agencies – Contact Hamilton, Contact Brant, Contact Niagara and Contact Haldimand-Norfolk – that serve as the single point of access to developmental and children’s mental health services in each community.

The plan is designed to provide advice on future resource allocation decisions with regard to developmental services, delivered by 15 community agencies in Niagara and directly funded by the two ministries. It is also anticipated that the plan will assist community agencies, boards of directors and future community planning processes.

The process for creating this community service plan was devised as a result of a comprehensive consultation involving input and participation from providers and users of services, as well as other key stakeholders. It was agreed that the process should involve the following five steps:

- Collecting information on patterns to provide an overview of the general population; the current service system; usage rates; and the broader context.
- Collecting information on experience to capture the perceptions and opinions of people requesting service; people receiving service; community groups and organizations; providers of Ministry-funded children’s and developmental services; and providers of related services.
- Collating and analyzing information in order to shed light upon perceived strengths or opportunities within the service system; perceived gaps or duplications; issues and/or barriers related to the availability or delivery of services; views regarding priorities for service; and potential trends in a variety of areas relevant to planning. A Technical Advisory Group comprised of a small number of external experts in information collection and analysis would be established to assist in accomplishing this step.
- Developing a shared vision and set of priorities for the children’s and developmental services system for the next three years. This would be accomplished through a community consultation process guided by a reference group comprised of key stakeholders.
- Completing a community service plan containing the findings of all previous steps, as well as the agreed-upon vision, priorities and goals.

The process of gathering information and conducting community consultations began in the summer of 2003. A Technical Advisory Group was formed and consultants were hired to assist in gathering the quantitative and qualitative information to address the following questions:

1. What is the nature and magnitude of the demand for ministry-funded service and supports within a jurisdiction?
2. What resources are available to respond to that demand and how are they currently being used?
3. What are the identified strengths, weaknesses and pressures of the current service system?
4. What should be the priorities for enhancing the current service system over the next three years?
5. Where are the opportunities to address population well-being and achieve positive change within the current system?
6. What are the characteristics of the local community that need to be taken into account when planning?
7. What areas require further exploration?

The answers to these questions are provided in the following sections: a profile of the Niagara community; a description of the service system; a summary of perceptions about the service system; and a statement of the vision, strategic directions, goals and priorities that were established through the Reference Group and community consultation process.

## **NIAGARA COMMUNITY PROFILE**

The first step in creating this Community Service Plan involved collecting information on the community and the general population, in order to describe the social, political and economic context in which planning will take place.

With a population of 410,575, the Niagara Region occupies a 1,896 square kilometre peninsula bounded by the City of Hamilton to the west, Lake Ontario to the north, Lake Erie to the south and the Niagara River that marks the U.S. border to the east. Its two-tier local government structure is headed by a regional council comprised of representatives from twelve local municipalities: Grimsby, Lincoln, St. Catharines, Niagara-on-the-Lake, West Lincoln, Pelham, Thorold, Niagara Falls, Welland, Wainfleet, Port Colborne, and Fort Erie.

Niagara's most heavily populated cities of St. Catharines, Niagara Falls and Welland contain 62 percent of the region's population. Much of the remainder of the region is rural, though there are several other urban areas, widely dispersed around the peninsula, including Fort Erie, Port Colborne, Grimsby, Thorold and Niagara-on-the-Lake. The widely-dispersed population and large geographic area make it difficult to provide services that are equally accessible to all.

The region attracts millions of visitors every year to Niagara Falls and other popular tourist attractions. The tourism, retail and service sectors therefore loom large in the

region's diverse economy which also features transportation, manufacturing telecommunications and agriculture.

The population is growing more slowly than the rest of the province and has a higher concentration of older people, with proportionately fewer children and young people. The birth rate is higher than average, however, it has been projected that the population of children and youth will rise slowly but steadily in coming years.

The community is less ethnically, culturally and linguistically diverse than others in Ontario, though it receives a large influx of refugees at the border post in Fort Erie. Two urban centres – Welland and Port Colborne – have been designated under the French Language Services Act.

Education levels in Niagara are generally lower than elsewhere in the province– a factor that could influence public awareness of services and people's ability to take advantage of them.

Unemployment in Niagara is relatively low, though it fluctuates due to the seasonal nature of the tourist industry. Family incomes tend to be lower than elsewhere in the province. There are more low income people and more people receiving social assistance. These are factors to be considered in planning, not only because low income may contribute to the needs for which families seek help, but also because of its impact on people's ability to access the service system.

All of these characteristics of the community -- its geography, economy, demographics and culture as well as the social circumstances of families and individuals -- must be considered in planning for children's services.

## **DEVELOPMENTAL SERVICES: CHILDREN AND ADULTS**

This planning process collected and analysed data available from existing sources and agency surveys, in order to provide a description of the Ministry-funded programs and how the programs are classified and funded. It identified the services provided; who receives them; what their needs are; and what types of services are required. It also indicated the extent to which people have to wait to receive service and how urgent situations are addressed.

The Ministry allocates its funding for developmental services in Niagara through 15 categories of programs, each of which is identified with a unique project code. The project codes are used by the province to classify the categories of services. The money designated for any one code cannot readily be transferred to another.

For adult services, the program categories range from supported living environments where people with developmental disabilities are provided with support and care, either in their own homes or in a group home setting; respite services for caregivers; and community supports to enable people to participate fully in community life. For children with developmental disabilities, programs are funded through the Ministry to provide accommodation and care in approved group homes; respite for parents; and a range of community support for children to encourage participation in community activities. A further category includes services that assesses the needs of people with developmental disabilities and refers them to the appropriate community program.

The planning process examined the service system by analyzing data from Contact Niagara's WEBTRACKER information system, information from the Ministry of Community and Social Services Detail and Transfer Payment Reports and an Agency Data Template that was completed by each agency for the fiscal year 2002/03.

Collectively, the system supported 5,826 individuals (children and adults) in 2002/03. It is important to note that these are not unique individuals as multiple agencies may provide support to the same individual and/or one individual may receive multiple supports, therefore would be counted more than once.

Of the 5,826 individuals served, 26 percent (1,519) were children receiving children's programs and services. The access mechanism provided service to 836 individuals.

Between April 1, 2003, and January 31, 2004, Contact Niagara received 2,643 requests for intake, information and consultation for both children's mental health and developmental services. Of the total new requests for intake (1,205) 327 were within the developmental sector and 11 within the 'both' sectors.

A total of 982 referrals were made on behalf of 594 unique clients during the period April 1, 2003, and January 31, 2004. Of these:

- 193 (9.3%) were for both children's mental health and developmental services. The majority of these directed to two agencies in particular: the Niagara Child Development Centre and Hotel Dieu Hospital each had 21% (41) of the total referrals
- 789 (80.7%) were within the developmental services sector.

Waitlist data shows that there was a total of 116 unique individuals waiting for non-residential resources as of January 31, 2004, and 128 referrals were made on behalf of these individuals.

A total of 297 unique individuals were waiting for residential resources. Of the 297 individuals:

- 55 (or 18.6%) are without support from community programs

- 242 (81.4%) are attached to an agency
- 74 (25.3%) indicated that placement is required in less than one year, while 139 (46.3%) need placement within 1 to 3 years and 84 (28.4%) will require placement in 3 to 5 years.

The developmental services system in Niagara received \$42,842,886 from the Ministry. Of that total, the following four funding categories account for approximately 86 percent of total expenditures:

- 65 percent (\$27.6m) is directed towards services within the group living supports
- 11 percent (\$4.8m) for community access supports
- 6.3 percent (\$2.7m) for associate living supports
- 4.3 percent or (\$1.8m) for adult individual living supports

To help explain how this system is structured, a service framework was developed to describe how services are differentiated from one another and organized within the community. It describes services in the following four categories.

- *Highly Specialized Services* include services and supports that address the most severe and complex needs of people with developmental disabilities. These include medical support and consultation, behavioural/emotional support and consultation, psychiatric support and consultation, crisis response/treatment, assessment/clinical and specialized residential services.
- *Residential Services* are provided in group home settings, associate family homes or in the individual's own home.
- *Core Services* refers to a range of services provided in the community, such as social and recreational programs, assessment and clinical services, day support or employment related activities, case management and respite.
- *Access Services* provide individuals and their families with information about the system, referral to services and case resolution which is a process for addressing the complex needs of children and adults in very difficult and challenging circumstances.

Approximately \$32.5m or 75.6 percent of the total funding is provided to residential service areas and \$10.4m or 24.4 percent to non-residential areas, while core services account for approximately \$8.7m or 20.25 percent of the total expenditures. Highly specialized services account for approximately \$1.7m or 4.08 percent of the total expenditures.

## **PERCEPTIONS OF THE DEVELOPMENTAL SERVICE SYSTEM**

The next step involved finding out about people's experience with the service system. This entailed gathering information about people's perceptions, observations and opinions. Several methods were used to capture the experience of users, providers, other stakeholders in the system and key informants. Telephone surveys, as well as printed questionnaires, were supplemented by focus groups and telephone interviews, in order to

ensure, not only that a broad and representative range of views were elicited, but also that the responses were interpreted correctly in an unbiased manner.

Five major themes appeared consistently in the open ended comments from stakeholders in the developmental services sectors. These were also common across the four jurisdictions studied - Brant, Haldimand-Norfolk, Hamilton and Niagara.

### ***Resource Pressures***

There was a consistent feeling among stakeholders that the developmental service system was under-funded and experiencing considerable pressure on resources.

### ***Service Gaps***

Stakeholders also believed there were major gaps in services in the developmental services systems.

### ***Quality of Service***

Families, individuals, service providers and other agencies all agreed that the quality of the developmental services that were provided was very high and had a positive impact on clients.

### ***Collaboration***

Collaboration between agencies was identified as a major system strength by many stakeholders, but also surfaced as a suggested weakness, usually in the context of a lack of collaboration interfering with service coordination and continuity. The collaboration theme also appeared frequently as a suggested opportunity, with the most significant opportunity being increased partnerships and linkages between agencies, ministries, and service sectors. This was further reinforced in many of the suggestions for system improvement offered by stakeholders.

### ***Staffing***

The dedication and responsiveness of staff in the developmental services system was frequently mentioned by stakeholders as a major system strength. On the other hand, staffing was also listed as an area of weakness because resource limitations were seen as restricting the ability to hire staff on a full time basis and also placing restrictions on training. Low salary levels and demanding working conditions also presented difficulties

in recruitment and retention of qualified staff – and this fact was often cited as a system threat.

The experiences and perceptions of families, service providers and key informants pointed to the following conclusions with regard to strengths, weaknesses and pressures of the current service system:

- The major strengths are: the quality of existing services; the dedication and commitment of staff; and the level of collaboration between agencies.
- Weaknesses are: issues with the timeliness and fragmentation of service; a lack of services for certain levels and age groups; poor transportation; and a lack of human and financial resources that underlies all the other weaknesses.
- Obstacles and barriers to accessing services include: having to take time off work because of the hours that services are offered; limitations on the types of services offered; financial costs; and transportation.
- Major gaps were identified between the demand and supply of developmental services, particularly with regard to residential services, psychiatric services, specialized services and respite.
- Lack of funds and future pressures arising from an aging population were perceived as key threats or pressures on the system.

It was suggested that priorities for enhancements over the next three years should be: residential services, followed by social and recreational services, respite, life skills and psychiatric services.

The opportunities identified include: expanding access to services to meet demand; increased collaboration and partnering; utilizing best practices; and seeking creative methods of service delivery.

## **VISION FOR NIAGARA’S DEVELOPMENTAL SYSTEM**

The next step in the community planning process was to create a vision, strategic directions and priorities for the next three years. This process was guided by a Reference Group comprised of 28 people - senior managers and board members from MCSS/MCYS agencies and representatives from the school boards.

After reviewing the information gathered in the community planning process and considering the issues in a series of workshops, the Reference Group developed a draft vision and strategic directions. Feedback was provided through community consultation

sessions and a revised vision, strategic directions, goals and priorities were formulated on the basis of this input.

First principles were established for the developmental service system as follows:

*Re-think Niagara Region's Developmental Services – less of some services, more of others, strengthen some services and/or introduce a few new services*

*In the allocation of Developmental Services Resources in Niagara Region we will seek to provide the most complete range of services along the least independent – most independent continuum, keeping in mind that this continuum will be influenced by those in greatest need, those most apt to benefit and the greatest good for the greatest number*

The Reference Group adopted the following vision for the Niagara Developmental Service System:

*In Niagara Region, all people with developmental disabilities and their families have access to individualized seamless supports and services that are readily available in their community to enhance quality of life.*

A set of seven strategic directions was established and a series of goals developed in conjunction with each of these directions. The directions and goals are set out in the following table which also notes the priority of each goal in terms of the year in which it should be implemented.

| Strategic Directions and Goals<br>Niagara Developmental Services  |                 |
|---|-----------------|
| <b>STRATEGIC DIRECTION A: PEOPLE WITH DEVELOPMENTAL DISABILITIES LIVING IN NIAGARA REGION HAVE INDIVIDUAL LIFE PLANS</b>  |                 |
| <b>Goal Area: Individual Life Plans in Place</b>  |                 |
| Develop and implement Individual Life Plans (ILP's) for people with developmental disabilities.   | <b>Year One</b> |
| Develop an ILP framework that is consistent with an accreditation model and recognizes/addresses all major aspects/milestones of a person's life including: <ul style="list-style-type: none"> <li>• Consideration of the shift from "family centred" to "person centred" as the child becomes an adult</li> <li>• Cross-sectoral services, supports and activities</li> <li>• Evidence-based services</li> </ul> | <b>Year One</b> |

| <b>Strategic Directions and Goals<br/>Niagara Developmental Services</b>   |                   |
|--|-------------------|
| <b>Goal Area: Funding Guided By Individual Life Plans</b>  |                   |
| Negotiate a process with Ministry of Community and Social Services (MCSS)/Ministry of Children and Youth (MCYS) to reallocate existing funds globally under residential services, community support services, and specifically for specialized services, based on the needs identified in ILP's.   | <b>Year One</b>   |
| <b>Goal Area: Funding addresses community pressures</b>  |                   |
| Collaboratively develop a process with MCSS/MCYS to ensure that a percentage of new funding is allocated towards community pressures identified through the local planning process and toward community support services   | <b>Year One</b>   |
| <b>Goal Area: Cross Sector Protocols</b>   |                   |
| Ensure the development and use of community-based protocols between all sectors that interface with the Niagara developmental service system, resulting in: <ul style="list-style-type: none"> <li>• Sharing system level plans</li> <li>• Exploring opportunities for shared funding and resources</li> <li>• Better coordinated service to individuals and families.</li> </ul>    | <b>Year Three</b> |
| Develop an implementation process for service coordination considering at a minimum: <ul style="list-style-type: none"> <li>• Cross-sector protocols</li> <li>• An accepted model of service coordination (roles, responsibilities), system coordination and staff training</li> <li>• A process whereby ILP is an accepted standard among all Niagara service providers.</li> </ul> | <b>Year Three</b> |
| <b>STRATEGIC DIRECTION B: CHILDREN AND ADULTS WITH COMPLEX NEEDS AND THEIR FAMILIES HAVE ACCESS TO THE RANGE OF SERVICES AND FUNDING REQUIRED TO SUPPORT INDIVIDUAL LIFELONG PLANNING</b>  |                   |
| <b>Goal Area: Support for Service Coordination</b>   |                   |
| Contact Niagara will assume responsibility for facilitating service coordination and securing funding across ministries based on ILPs for children and adults with complex needs   | <b>Year One</b>   |

| <b>Strategic Directions and Goals<br/>Niagara Developmental Services</b>   |                 |
|--|-----------------|
| Based on the information, issues and insights generated as a result of system coordination activities related to complex cases, identify and/or influence:<br><ul style="list-style-type: none"> <li>• Changes to ministerial policy that will facilitate coordination at a local and ministerial level</li> </ul> <p>Lifelong individualized funding strategies requiring inter-ministerial funding approaches, and promote these strategies with relevant Provincial Ministries.</p> | <b>Year Two</b> |
| <b>STRATEGIC DIRECTION C: HUMAN RESOURCE STRATEGIES THAT SUPPORT INDIVIDUAL LIFE PLANNING AND IMPLICATIONS OF INDIVIDUALIZED FUNDING</b>   |                 |
| <b>Goal Area: Human Resource Management &amp; Training</b>   |                 |
| Identify and address human resource issues related to Individual Life Plans  | <b>Year One</b> |
| Identify strategies to increase the capacity of agency infrastructures to support/supervise staff recognizing the need for additional resources  | <b>Year Two</b> |
| Using orientation and training requirements, ensure that MCSS/MCYS recognizes additional funding is required to cover:<br><ul style="list-style-type: none"> <li>• Mandatory training (NVC), first aid, etc.</li> <li>• Orientation for new staff</li> <li>• Backfill</li> <li>• Site specific training</li> <li>• Management training</li> <li>• Life plan training (e.g. accessing community programs, resources, etc.)</li> </ul>   |                 |
| Identify requirements for graduates through College Advisory Committee representative and/or specific program coordinators, and negotiate baseline educational content.  | <b>Year Two</b> |
| <b>STRATEGIC DIRECTION D: THE DEVELOPMENTAL SERVICES SYSTEM IS POSITIONED TO ATTRACT AND RETAIN STAFF</b>  |                 |
| <b>Goal Area: Recruitment and Retention Strategy</b>   |                 |
| Develop and implement a recruitment and retention strategy for Niagara's developmental services system that will address issues including:<br><ul style="list-style-type: none"> <li>• Discrepancies in salaries between service systems</li> </ul>  | <b>Year One</b> |

| <b>Strategic Directions and Goals<br/>Niagara Developmental Services</b>  |                   |
|---|-------------------|
| <ul style="list-style-type: none"> <li>• Working hours</li> <li>• Working conditions, benefits</li> <li>• Societal attitudes towards Developmental Services</li> <li>• Not an attractive field in which to work</li> <li>• Curriculum.</li> </ul>   |                   |
| <b>STRATEGIC DIRECTION E: A DATA MANAGEMENT SYSTEM THAT SUPPORTS SERVICE DELIVERY AND SERVICE PLANNING</b>  |                   |
| <b>Goal Area: Data Requirements</b>   |                   |
| Develop and implement a process to define data requirements to support service delivery, service planning and funding decisions   | <b>Year Two</b>   |
| Incorporate ISCIS data base features (or actual software) into Information Technology (IT) business practices for the benefits of provider agencies i.e. facilitate provider access to data and history for each person. ( a related objective includes to re-inventory agencies IT capacity and to develop IT to support this use) | <b>Year Three</b> |
| <b>STRATEGIC DIRECTION F: CLARIFY THE IMPLEMENTATION OF MAKING SERVICES WORK FOR PEOPLE SYSTEM FEATURES</b>   |                   |
| <b>Goal Area: Contact Niagara's Role</b>  |                   |
| Contact Niagara will use their strategic planning process as a vehicle to develop a strategy for accessing agency/community input regarding key functions performed by Contact Niagara  | <b>Year Two</b>   |
| <b>STRATEGIC DIRECTION G: COMMUNITY AWARENESS AND UNDERSTANDING</b>   |                   |
| <b>Goal Area: Education and Awareness Strategy</b>  |                   |
| Build an education and awareness strategy that informs families, agencies and staff of our community-based system of service provision.   | <b>Year Three</b> |

## **CONCLUSIONS**

The completion of this community service plan represents the fifth and final step in an extensive and inclusive process that involved fact finding, community consultations, analysis of information from multiple sources and the far-sighted deliberations of Reference Group members who brought all this together by creating a vision, strategic directions and goals.

It was always envisaged that this plan would be a starting point. The information collected and the conclusions reached will not only serve to guide the service system over the next three years, but also provide a baseline for future planning endeavours. The process as a whole can also serve as a learning experience, as the community looks for ways of improving upon the information gathering, consultation and consensual decision-making approach that went into developing this plan.

The vision and strategic directions that were created through this planning process are comprehensive and inclusive. They involve extending the reach of the service system to respond to a wide range of community needs. They are also designed to build the capacity of the service system with better data, improved practices, enhanced opportunities for collaboration, and stronger links with the broader community and other service sectors.

The task that lies ahead for all involved is to continue working together to make this vision a reality. The completion of this plan is not the end, but only a beginning.

## **Part One:**

# **Introduction and Background**

### **OVERVIEW**

**T**his community service plan is the result of a community-wide process designed to assist the Hamilton Niagara Regional Office of the Ontario Ministry of Community and Social Services (MCSS) and the Ministry of Children and Youth Services (MCYS) in future resource allocation decisions. It is also anticipated that the plan will assist community agencies and boards of directors in collective goal setting and future community planning processes. Created with input and participation from providers and users of services, as well as other key stakeholders, the plan draws upon quantitative data collected on the community, the current service system and usage, as well as qualitative information about stakeholders' perceptions of the system gathered through surveys, focus groups and interviews. The plan details a shared vision, strategic directions, goals and a set of priorities for the next three years, formulated by a reference group comprised of key stakeholders.

The plan was conceived with the understanding and expectation that community planning is an ongoing process that takes place in an ever-evolving context. It is therefore envisaged that this is just the first of many three-year plans. The recommendations of this plan, as well the process by which they were achieved, will likely be carefully considered and assessed, not only in implementing this plan, but also in going ahead with future planning exercises. This document therefore describes the planning process, as well as its outcomes. It also provides background information and explanations to put the findings

into context for readers who may or may not have a detailed knowledge of the community and workings of the service systems described.

## **BACKGROUND AND FIRST STEPS**

The Hamilton Niagara Regional Office of the Ministry of Community and Social Services and the Ministry of Children and Youth Services is currently responsible for programs under the jurisdiction of both ministries. These programs include services for adults and children with developmental disabilities that are delivered by community agencies in Niagara and directly funded by the two ministries.

The Regional Office and the local service community are committed to a systems approach to managing resources in these sectors. This involves focusing upon the relationship between all the people requiring service and all the resources that are available within the system to respond to those needs. The principal goal is to bring about the best match between those defined needs and resources.

An important element of this approach is the capacity for system accountability, whereby agencies regard themselves as components of a system of service and are willing to take collective responsibility for the way resources are used, the results they achieve and the way consumers experience the system. This approach to service system management requires community-based planning processes that can provide information to ensure the best use of available resources and to assist in determining where and how to allocate new resources, when it is possible to do so.

To this end, in December 2001, the Regional Office initiated a process for the development of community service plans for the children's and developmental services sectors in each of the four communities that comprise the Hamilton Niagara Region. The responsibility for initiating and leading this process was placed in the hands of the four Contact agencies – Contact Hamilton, Contact Brant, Contact Niagara and Contact Haldimand-Norfolk – that serve as the single point of access to developmental and children's services in each community.

The Contact agencies in Hamilton, Brant and Niagara were established in 1999 and Contact Haldimand-Norfolk was formed in 2001. The Contact agencies were established as a response to a 1997 policy directive called "Making Services Work for People." This policy challenged communities to come up with solutions to make the service delivery system more responsive to the needs of individuals. Subsequent community consultations revealed that many people found the social service system confusing, fragmented and hard to navigate. The Contact agencies were created as single points of access for people seeking children's and developmental services. Their role is to provide information about the programs and services offered by the Ministry-funded children's and developmental services agencies, while acting as a central intake point for these services. They also

facilitate resolution processes to help people with particularly complex or urgent needs who are having difficulty getting the required support.

The mandate of the Contact agencies also requires that they play a role in planning and coordinating services in the children's and developmental services sectors – the two sectors to be included in the Hamilton Niagara Region community service planning process. The prime focus of the Contact agencies and of this planning process is also on services directly funded by the Ministry of Community and Social Services and the Ministry of Children and Youth Services rather than programs and services that get their funding from other sources.

The children's services delivered through Ministry-funded agencies provide support to children, youth and their families who are experiencing behavioural, emotional, social or developmental concerns. These are non-mandatory services, as distinct from services that are mandated such as the young offender or child welfare systems. The services include assessment, individual therapy, family therapy, residential treatment, group therapy, intensive child and family intervention, crisis response services and respite services.

As a first step in the planning process, the Regional Office asked the Contact agencies to develop a framework and methodology in consultation with service providers, related service sectors and consumers. It was envisaged that the access role played by Contact would in itself produce significant information regarding service gaps, pressures and trends, while this would be supplemented through input from service providers and consumers. In a December 21, 2001, memo to service providers, the Regional Office strongly encouraged the involvement of providers and also stressed the importance of client and family input into the development of the plans.

Designing the framework and methodology would in itself be a significant planning exercise. In its memo, the Regional Office laid the groundwork for this "plan to plan", stipulating that it should involve the following elements:

- Identification of key stakeholders
- Building consensus and support for the planning process
- Developing consensus on the required data and common tools to be used in the ongoing development of the plan
- Developing a template for the community service plan and the process.

## **PLANNING TO PLAN**

While individual community service plans would eventually be created for different communities and sectors, it was agreed that a common planning framework and methodology would be developed through a region-wide process. The four Contact

agencies contracted with Human Service Consultants to assist in accomplishing the four tasks that the Regional Office had identified as key steps in this process.

The Contact agencies took a three-phase approach to this exercise of “planning to plan.” The first phase consisted of an initial round of individual meetings between the project consultant and 24 key informants across the four jurisdictions. The purpose of these meetings was twofold. First, to discuss any unique local characteristics that might need to be considered in the design of the approach to community service planning. Second, to elicit ideas that might help clarify the content, process, and participants for the next phase of the project. The individual interviews took place from late February to mid-March of 2002.

The second phase of the consultation consisted of holding sixteen focus groups across the four jurisdictions. Participants in the focus groups represented a cross-section of perspectives, including consumers, board members, service providers, and others such as planners and funders. In all, 146 people participated in the focus groups. The sessions began with a brief overview of the project and the proposed steps, content, and guiding principles for community service planning. The groups then discussed each component of the proposal in turn, recording their views on the merits of the proposal at the end of each discussion.

Although the comments from the focus groups were supportive of the proposed approach, they also included a number of specific suggestions which led the Contact agencies to reconsider and revise the proposal in a number of ways. These revisions were presented at five information sessions. The sessions began with a review of the original proposal, followed by a summary of the findings from the focus groups. This was then followed by a presentation of the revised proposed approach and a summary of the Contact agencies’ recommendations to the Regional Office.

The proposal that emerged was for a community service planning process that would be comprised of the following five steps, as outlined in the Contact agencies’ July 2002 summary report:

***Step One: Collecting Information on Patterns***

This first step was designed to provide a good descriptive overview of the relationship between population variables, the current service system, use of resources, pressures on the service system, and broader contextual considerations.

***Step Two: Collecting Information on Experience***

This would involve collecting information about people’s experience with the service system. This information would be more personal and subjective than that gathered through Step One, but equally important. Since different constituencies experience the system in different ways, information would be collected from at least five perspectives:

- People requesting service
- People receiving service
- Community groups and organizations
- Providers of Ministry-funded children's and developmental services
- Providers of related services.

### ***Step Three: Collating and Analyzing Information***

The findings from the first two steps would then be collated and analyzed with regard to a number of themes:

- Perceived strengths or opportunities within the service system
- Perceived gaps or duplications
- Issues and/or barriers related to the availability or delivery of services
- Views regarding priorities for service
- Potential trends in a variety of areas relevant to planning

It was proposed that the Contact agencies would be supported and assisted in this task by a Technical Advisory Group, comprised of a small number of external experts in information collection and analysis. This group would assist in the design of the information collection tools and methodology, provide advice on the quality and consistency of the information collected, and oversee the collation, interpretation and analysis of the findings.

### ***Step Four: Developing a Vision and Priorities for the Next Three Years***

The objective of this step would be to create a shared vision and set of priorities for the children's and developmental services system for the next three years. A three year time-frame was chosen as a compromise between short and long-term planning, to encourage people to think about the future without it being so distant that the exercise would be unrealistic.

The focus of the visioning and priority-setting process would initially be on the local system of children's and developmental services, and then expand to address linkages to other local services and to Hamilton Niagara Regional services. The three-year vision should build on the findings from the previous steps in the process, describe a future continuum of children's and developmental services, and describe the desirable characteristics of this service continuum (e.g. ability to measure outcomes, reduction of waiting periods, high levels of consumer satisfaction).

In order to develop a shared vision with broad support, it was proposed that "visioning groups" (later to be described as "reference groups") be established. These groups would be comprised of individuals representing a broad cross-section of perspectives who

would be willing to review the findings from the earlier stages of the process and be committed to operating within the framework of the community service planning process. A series of community consultations with groups and organizations would also be held, once the visioning group had developed a proposed vision and set of priorities. The findings from this consultation process would then be reviewed by the visioning groups for possible revisions to the proposed vision and priorities.

### ***Step Five: Complete Community Service Plan***

The final step would involve completion of the community service plan itself. It was suggested that the content of the plan should begin by reflecting the findings from the first four steps. That is, it would contain summaries of the findings related to patterns and experience; summaries of the perceived strengths and opportunities, gaps, duplications, issues and barriers, priorities and trends; and a description of the vision and priorities for the next three years. In addition, it should include priorities for the next year for the local service system and its linkages with the larger Hamilton Niagara Regional service system.

The “Planning to Plan” project also proposed a set of guiding principles that were considered essential to carrying out a credible and comprehensive community service planning process. These were as follows:

- Focus on the whole and the way the parts contribute to the whole (system focused)
- Strive to hear diverse perspectives and to customize approaches (inclusive process)
- Base each step on the findings from previous steps (findings based)
- Keep the emphasis on achievable change (realistic planning)
- Seek feedback from participants and try to continually improve the community service planning process (continuous improvement).

## **ISSUES AND CHALLENGES**

The ‘Plan to Plan’ process identified a number of challenges and concerns that would likely emerge as the community service planning process unfolded. These included a number of issues involving what the community would expect from the process, as well as some concerns about how information could be collected.

With respect to community expectations, four themes had emerged from the focus groups. These had to do with the scope of community service planning, whether it is about growing or changing the service system, the extent to which it should be focused on tasks versus process, and the need for acceptance that it will be a developmental process.

Questions about the scope of the planning process were raised during the focus groups, with some participants suggesting that scope should be broader than upon the two sectors that come within the mandate of the Contact agencies. There were also discussions about whether the children's and developmental services sectors should be considered in separate or combined community service plans. The recommendations that emerged from the 'Plan to Plan' process suggested that a combined approach would be appropriate for Haldimand-Norfolk, while other jurisdictions in the Hamilton Niagara Region should plan services in each sector separately. In response to suggestions that the scope of the planning be broader, it was noted that the request from the Regional Office was to begin with a focus on these two sectors with the inclusion of the sectors that provide services and support to children and individuals with developmental disabilities.

It was clear from comments during the focus group sessions that some participants saw community service planning as mostly about setting priorities for new resources (i.e. growing the service system), while others saw it as an opportunity to rethink the current use of resources (that is, changing the system). The July 2002 summary report noted, however, that the process is, in fact, about both, and the two expectations should not be viewed as mutually exclusive. However, the report suggested that it is important to get the message across that the community service planning process includes the license to rethink the use of existing resources, so that participants in the planning process understand that the exercise makes no assumptions about the merits of the current design of the system.

The consultation also revealed a tension in expectations about process and action that is common in any planning process. Some people put a high priority on getting things done quickly, while others put a premium on being inclusive and taking the time to build consensus. This means, the summary report noted, some will be frustrated that the community planning exercise doesn't put enough emphasis on action, while others will be frustrated that it isn't sensitive enough to process and/or the inclusion of all interested parties. While these need not be mutually exclusive expectations, the Contact agencies should strive to find a balance between process and action that keeps most people satisfied with the overall exercise, the July 2002 report concluded.

Also identified in the July 2002 report was a concern about the high expectations that people would have for community service planning, both in terms of the quality of the process and of the value of the plan itself. Even though everyone involved presumably wants this process to be credible and useful, it needs to be kept in mind that community service planning is a new and complex venture, and that there is no instruction booklet on how to do it well, the report cautioned.

"As with any new venture, there are apt to be some false starts and mistakes made along the way. Those involved in the process will need to recognize its developmental nature, and be patient and accepting as lessons are learned and the process matures. Both the Regional Office and the Contact agencies can reinforce this message by being direct about the developmental nature of the process," the report suggested.

The report noted that one of the biggest operational challenges in implementing the proposed community service planning approach would be the collection of good information. Three reasons were cited for this. The first was that the field lacks consistent definitions for describing consumer characteristics and service-related functions. The second was that it also lacks consistent categories for classifying types of services and counting units of service. The third was that there is a whole cluster of issues associated with the availability of data, such as whether the desired information is currently being collected and whether it can be readily retrieved, whether it is collected in such a way as to be useful to the community service planning process (for example, whether it is collected as part of a larger data set that cannot easily be separated to provide information about specific local services).

A concern that followed from all these considerations was one of timing. The report noted that it would take the Contact agencies some time to develop the consistent definitions and categories, as well as to design and create the necessary information systems to store and retrieve information and data. This suggested, the report concluded, that not all the desired information and data would be available in the first planning cycle.

## **THE DESIGN**

In November 2002, the Regional Office approved the design recommended in the July 2002 Summary Report. It was agreed that the community service plans would be developed through the five-step process, as outlined, with the assistance of a Technical Advisory Committee. The Regional Office supported the concept of developing a shared vision and reiterated its desire to encourage broad stakeholder participation in this process. It endorsed the concept of three-year plans that would be renewed every three years. It stipulated that the plans should focus primarily on Ministry-funded services, but would naturally take into account relevant issues/activities in other sectors that are influenced by or have influence upon this service delivery system.

The Regional Office also stressed that the plan needs to address both how new resources ought to be prioritized and allocated, as well as examine redeployment of existing resources to better meet identified priority needs in the community. Since the volume, scope and timing of new resources cannot be predicted, service planning must always re-examine the best use of current funding, stated a memo to Contact agencies from the Regional Office.

In approving the Contact agencies' design recommendations, the Regional Office reiterated an earlier statement: "We can commit to considering very carefully the contents of the community service plans, discussing the potential of these reports with all key stakeholders and using key service data to advance the legitimate interests of this Region. We are optimistic that these plans will position the Region to capitalize on opportunities for investment and/or reinvestment in a manner not currently available."

## **IMPLEMENTING THE DESIGN**

In order to move on to the next stage – developing community service plans for the different communities and sectors – the Contact agencies contracted with Human Service Consultants to provide overall project coordination and formed a project management team comprised of the consultant and representatives from each Contact agency. This team developed an approach to implementing the agreed-upon planning design, addressing common elements of the four community planning processes, including methodology, tools and timelines.

To assist with the information collection and analysis steps in this process, and in keeping with the approved design, a Technical Advisory Group was formed. This was comprised of Dr. Michael Boyle and Anne Ehrlich of McMaster University, Rita Marie Hadley of the Grand River District Health Council and Don Jaffray of the Hamilton Social Planning and Research Council. Its role was to provide the project management team with advice on the design of the approach to information collection and on the analysis and interpretation of findings.

An ‘Information Collection Framework’ was designed that specified what data should be collected from which sources and how it could be obtained.

It was agreed that the collection of quantitative information would include:

- A review of census data to profile each local community
- A review of service contracts to describe the current children’s and developmental services sectors
- A review and analysis of service request and usage data collected from Contact agencies and other sources
- An agency questionnaire to collect information on people currently receiving services and supports in the two sectors

This quantitative data would be supplemented by qualitative information, including:

- Telephone surveys of individuals and families in each of the four jurisdictions to elicit their experience with the service system
- Questionnaires for community groups and organizations, and providers of Ministry-funded and related services to identify perceived strengths, gaps, and other characteristics of the current service system
- Focus groups with individuals and families, community groups and organizations, and providers of Ministry-funded and related services to further explore perceived strengths, gaps, and other characteristics of the current service system

- Key informant interviews to describe important contextual factors that should be considered during the later visioning and priority-setting part of the process

The project team and the technical advisory group also formulated a set of seven questions that the research and community planning process should address:

1. What is the nature and magnitude of the demand for Ministry-funded service and supports within a jurisdiction?
2. What resources are available to respond to that demand and how are they currently being used?
3. What are the identified strengths, weaknesses and pressures of the current service system?
4. What should be the priorities for enhancing the current service system over the next three years?
5. Where are the opportunities to address population well-being and achieve positive change within the current system?
6. What are the characteristics of the local community that need to be taken into account when planning?
7. What areas require further exploration?

After a tendering process, the consulting firm Shercon Associates Inc. was contracted to carry out the information collection and analysis steps for each of the four jurisdictions. Shercon began working on the project in August 2003.

The methodological components of the data collection process that formed the next stage of the project are mapped against specific groups and data sources in the table below.

**Table 1: Methodology**

| <b>GROUP</b>                                  | <b>METHOD</b>  | <b>DATA</b>                 |
|---|--|-----------------------------|
| <b>Families and Individuals</b>               | <ul style="list-style-type: none"> <li>• 400 phone interviews – 100 in Niagara</li> <li>• 6 focus groups - 2 in Niagara</li> </ul>   | Experiences with the system |
| <b>MCSS/MCYS Funded Agencies</b>              | <ul style="list-style-type: none"> <li>▪ Data collection template,</li> <li>▪ Ministry service contracts</li> </ul>  | Intake and activity         |
| <b>Service Providers and Community Groups</b> | <ul style="list-style-type: none"> <li>• 203 completed questionnaires (region-wide)</li> <li>• In Niagara:               <ul style="list-style-type: none"> <li>• 28 questionnaires from 25 children’s agencies</li> <li>• 17 questionnaires representing 10 agencies for developmental services (response rate 81%)</li> </ul> </li> <li>• 6 focus groups region-wide 2 focus groups Niagara</li> </ul> | Perceptions of the system   |

| <b>GROUP</b>                       | <b>METHOD</b>   | <b>DATA</b>                  |
|------------------------------------|---|------------------------------|
| <b>MCSS/MCYS</b>                   | <ul style="list-style-type: none"><li>▪ Review of service contracts</li></ul>                                   | Resource and activity levels |
| <b>Government and Associations</b> | <ul style="list-style-type: none"><li>▪ 10 key informant interviews</li></ul>                                   | Contextual information       |
| <b>Planning Bodies</b>             | <ul style="list-style-type: none"><li>▪ Review of reports and census data</li></ul>                             | Community characteristics    |
| <b>Contact Agencies</b>            | <ul style="list-style-type: none"><li>▪ Review of data systems, BCFPI, Performance Measurement Survey</li></ul> | Usage rates, satisfaction    |

# **Part Two:**

## **Niagara Community Profile**

### **OVERVIEW**

**W**ith a population of 410,575, the Niagara Region occupies a 1,896 square kilometre peninsula bounded by the City of Hamilton to the west, Lake Ontario to the north, Lake Erie to the south and the Niagara River that marks the U.S. border to the east. Its two-tier local government structure is headed by a regional council comprised of representatives from twelve local municipalities: Grimsby, Lincoln, St. Catharines, Niagara-on-the-Lake, West Lincoln, Pelham, Thorold, Niagara Falls, Welland, Wainfleet, Port Colborne, and Fort Erie.

Niagara's most heavily populated cities of St. Catharines, Niagara Falls and Welland contain 62 percent of the region's population. Much of the remainder of the region is rural, though there are several other urban areas, widely dispersed around the peninsula, including Fort Erie, Port Colborne, Grimsby, Thorold and Niagara-on-the-Lake.

It is a region that boasts one of the world's greatest tourist attractions in Niagara Falls and attracts millions of visitors every year, who are also drawn to the region's wineries and other tourist attractions, such as Niagara-on-the-Lake's Shaw Festival theatres. The tourism, retail and service sectors therefore loom large in the region's economy. The Welland Canal and bridges that provide access to the United States give the region a pivotal role as a transportation hub, while a large portion of the workforce is employed in manufacturing and telecommunications. Agriculture is also a significant industry in a region noted for its vineyards and fruit growers. The diversity of the region's economy is

illustrated by the fact that Niagara's four largest employers (each of which has more than 3,700 employees – at least 1,300 more than the fifth largest employer) are: General Motors of Canada Ltd., the District School Board of Niagara, the Niagara Health System and Casino Niagara.

## POPULATION AND GROWTH

As can be seen from Table 2, the population of the region increased 1.8 % from 1996 to 2001, which is less than the provincial increase of 6.1%. However, rates of growth varied within the region from one municipality to another. There was relatively high growth in Lincoln (where the population increased by 9.6%) and Grimsby (with an 8.7% increase). Growth in Pelham and West Lincoln kept pace with that of the province as a whole, while Niagara-on-the-Lake, Fort Erie and Niagara Falls experienced more modest growth. Thorold grew by only 1 percent, while Welland, Port Colborne and Wainfleet had no growth. The population of St. Catharines declined by 1.3 percent.

**Table 2: Population by Geographic Distribution, 1996-2001**

| Jurisdiction             | Population        |                   | Increase (%) |
|--------------------------|-------------------|-------------------|--------------|
|                          | 1996              | 2001              | 1996-2001    |
| <b>Region of Niagara</b> | <b>403,504</b>    | <b>410,574</b>    | <b>1.8</b>   |
| Fort Erie                | 27,183            | 28,143            | 3.5          |
| Port Colborne            | 18,541            | 18,450            | 0.0          |
| Wainfleet                | 6,253             | 6,258             | 0.0          |
| West Lincoln             | 11,513            | 12,268            | 6.6          |
| Pelham                   | 14,343            | 15,272            | 6.5          |
| Welland                  | 48,411            | 48,402            | 0.0          |
| Thorold                  | 17,883            | 18,048            | 1.0          |
| Niagara Falls            | 76,917            | 78,815            | 2.5          |
| Niagara-on-the-Lake      | 13,238            | 13,839            | 4.5          |
| St. Catharines           | 130,926           | 129,170           | -1.3         |
| Lincoln                  | 18,801            | 20,612            | 9.6          |
| Grimsby                  | 19,585            | 21,297            | 8.7          |
| <b>Ontario</b>           | <b>10,753,573</b> | <b>11,410,046</b> | <b>6.1</b>   |

Source: Statistics Canada, 2001 Census

Projected growth for the Region over the five years from 2003 to 2008 is expected to be 3.1 percent, which is less than the 4.3 percent projected for the Hamilton-Niagara Region and considerably less than the provincial growth projected to 2008 at 8.5 percent.

**Table 3: Projected Population by Geographic Distribution, 2002-2008. Population in thousands (with annual percentage increases)**

| Jurisdiction | 2001     | 2002               | 2003               | 2004               | 2005               | 2006               | 2007               | 2008               | % Var |
|--------------|----------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|-------|
| Niagara      | 410.5    | 412.4<br>(.4%)     | 414.3<br>(.4%)     | 416.2<br>(.4%)     | 418.1<br>(.4%)     | 420.0<br>(.4%)     | 421.8<br>(.4%)     | 423.7<br>(.4%)     | 3.1   |
| Ham/ Niagara | 1,137.0  | 1,144.1<br>(.06%)  | 1,151.4<br>(.06%)  | 1,158.6<br>(.06%)  | 1,165.9<br>(.06%)  | 1,173.1<br>(.06%)  | 1,179.7<br>(.05%)  | 1,185.9<br>(.05%)  | 4.3   |
| Ontario      | 11,410.0 | 11,546.9<br>(1.2%) | 11,685.5<br>(1.2%) | 11,825.7<br>(1.2%) | 11,955.8<br>(1.1%) | 12,087.3<br>(1.1%) | 12,220.3<br>(1.1%) | 12,345.7<br>(1.1%) | 8.8   |

Source: Statistics Canada, and Projections for the Ministry of Finance. Percentages have been rounded to one decimal point; therefore there will be minor differences.

Niagara's moderate climate and other assets make it an attractive retirement destination and its population therefore tends to be older than that of the rest of the Hamilton Niagara Region and the province as a whole. In fact, a recent Ontario Ministry of Finance comparison of census metropolitan areas (which are urban areas defined by census divisions, not municipal boundaries) found that the St. Catharines-Niagara area has the oldest age structure of any census metropolitan area in Ontario. The Ministry of Finance demographic trend report also notes that the St. Catharines-Niagara area has the lowest share of children and young people aged under 25 and adults aged 25 to 54.

As the following table shows, in 2001, Niagara residents aged 65+ constituted 16.2 percent (69,426) of Niagara's population, 3.5 percent higher than the provincial average of 12.7 percent. Within Niagara, with the exception of West Lincoln and Wainfleet, all municipalities had a higher proportion of their population aged 65+, compared to the provincial average.

**Table 4: Population Distribution and Age Cohorts**

| Age Group    | Niagara        |             | Hamilton Niagara Region |            | Ontario           |             |
|--------------|----------------|-------------|-------------------------|------------|-------------------|-------------|
|              | Total          | %           | Total                   | %          | Total             | %           |
| 0 to 14      | 76,619         | 18.0        | 217,787                 | 18.7       | 2,268,242         | 19.2        |
| 15 to 24     | 55,313         | 13.0        | 155,151                 | 13.3       | 1,550,100         | 13.1        |
| 25 to 44     | 121,858        | 28.6        | 343,964                 | 29.5       | 3,738,930         | 31.6        |
| 45 to 64     | 103,139        | 24.2        | 275,479                 | 23.6       | 2,758,261         | 23.3        |
| 65 to 74     | 36,832         | 8.6         | 92,456                  | 7.9        | 828,389           | 7.0         |
| 75 to 84     | 25,248         | 5.9         | 62,820                  | 5.4        | 512,028           | 4.3         |
| 85+          | 7,346          | 1.7         | 18,640                  | 1.6        | 160,232           | 1.4         |
| <b>Total</b> | <b>426,355</b> | <b>99.6</b> | <b>1,166,297</b>        | <b>100</b> | <b>11,816,182</b> | <b>99.9</b> |

Source: Statistics Canada 2001 census—Percentages have been rounded to one decimal place, therefore there will be minor variances

The population of children 0-6 years was expected to decline in 2003, then grow slowly, but steadily through 2010, according to the Early Years Steering Committee Niagara's March 2002 report *Strengthening Tomorrow: A Community Action Plan*.

The birth rate, shown in the following table, is higher for all age groups (15-19, 20-24, and 25-34) than the provincial rate, except for 35-44 year old women where it is considerably less. The highest birth rate is in Grimsby.

**Table 5: Age-specific Live Births - Estimated Annual Rate per 1000 Females, 1997- 1999**

|                       | <b>15-19</b> | <b>20-24</b> | <b>25-29</b>  | <b>30-34</b> | <b>35-39</b> | <b>40-44</b> | <b>TOTAL</b> |
|-----------------------|--------------|--------------|---------------|--------------|--------------|--------------|--------------|
| Fort Erie             | 22.89        | 71.62        | 103.33        | 70.98        | 24.07        | 4.52         | 45.72        |
| Grimsby               | 7.63         | 40.79        | 127.74        | 114.39       | 41.79        | 4.78         | 52.07        |
| Niagara Falls         | 23.66        | 53.39        | 107.00        | 81.86        | 28.92        | 3.52         | 48.63        |
| St. Catharines        | 17.83        | 54.35        | 97.90         | 83.36        | 34.75        | 5.18         | 48.65        |
| Welland               | 23.32        | 63.98        | 102.60        | 73.44        | 20.55        | 3.53         | 46.12        |
| <b>Niagara Region</b> | <b>18.00</b> | <b>55.52</b> | <b>106.27</b> | <b>85.04</b> | <b>29.46</b> | <b>4.1</b>   | <b>47.73</b> |

Source: Niagara Public Health Department

## **IMMIGRATION AND MINORITIES**

Immigration trends are also an important factor to consider in community service planning, not only because they affect the overall growth of the population, but also because the language that people speak, as well as their cultural background, may well be relevant to the type of services they need and how they can best be delivered.

The population of Niagara is less ethnically diverse than the rest of the Hamilton Niagara region and the province. An analysis of the immigration figures shown in Table 6 below indicates that the proportion of foreign born people in Niagara's population is slightly lower than that of the Hamilton Niagara region as a whole and substantially lower than that of the province as a whole (the actual percentages – not shown on the table – are 17.7% foreign born in Niagara, 19.7% in the Hamilton Niagara region and 26.8% in Ontario). Table 6 also shows that foreign-born people who immigrated between 1991 and 2001 make up only 2.5 percent of Niagara's population, compared to 3.9 percent of the population of the Hamilton Niagara region and 9.0 percent of the Ontario population.

Within Niagara, recent immigrants have tended to settle in the largest city St. Catharines and near the U.S. border in Niagara Falls and Fort Erie, while Welland and Grimsby attract far fewer immigrants.

**Table 6: Population by Geographic Distribution and Recent Immigration**

|                         | # of people answering census question on immigration | Canadian born population | Foreign-born population | Immigrated 1991- 2001 | % pop. recent immigrants 1991-2001 |
|-------------------------|--|--------------------------|-------------------------|-----------------------|------------------------------------|
| Niagara                 | 404,590  | 331,560                  | 71,200                  | 10,365                | 2.5                                |
| Fort Erie               | 27,830   | 23,106                   | 4,560                   | 890                   | 3.1                                |
| Grimsby                 | 20,940   | 17,295                   | 3,565                   | 400                   | 1.9                                |
| Niagara Falls           | 78,015   | 62,310                   | 15,430                  | 2,800                 | 3.5                                |
| St. Catharines          | 126,875  | 100,235                  | 25,805                  | 4,345                 | 3.4                                |
| Welland                 | 47,705   | 41,670                   | 5,900                   | 755                   | 1.5                                |
| Hamilton Niagara Region | 1,108,960  | 848,025                  | 218,055                 | 43,955                | 3.9                                |
| Ontario                 | 11,285,550   | 8,164,860                | 3,030,075               | 1,022,370             | 9.0                                |

Source: Statistics Canada 2001 Census—Percentages have been rounded to one decimal place; therefore there will be minor variances.

Twenty-three percent of Niagara’s immigrant population was born in the United Kingdom, 15 percent in Italy, 8.9 percent in the United States, 10 percent in Germany or Poland, 7.8 percent in the Netherlands, and 2 percent in each of Yugoslavia, Croatia, Ukraine, and Hungary, according to the Niagara Early Years Steering Committee Report.

In the 2001 census, 81 percent of Niagara respondents reported English as the language most often spoken at home and 3.5 percent reported speaking French at home. This compares to 70 percent who reported English as their home language across the province, and 79% in the region. Italian, German, Dutch and Polish are the most commonly spoken unofficial languages.

Niagara has two communities designated under the French Languages Services Act – Welland and Port Colborne. In 2001, 5,680 people in Welland (12% of the population) and 1,190 people in Port Colborne (6.6% of the population) reported French as their mother tongue.

Table 7 provides statistics on the languages spoken by Niagara residents.

**Table 7: Population by Geographic Distribution and Language Spoken at Home**

| Language spoken most often at home | Niagara | Hamilton Niagara Region | Ontario   |
|------------------------------------|---------|-------------------------|-----------|
| English                            | 328,875 | 880,630                 | 7,965,225 |
| French                             | 1,250   | 23,340                  | 485,630   |
| Non-official languages             | 57,085  | 193,005                 | 2,672,085 |
| Italian                            | 14,200  | 36,575                  | 295,200   |

| Language spoken most often at home | Niagara | Hamilton Niagara Region | Ontario |
|------------------------------------|---------|-------------------------|---------|
| German                             | 8,090   | 18,680                  | 156,080 |
| Dutch                              | 5,730   | 12,080                  | 69,655  |
| Polish                             | 4,805   | 16,905                  | 138,940 |
| Hungarian                          | 2,615   | 8,240                   | 45,275  |
| Ukrainian                          | 2,520   | 6,480                   | 48,620  |
| Chinese                            | 1,440   | 5,855                   | 202,125 |
| Arabic                             | 1,285   | 6,310                   | 94,635  |
| Serbian                            | 1,125   | 6,490                   | 32,000  |
| Croatia                            | 1,080   | 6,690                   | 37,260  |

Source Statistics Canada: 2001 Census

The population of the Niagara region is very stable in terms of mobility, with nearly two-thirds of the population living at the same address for five years and most of the remainder living at a different address within the province of Ontario. Only 11,730 people in the entire region reported in the 2001 Census that they had lived outside the province or country five years ago.

**Table 8: Mobility Rates**

| Jurisdiction             | Total population 5 years and over | Lived at same address 5 yrs ago | Lived in Ontario 5 years ago but changed addresses | Lived outside of province or country 5 years ago |
|--------------------------|-----------------------------------|---------------------------------|--|--|
| <b>Region of Niagara</b> | <b>382,870</b>                    | <b>240,925</b>                  | <b>130,215</b>                                     | <b>11,730</b>                                    |
| Fort Erie                | 26,365                            | 16,415                          | 9,015  | 930  |
| Grimsby                  | 19,785                            | 12,365                          | 7,010  | 415  |
| Niagara Falls            | 73,845                            | 46,350                          | 24,905   | 2,590  |
| St. Catharines           | 120,075                           | 73,005                          | 42,225   | 4,840  |
| Welland                  | 45,150                            | 28,305                          | 16,005   | 840  |
| <b>Ontario</b>           | <b>10,609,755</b>                 | <b>6,067,755</b>                | <b>37,784,170</b>                                  | <b>757,830</b>                                   |

Source: Statistics Canada, 2001 Census

As Table 8 indicates, most in-migration to Niagara comes from Ontario. According to research conducted by the Early Years Steering Committee Niagara, migrations from elsewhere in the province accounted for 75 percent of new arrivals between 1968 and 2000. The Regional Municipality of Niagara's *Niagara District Health System Monitoring Report 2003* notes that most of these in-migrants are over 45 years of age and are coming from larger urban centres.

Fort Erie is the main port of entry for refugees entering Canada. According to the Fort Erie Refugee centre, 8,695 refugee claims were made there in 2001 (compared to 5,250 refugees who entered Canada via Pearson International Airport). While most refugees eventually move to other areas, Niagara must provide temporary support to them when they are most vulnerable. These refugees often have outstanding mental and physical health issues, a limited knowledge of English and no family or social supports, according to the *Niagara District Health System Monitoring Report 2003*.

## EDUCATION

As Table 9 illustrates, education levels in Niagara are very similar to those elsewhere in the Hamilton Niagara region, but significantly lower than those found elsewhere in the province. There are proportionately more people with less than high school education in Niagara than elsewhere in Ontario. In addition, the proportion of the population with post-secondary education is more than seven percentage points lower than the provincial average.

**Table 9: Population by Geographic Distribution and Level of Education**

| Level of Education<br>(age 20-64)  | Niagara | Hamilton<br>Niagara<br>Region | Ontario |
|--|---------|-------------------------------|---------|
| % Population (20-64 yrs.) with less than high school   | 21.6    | 23.3                          | 19.9    |
| % Population (20-64 yrs.) with high school & some post secondary   | 30.3    | 28.5                          | 27.2    |
| % Population (20-64 yrs.) with Trades certificate or Diploma   | 12.7    | 12.3                          | 10.3    |
| % Population (20-64 yrs.) with Post Secondary education, college or university, certificate, diploma or degree | 35.1    | 35.6                          | 42.5    |

Source: Statistics Canada 2001 Census—Percentages have been rounded to one decimal place, therefore there will be minor variances

## FAMILIES AND FAMILY INCOME

As Table 10 shows, there are 117,185 families in Niagara, close to 90,000 of which are led by married couples, with a further 10,290 led by common-law couples and 17,825 single-parent families. The overwhelming majority of the single-parent families are led by females, though there are 3,215 male-led single-parent families. The pattern is similar to that of the rest of the region and the province.

**Table 10: Population by Geographic Distribution and Family Structure**

| Family Structure<br>(Characteristics)               | Niagara<br>(% of<br>Ontario) | Hamilton Niagara<br>Region<br>(% of Ontario) | Ontario   |
|---|------------------------------|--|-----------|
| Total # of families                                 | 117,185 (3.6)                | 317,025 (9.9)                                | 3,190,990 |
| # of married-couple families                        | 89,065 (3.7)                 | 238,835 (9.9)                                | 2,406,340 |
| Average # of persons in married couple families     | 3.1                          | 3.1  | 3.2       |
| # of common law couple families                     | 10,290 (3.4)                 | 29,130 (9.7)                                 | 298,540   |
| Average # of persons in common law families         | 2.7                          | 2.8  | 2.7       |
| # lone parent families                              | 17,825 (3.6)                 | 49,055 (10.0)                                | 486,105   |
| Average # of persons in lone-parent families        | 2.5                          | 2.5  | 2.5       |
| # of female lone-parent families                    | 14,610 (3.6)                 | 43,380 (10.8)                                | 401,240   |
| Average # of persons in female lone parent families | 2.5                          | 2.5  | 2.6       |
| # of male lone-parent families                      | 3,215 (3.7)                  | 8,880 (10.4)                                 | 84,860    |
| Average # of persons in male lone parent families   | 2.3                          | 2.4  | 2.5       |

Source: Statistics Canada 2001 Census—Percentages have been rounded to one decimal place, therefore there will be minor variances

The economic circumstances of these families is clearly a key element to be considered in planning services, not only because income is one of the determinants of health, but also a family's economic situation may affect their ability to access services. For example, a family may find it difficult to pay for transportation costs or be unable to spare the time off work to attend a program.

Employment levels are relatively high in the Niagara region, though the importance of the tourist industry in the regional economy means that unemployment rates are subject to seasonal fluctuations. As of September 2003, Niagara's unemployment rate of 6.1 percent was lower than that of the Hamilton Niagara region as a whole (7.0%) and considerably less than the provincial rate of 7.5 percent.

Nevertheless, median family incomes in Niagara are generally lower than elsewhere in the province. The median income represents the mid-point in all incomes, where half of all households earn more than the median and half earn less. The median is not the same as the average, but it gives a better picture of normal family or household incomes because the average can easily be skewed by the high earnings of a few people.

As Table 11 illustrates, the median income in Niagara for all families is \$56,787 and, for couple families, it is \$61,124. Both of these figures are slightly lower than median incomes elsewhere in the region (shown in Table 11 as an average of the median incomes in each community). However, the median incomes in Niagara, as elsewhere in the Hamilton Niagara region are significantly lower than the median incomes of the province as a whole. The median income for single parent families is marginally higher than the average of medians for the region, but it is still lower than the provincial median.

The highest median incomes are reported in the prosperous commuter community of Grimsby, where the median for all families is 20 percent higher than the Niagara median, while the median for couple families is 15 percent higher and for single parent families 45 percent higher. At the other end of the scale, the median for all family incomes in Niagara Falls is 6 percent less than the Niagara median, while single parent families are 10 percent less well-off in Niagara Falls than elsewhere in the Niagara region.

**Table 11: Population by Geographic Distribution and Family Income**

| <b>Jurisdiction</b>                            | <b>Median Family Income \$ (all census families)</b> | <b>Median Family Income \$ (couple families)</b> | <b>Median Family Income \$ (lone parent families)</b> |
|--|--|--|---|
| <b>Region of Niagara</b>                       | <b>56,787.00</b>                                     | <b>61,124.00</b>                                 | <b>32,334.00</b>                                      |
| Fort Erie                                      | 51,395.00  | 56,279.00  | 31,018.00   |
| Grimsby  | 69,181.00  | 72,300.00  | 45,380.00   |
| Niagara Falls                                  | 53,715.00  | 59,987.00  | 29,299.00   |
| St. Catharines                                 | 54,775.00  | 59,539.00  | 32,479.00   |
| Welland  | 54,874.00  | 59,994.00  | 31,459.00   |
| <b>Ham/Niagara Region (average of medians)</b> | <b>57,305.00</b>                                     | <b>62,041.00</b>                                 | <b>31,676.00</b>                                      |
| <b>Ontario</b>                                 | <b>61,024.00</b>                                     | <b>66,476.00</b>                                 | <b>33,724.00</b>                                      |

Source Statistics Canada—2001 Census

Niagara has a higher percentage of low income families than the province as a whole, according to Statistics Canada census reports. Statistics Canada uses a measure known as “Low Income Cut-off” (LICO) to assess whether families are “living in straightened circumstances.” This measure – which is commonly (though incorrectly, according to Statistics Canada) used as an unofficial “poverty line” – assesses whether households spend disproportionate amounts of their pre-tax income (20 percent more than the average family) on food, clothing and shelter. There are numerous different LICOs for various sizes of community, as well as sizes and types of family.

For example, Niagara Falls is categorized as a community with a population between 30,090 and 99,999. According to the 2001 census information, the average size of single parent families in Niagara Region is slightly less than 3. The median income for single parent families in Niagara Falls is \$29,299.00. The LICO for a 3 person family in a

municipality this size is \$25,505.00, meaning that the average single parent family in Niagara Falls has a median income which is 15% per cent higher than the unofficial poverty line.

According to the 2001 census information, the overall Low Income Cut-off incidence rate for the Niagara region was 13.2 percent compared to the provincial average of 11.7 percent. That is to say that 13.2 percent of all families in the Niagara region had an income below the established LICO rate for their respective community.

The Niagara Region Department of Public Health reports that the region has a higher proportion of people on social assistance than the province as a whole. Citing statistics from the Region's Community Services Department and the Ministry of Community and Social Services, the Health Department notes that 62 people in every thousand Niagara residents were beneficiaries of the Ontario Works or Ontario Disabilities Support Program in 2002, compared to 56 per thousand in Ontario as a whole. As of February 2002, 3,285 of the Region's children aged 0-6 years were members of households in receipt of social assistance benefits, according to the Early Years Steering Committee Niagara.

## **SUMMARY: CHARACTERISTICS OF THE COMMUNITY**

What are the characteristics of the local community that need to be taken into account when planning? That is one of the key questions posed at the beginning of the community planning process and this community profile provides a few of the answers.

Niagara's population is dispersed among several larger urban centres, some smaller towns and rural areas, covering a large geographical area, thus making it difficult to provide services that are equally accessible to all.

The population is growing more slowly than the rest of the province and has a higher concentration of older people, with proportionately fewer children and young people. The birth rate is higher than average, however, it has been projected that the population of children and youth will rise slowly but steadily in coming years.

The community is less ethnically, culturally and linguistically diverse than others in Ontario, though it receives a large influx of refugees at the border post in Fort Erie. Two urban centres – Welland and Port Colborne – have been designated under the French Language Services Act.

Education levels in Niagara are generally lower than elsewhere in the province– a factor that could influence public awareness of services and people's ability to take advantage of them.

The region's economy is diverse and unemployment relatively low, though this fluctuates due to the seasonal nature of the tourist industry. Family incomes tend to be lower than elsewhere in the province. There are more low income people and more people receiving social assistance. These are factors to be considered in planning, not only because low income may contribute to the needs for which families seek help, but also because of its impact on people's ability to access the service system.

## **Part Three:**

# **Developmental Services Sector Children and Adults**

### **OVERVIEW**

**T**he Ministry of Community and Social Services/Ministry of Children and Youth Services (MCSS/MCYS) provides funding for a range of developmental services for children and adults that are delivered through community agencies.

People with developmental disabilities benefit from programs and support provided through other systems such as the health care system, education, early childhood development sector, employment support programs and income support assistance. Like other citizens, people with developmental disabilities participate in a range of community services, including recreation programs, neighbourhood services, religious activities and cultural groups.

This pattern of connections and interconnections represent the context within which these services exist. An ideal planning process would include and characterize all the possible circumstances that impinge upon children and adults with developmental disabilities. But this would be a significant task that is beyond the scope and purpose of this planning process.

This planning process focuses on the set of programs and services provided for children and adults with developmental disabilities that are directly within the purview of the regional office of MCSS/MCYS.

This section describes the service system based on the data available from existing sources and agency surveys. The purpose is to provide an overview of the Ministry funded developmental service system. The section describes how the programs are classified and funded by the ministry. It identifies which agencies provide the services, who receives them, what their needs are and what types of services are required. It also indicates the extent to which people have to wait to receive service and how urgent situations are addressed.

## **FUNDING AND PROGRAMS**

The Ministry allocates its funding for developmental services in Hamilton through 15 categories of programs, each of which is identified with a unique project code. For adult services, the program categories range from supported living environments where people with developmental disabilities are provided with support and care, either in their own homes or in a group home setting; respite services for caregivers; and community supports to enable people to participate fully in community life. For children with developmental disabilities, programs are funded through the Ministry to provide accommodation and care in approved group homes; respite for parents; and a range of community support for children to encourage participation in community activities. A further category includes services that assesses the needs of people with developmental disabilities and refers them to the appropriate community program. Listed below are the categories of programs.

**Table 12: Programs and Project Codes**

| <b>Project Code</b> | <b>Program</b>                                    |
|---------------------|---|
| 214                 | ACL – Associate Living Support                    |
| 218                 | CLS – Adult – Individual Living Supports          |
| 321                 | ACL – Group Living Supports                       |
| 216                 | CCL- (CFSA) Group Living Supports                 |
| 11                  | Adult Respite Supports – out of Home Supports     |
| 13                  | SCS – Adult – Assessment and Counselling          |
| 220                 | CPS- Adult – Community Access Supports            |
| 278                 | SCS – Adult Other                                 |
| 677                 | Access Mechanism –Developmental Services          |
| 735                 | SCS- Adult Foundations                            |
| 81                  | Respite Supports – Children – Out of Home Support |
| 83                  | SCS- Children – Assessment and Counselling        |
| 85                  | SCS – Children – Infant Developments              |
| 89                  | SCS – Children - other                            |
| 675                 | Out of Home Respite Services                      |

Source: 2003/2004 MCSS/MCYS Service Detail and Transfer Payment Status

These services are provided by community organizations referred to as ‘transfer payment’ agencies – a term resulting from the fact that the Ministry transfers public funding to these organizations to operate these programs and services. Most of these transfer payment agencies are governed by boards of directors comprised of volunteers from the community. All of these organizations receive funding through a service contract with MCSS/MCYS in which they agree to provide specific services. In the Niagara community, there are 15 transfer payment agencies that receive Ministry funding for providing developmental services to children and adults. Many of these agencies provide more than one type of service. Table 13 identifies the agency, the number of programs it offers, and the total annual funding in the 2003/04 fiscal year.

**Table 13: Agency, Number of Programs and Funding**

| <b>Agency</b>                                  | <b>Number of Programs</b> | <b>Annual Budget 2003/04</b> |
|--|---------------------------|------------------------------|
| Bethesda                                       | 10                        | \$9,689,013                  |
| Community Living Welland /Pelham               | 8                         | \$4,177,333                  |
| Christian Horizons                             | 5                         | \$3,554,129                  |
| Community Living Grimsby/Lincoln               | 8                         | \$5,284,389                  |
| Community Living Fort Erie                     | 5                         | \$2,450,278                  |
| Community Living Port Colborne/Wainfleet       | 5                         | \$3,713,410                  |
| St Catharines Association for Community Living | 5                         | \$6,725,137                  |
| Niagara Support Services                       | 4                         | \$3,221,487                  |
| Mainstream                                     | 4                         | \$1,475,661                  |
| Niagara Training and Employment Agency         | 3                         | \$976,315                    |
| Niagara Peninsula Children's Centre            | 1                         | \$59,528                     |
| Hotel Dieu Health Sciences Centre              | 1                         | \$331,795                    |
| Niagara FACS                                   | 1                         | \$218,240                    |
| Contact Niagara                                | 1                         | \$421,903                    |
| Regional Municipality of Niagara               | 1                         | \$544,308                    |
| <b>TOTAL</b>                                   | <b>62</b>                 | <b>\$42,842,926</b>          |

Source: 2002/03 and 2003/04 MCSS/MCYS Service Detail and Transfer Payment Status Report

The main points illustrated by Table 13 include:

- In total, Niagara agencies received \$42,842,926 in annualized funding in 2003/04
- Ten agencies provide more than one service and many agencies offer 5 or more different services

To help explain how this service system is structured, a service framework was developed, based on the work of the South West Region Children’s Mental Health Services Project. This framework, which describes how services are differentiated from one another and organized within the community, is provided in Appendix One. It describes services along a continuum which comprises four levels: highly specialized services, residential services, core services and access services.

*Highly Specialized Services* include services and supports that address the most severe and complex needs of people with developmental disabilities. These include medical support and consultation, behavioural/emotional support and consultation, psychiatric support and consultation, crisis response/treatment, assessment/clinical and specialized residential services.

*Residential Services* are provided in group home settings, associate family homes or in the individual’s own home.

*Core Services* refers to a range of services provided in the community such as social and recreational programs, assessment and clinical services, day support or employment related activities, case management and respite.

*Access Services* provide individuals and their families with information about the system, referral to services and case resolution which is a process for addressing the complex needs of children and adults in very difficult and challenging circumstances.

Table 14 presents an overview of the developmental service system within the context of the framework described above. It divides the programs into the four levels of service and also identifies which agencies provide which programs/project codes, how much funding is provided in each program area and what percentage of the total amount of funding this represents.

**Table 14: Level of Service by Program by Funding by Agency**

| Types of Programs Funded,<br>Project Code and Funding Received   | Name of Agencies that Provide the Program   |
|--|---|
| <b>Highly Specialized Services</b><br>Total MCSS/MCYS Funding 2003/04: \$1,748,385 ( 4.08% of Total)           |   |
| Assessment and Clinical Services Project<br>Funding: \$1,198,230 in 2003/04<br>2.8% of Total MCSS/MCYS Funding | Bethesda<br>Community Living Welland/Pelham |
| Specialized Residential<br>Funding: \$550,155 in 2003/04<br>1.28% of Total MCSS/MCYS Funding                   | Bethesda                                    |

| <b>Types of Programs Funded,<br/>Project Code and Funding Received</b>   | <b>Name of Agencies that Provide the Program</b>   |
|--|--|
| <b>Residential Services</b><br>Total MCSS/MCYS Funding 2003/04: \$31,997,233 (74.69% of Total)                       |  |
| Associate Family<br>Funding: \$2,990,726 in 2003/04<br>6.98 % of Total MCSS/MCYS Funding                             | Community Living Welland/Pelham<br>Christian Horizons<br>Community Living Fort Erie<br>Community Living Grimsby/Lincoln<br>Bethesda<br>Community Living Port Colborne /Wainfleet<br>St Catharines Association for Community Living   |
| Group Home<br>Funding: \$27,339,097 in 2003/04<br>63.81 % of Total MCSS/MCYS Funding                                 | Community Living Welland/Pelham<br>Christian Horizons<br>Community Living Fort Erie<br>Community Living Grimsby/Lincoln<br>Niagara Support Services<br>Bethesda<br>Community Living Port Colborne /Wainfleet<br>St Catharines Association for Community Living<br>Mainstream |
| Supported Independent Living SIL<br>Funding: \$1,853,873 in 2003/04<br>4.3% of Total MCSS/MCYS Funding               | Mainstream<br>Christian Horizons<br>Community Living Fort Erie<br>Community Living Grimsby/Lincoln<br>Niagara Support Services<br>Bethesda<br>Community Living Port Colborne /Wainfleet<br>St Catharines Association for Community Living<br>Community Living Welland/Pelham |
| <b>Core Services</b><br>Total MCSS/MCYS funding 2003/04: \$8,675,365 (20.25% of Total)                               |  |
| Assessment/Clinical Services<br>Funding: \$935,531 in 2003/04<br>2.18% of Total MCSS/MCYS Funding                    | Niagara Peninsula Children's Centre<br>Hotel Dieu Hospital NHS<br>Regional Municipality of Niagara   |
| Associate Family<br>Funding: \$186,463 in 2003/04<br>0.44% of Total MCSS/MCYS Funding                                | Bethesda   |
| Behavioural /Emotional Support and Consultation<br>Funding: \$455,799 in 2003/04<br>1.06% of Total MCSS/MCYS Funding | St Catharines Association for Community Living   |

| <b>Types of Programs Funded,<br/>Project Code and Funding Received</b>                             | <b>Name of Agencies that Provide the Program</b>  |
|--|---|
| Case Management<br>Funding: \$606,522 in 2003/04<br>1.42% of Total MCSS/MCYS Funding               | Community Living Fort Erie<br>Community Living Welland/Pelham<br>Niagara Support Services   |
| Day Activity/Employment<br>Funding: \$5,435,891 in 2003/04<br>12.69% of Total MCSS/MCYS Funding    | Family Counselling Centre<br>Community Living Welland/Pelham<br>Christian Horizons<br>Community Living Fort Erie<br>Community Living Grimsby/Lincoln<br>Niagara Support Services<br>Bethesda<br>Community Living Port Colborne /Wainfleet<br>St Catharines Association for Community Living<br>Mainstream<br>Niagara Training and Employment Agency |
| Respite ( Out of Home)<br>Funding: \$692,552 in 2003/04<br>1.62% of Total MCSS/MCYS Funding        | Community Living Grimsby/Lincoln<br>Community Living Welland/Pelham<br>Community Living Port Colborne /Wainfleet<br>Niagara Training and Employment Agency  |
| Supports for Community Living<br>Funding: \$362,072 in 2003/04<br>0.85% of Total MCSS/MCYS Funding | Niagara Training and Employment Agency<br>Bethesda<br>Christian Horizons<br>Community Living Grimsby/Lincoln  |
| <b>Access Services</b><br>Total MCSS/MCYS Funding 203/04: \$469,657 (8.2% of Total)                |   |
| Access Mechanisms<br>Funding: \$421,903 in 2003/04<br>0.98 % of Total Funding                      | Contact Niagara   |

Source: 2002/03 and 2003/04 MCSS/MCYS Service Detail and Transfer Payment Status Report  
Included in the financial analysis were adult and children's developmental services and autism services.

The key points shown in Table 14 include:

- The majority of resources are allocated in residential services (\$31.99m or 74.69% of the total).
  - 85.3% (\$27.3m) of all annual resources within this level are dedicated to the group home cluster followed by 9.3% (\$2.99m) to the associate family program and 5.7% (\$1.8m) to supported independent living.

- Core services account for approximately 20.25% (\$8.67m) of total expenditures. Within this level:
  - Day activity / employment expenditures represent approximately 62.6% (\$5.43m) of total resources within this area.
  - Assessment /clinical services at 10.7% (\$935,631), respite out of home at 7.9% (\$692,552) and case management services each at approximately 6.9% (606,957) of total resources within this level.
- Highly specialized services account for approximately 4.08% (1.74m) of total expenditures. Within this level assessment/clinical services expenditures represent approximately 68.5% (\$1.2m) of total resources and specialized residential account for 31.5% (\$550,155).

Table 15 presents the annual funding for 2002/03 and 2003/04 for each program area, indicates the percent of total funding for each program area and identifies the percent that funding changed between 2002/03 and 2003/04. It also shows the number of individuals served in 2002/03 and the average cost per service.

**Table 15: Program Funding, 2002/03, Individuals Served, Funding 2003/04**

| <b>Funding Line</b>                                | <b>A) 02/03 Annual</b> | <b>% of Niagara Total</b> | <b># Served</b> | <b>% of Total # Served</b> | <b>Ave Cost per Client</b> | <b>B) 03/04 Annual</b> | <b>% Niagara Total</b> | <b>% Var. (B - A)</b> |
|--|------------------------|---------------------------|-----------------|----------------------------|----------------------------|------------------------|------------------------|-----------------------|
| ACL - Associate Living Support (214)               | \$2,435,692            | 5.8%                      | 131             | 2.2%                       | \$18,593                   | \$2,707,537            | 6.3%                   | 11.2%                 |
| CLS - Adult - Individual Living Supports (218)     | \$1,804,286            | 4.3%                      | 209             | 3.6%                       | \$8,633                    | \$1,853,873            | 4.3%                   | 2.7%                  |
| ACL - Group Living Supports (321)                  | \$27,242,101           | 65.0%                     | 444             | 7.6%                       | \$61,536                   | \$27,678,693           | 64.6%                  | 1.6%                  |
| CCL - (CFSA) Group Living Supports (216)           | \$210,775              | 0.5%                      | 3               | 0.1%                       | \$70,258                   | \$210,559              | 0.5%                   | -0.1%                 |
| Adult Respite Supports - Out of Home Supports (11) | \$46,200               | 0.1%                      | 7               | 0.1%                       | \$6,600                    | \$453,127              | 1.1%                   | 880.8%                |
| SCS - Adult - Assessment & Counselling (130)       | \$1,403,078            | 3.3%                      | 460             | 7.9%                       | \$3,050                    | \$1,416,470            | 3.3%                   | 1.0%                  |
| CPS - Adult - Community Access Supports (220)      | \$5,011,495            | 12.0%                     | 1038            | 17.8%                      | \$4,828                    | \$4,839,638            | 11.3%                  | -3.4%                 |
| SCS - Adult - Other (278)                          | \$241,810              | 0.6%                      | 973             | 16.7%                      | \$249                      | \$95,116               | 0.2%                   | -60.7%                |

| <b>Funding Line</b>                                    | <b>A) 02/03<br/>Annual</b> | <b>% of<br/>Niagara<br/>Total</b> | <b>#<br/>Served</b> | <b>% of<br/>Total<br/># Served</b> | <b>Ave<br/>Cost<br/>per<br/>Client</b> | <b>B) 03/04<br/>Annual</b> | <b>%<br/>Niagara<br/>Total</b> | <b>% Var.<br/>(B - A)</b> |
|--|----------------------------|-----------------------------------|---------------------|------------------------------------|--|----------------------------|--------------------------------|---------------------------|
| Access Mechanism - Developmental Services (677)        | \$419,575                  | 1.0%                              | 836                 | 14.3%                              | \$502                                  | \$421,903                  | 1.0%                           | 0.6%                      |
| SCS - Adult - Foundations (735)                        | \$326,311                  | 0.8%                              | 115                 | 2.0%                               | \$2,837                                | \$378,013                  | 0.9%                           | 15.8%                     |
| Respite Supports - Children - Out of Home Support (81) | \$149,471                  | 0.4%                              | 70                  | 1.2%                               | \$2,135                                | \$150,888                  | 0.4%                           | 0.9%                      |
| SCS - Children - Assessment & Counselling (83)         | \$840,545                  | 2.0%                              | 590                 | 10.1%                              | \$1,425                                | \$847,122                  | 2.0%                           | 0.8%                      |
| SCS - Children - Infant Development (85)               | \$544,308                  | 1.3%                              | 412                 | 7.1%                               | \$1,321                                | \$544,308                  | 1.3%                           | 0.0%                      |
| SCS - Children - Other (89)                            | \$952,284                  | 2.3%                              | 444                 | 7.6%                               | \$2,145                                | \$970,639                  | 2.3%                           | 1.9%                      |
| Out of Home Respite Services (675)                     | \$275,000                  | 0.7%                              | 94                  | 1.6%                               | \$2,926                                | \$275,000                  | 0.6%                           | 0.0%                      |
| <b>Total</b>   | <b>\$41,902,931</b>        |                                   | <b>5826</b>         | <b>100.0%</b>                      |  | <b>\$42,842,886</b>        |                                |                           |

Source: 2002/03 and 2003/04 MCSS/MCYS Service Detail and Transfer Payment Status Report

The key points illustrated by Table 15 include:

- The total annual allocation for developmental services in the Niagara region (2003/04) was \$42,842,886.
- Of that total the following four funding categories (of a total of 15 funding categories) account for approximately 86% of total expenditures:
  - 65% (\$27.6m) is directed towards group living supports
  - 11% (\$4.8m) is allocated to community access supports
  - 6.3% (\$2.7m) is allocated to associate living supports
  - 4.3% (\$1.8m) is allocated to individual living supports
- Approximately \$32.45m or 75.6% of the total funding is provided to residential service programs, and \$10.39m or 24.4% is provided to non-residential areas.
- The total funding for the 2002/03 fiscal year was \$41.90m while for 2003/04 it rose to \$42.84m. This represents a year over year increase of 2.24% or \$939,955. By gross percentage, the top three areas to experience an increase were adult foundations at 15.8% (\$51,702), associate living supports at 11.2% (\$271,845) and

adult individual living supports at 2.7% (\$49,587). However, by gross funding and the top three program areas to experience an increase included group living supports at \$436,592, associate living supports at \$271,845 and adult foundations at \$51,702

- In 2002/03 a total of 5,826 individuals were served (it is important to note that this does not represent the total number of ‘unique’ individuals as individuals who receive more than one service are counted once for each service).
- The residential funding categories of associate living supports, group living supports (adult and children) and individual living supports account for approximately 13.5% (787) of all individuals served with a corresponding 75% of allocated financial resources.
- By contrast, non-residential services funded by the remaining eleven (11) program areas represented 24.4% of total funding while serving 86.5% (5,039) of all individuals served.
- Children’s developmental services as represented by project codes respite supports – children (81), out of home support (83), children – assessment & counselling (85), children – infant development (89), children – other and CFSA –group living supports (216) represented 6.4% (2,697,383) of the total 2002/03 annual allocation while serving 26% (1,519) of all individuals served.
- The average cost per client across residential services ranged from \$8,633 (individual living supports) to \$18,593 (associate living supports), \$61,536 (group living supports) and \$70,258 (CFSA group living supports). The average cost per client across all non-residential services ranges from a low of \$249 (adult – other) to \$4,828 (adult community access supports)

Table 16 provides an overview of the total funding by County and Hamilton Niagara Region.

**Table 16: Developmental Services - Total Annual Funding 02/03 and 03/04**

| <b>County</b>         | <b>02/03 Annual</b> | <b>% Region Total</b> | <b>03/04 Annual</b>  | <b>% Region Total</b> |
|-----------------------|---------------------|-----------------------|----------------------|-----------------------|
| Brant                 | \$14,861,014        | 15.12%                | \$15,697,952         | 15.54%                |
| Haldimand/Norfolk     | \$10,720,017        | 10.90%                | \$10,969,207         | 10.86%                |
| Hamilton              | \$30,832,776        | 31.36%                | \$31,480,734         | 31.17%                |
| Niagara               | \$41,902,931        | 42.62%                | \$42,842,886         | 42.42%                |
| <b>Regional Total</b> | <b>\$98,316,738</b> |                       | <b>\$100,990,779</b> |                       |

Source: 2002/03 and 2003/04 MCSS/MCYS Service Detail and Transfer Payment Status Report

The key points shown in this table are:

- The total funding for the 2002/03 fiscal year of \$41.90m for the Niagara Region represented 42.62% of the total funding for the Hamilton Niagara Region.
- Hamilton receives \$30.8m or 31.36% of the total regional allocation.
- This pattern is almost identical for the 2003/04 fiscal year with Niagara at \$42.84m (42.42%) and Hamilton at \$31.48m (31.17%) of the total regional allocation.

## **UTILIZATION: SOURCES OF DATA**

Two primary sources of data were used to develop an understanding of overall utilization – the ‘Agency Data Template – October 2003’ and ‘Webtracker’ which is the information system used by Contact Niagara for children’s and developmental services.

### ***Agency Data Template***

As part of the data collection process, agencies were asked to complete an ‘Agency Data Template’ for the fiscal year 2002 and 2003. The response rate from agencies was 100 percent. The data provided information about the different program areas and identified the following:

- How many individuals began service by age grouping (infant/preschool, school aged, transitional, adult, aging adult).
- How many individuals received service by age grouping (infant/preschool, school aged, transitional, adult, aging adult).
- How many individuals ended service by age grouping (infant/preschool, school aged, transitional, adult, aging adult).

### ***Webtracker: Contact Niagara***

Information was collected from Contact Niagara’s Webtracker information system on intake and referral data for the period April 1, 2003 – January 31, 2004. In order to better appreciate the data, a brief overview of the information system, along with definitions of the terminology used is necessary.

The overall system is divided into two major components – Request and Intake. Every call received by Contact Niagara is initially treated as a ‘request for service’. That request is immediately categorized into one of the following:

- *Information calls* - simply involve providing the caller with information and does not proceed to an intake.
- *Consultations* – similar to information calls, these involve providing advice and options to assist the caller find the resources they need in the community related to a

specific case that has been described to the Resource Coordinator; as with information calls, these do not proceed to an intake.

- *Intake* - the call results in a full intake and referral(s).

The second major component of the system organizes all data around what is defined as the ‘intake record’. For information purposes, the intake document provided to agencies is a reflection of the majority of the information gathered at this stage by Contact Niagara. It is important to note that while a single ‘client record’ is created with each new individual, there may be more than one ‘intake record’ created. For information purposes, multiple intake records are required in instances where an individual requests additional referrals at a later point in time. When these requests are received, the most recent intake record is updated to ensure accuracy and relevance.

Finally, in keeping with Contact Niagara’s mandate as the point of entry for the two sectors of developmental and children’s services, consumer information is organized by “sector”. For information purposes, there are three: ‘children’s’, ‘developmental’ and ‘both’. The first two are self-explanatory however, it is important to note that the latter category was created to account for individuals who require and/or request services / supports from both sectors.

## UTILIZATION ANALYSIS

Data provided through the Agency Data Template provides an overview of the number and ages of individuals receiving various kinds of services. This is shown from three perspectives in the following tables, first by looking at individuals who started services during the fiscal year April 2002 to March 2003, those who received services during that time period and finally, those who ended service. Age groupings included infant, school aged, transitional aged youth, adult and aging adult.

**Table 17: 2002/03 Individuals Served by Age – All Project Codes**

|                               | <b>Infant</b> | <b>School Age</b> | <b>Transitional</b> | <b>Adult</b> | <b>Aging Adult</b> | <b>Total</b> |
|-------------------------------|---------------|-------------------|---------------------|--------------|--------------------|--------------|
| Individuals Beginning Service | 116           | 181               | 27                  | 502          | 9                  | <b>835</b>   |
| Individuals Receiving Service | 146           | 692               | 126                 | 2056         | 87                 | <b>3107</b>  |
| Individuals Ending Service    | 55            | 120               | 2                   | 417          | 9                  | <b>603</b>   |

Sources Agency Data Template October 2003

The key points illustrated in Table 17 include:

- During this time period a total of 835 individuals entered service, 3,107 received service and 603 completed service.
- Adults (502 or 60%) comprised the largest number of people beginning service.
- There were 181 school aged children and 116 infants who also began service at this time (21.7% and 13.9% respectively).
- Individuals within the “adult” age groups also represented a greater proportion of total individuals who received service at (2,056 - 66.2%) and who ended service (417 – 69.2%).

People make many different requests of the service system. Through the Webtracker system, an analysis was completed regarding new requests to Contact Niagara between April 1, 2003 and January 31, 2004. Requests are placed in three main categories: request for intake, information and consultation. The following describes the total number of requests for both children and adults services and as a subset, highlights the number of requests specifically for developmental services.

**Table 18: Requests April 1/03 – January 31/04**

| Request Type        | TOTAL       |              | DS Sector  |              | Both Sector |              |
|---------------------|-------------|--------------|------------|--------------|-------------|--------------|
|                     | Number      | % of Total   | Number     | % of Total   | Number      | % of Total   |
| <b>Intake</b>       | <b>1205</b> | <b>45.5%</b> | <b>327</b> | <b>60.8%</b> | <b>11</b>   | <b>30.5%</b> |
| <b>Information</b>  | <b>732</b>  | <b>27.7%</b> | <b>117</b> | <b>21.7%</b> | <b>13</b>   | <b>36.1%</b> |
| <b>Consultation</b> | <b>706</b>  | <b>26.7%</b> | <b>93</b>  | <b>17.3%</b> | <b>12</b>   | <b>33.3%</b> |
| <b>TOTAL</b>        | <b>2643</b> |              | <b>537</b> |              | <b>36</b>   |              |

Source: WEBTRACKER Contact Niagara

The key points shown in Table 18 are:

- Between April 1, 2003, and January 31, 2004, Contact Niagara received 2,643 requests for intake, information and consultation for both children’s mental health and developmental services.
- 1,205 in total (45%) were for intake.
- The majority of new requests were for the children’s mental health sector.
- Only 20.3% of all new requests were for the developmental services sector.
- The developmental services sector had a larger proportion of new requests for intake (60% compared to 45.5% for all new requests).

People find their way to Contact Niagara in many different ways. Table 19 highlights the 5 most frequently identified categories of how people are directed to Contact. Table 20 illustrates the top five categories describing who actually makes the call.

**Table: 19 Top Five Categories ‘Who Directed the Individual’**

| Directed By                         | TOTAL       |       | DS Sector  |       |
|-------------------------------------|-------------|-------|------------|-------|
| Self                                | 1217        | 44.9% | 238        | 43.8% |
| Developmental Services Worker       | 51          | 1.9%  | 44         | 8.1%  |
| Case Manager                        | 69          | 2.5%  | 42         | 7.7%  |
| Family and Children Services (FACS) | 302         | 11.1% | 31         | 5.7%  |
| Social Worker                       | 113         | 4.2%  | 25         | 4.6%  |
| <b>TOTAL</b>                        | <b>1752</b> |       | <b>380</b> |       |

Source: WEBTRACKER Contact Niagara

**Table 20: Top Five Categories ‘Who Made Initial Contact’**

| Requestor           | TOTAL       |      | DS Sector  |       |
|---------------------|-------------|------|------------|-------|
| Mother              | 1172        | 50%  | 148        | 29.8% |
| Dev. Service Worker | 60          | 2.6% | 56         | 11.3% |
| Case Manager        | 89          | 3.8% | 53         | 10.7% |
| FACS                | 199         | 8.5% | 35         | 7.0%  |
| Self                | 135         | 5.8% | 36         | 7.2%  |
| <b>TOTAL</b>        | <b>1655</b> |      | <b>328</b> |       |

Source: WEBTRACKER Contact Niagara

The key points shown in Tables 19 and 20 include:

- 44.9% of people indicate that they directed themselves to Contact. Thus, the category ‘self’ was the most frequently described way of getting to Contact.
- Of the individuals who made direct contact with the agency, the singular category of “mother” was the highest at 1,172 or 50% of the total.
- This is followed by a sharp decline in the request rate from all other categories individually.
- Family and Children’s Services (FACS) has the next highest rate of 8.5%.
- School, related professionals and physicians as a combined group represented 8.7% (205) of individuals who made direct requests

When considering the information available, it is important to keep in mind the difference between the number of actual individual clients and the number of intakes and referrals provided. A single ‘client record’ is created with each new individual; however, there may be more than one ‘intake record’ created for that same individual. The system was designed with the view that an individual may require multiple referrals over a long period of time and as such, the ‘intake record’ needed to reflect changes in the individual’s circumstances on each occasion.

Table 21 provides information about the number of unique clients and the number of total referrals made on behalf of those individuals.

**Table 21: Number of Referrals and the Number of Unique Individuals**

| Referred                            | Number     |
|-------------------------------------|------------|
| Total # Unique Individuals Referred | <b>594</b> |
| Total # Referrals                   | <b>982</b> |

Source: WEBTRACKER Contact Niagara

The key point shown in Table 21 is:

- A total 982 referrals were made on behalf of 594 unique individuals.

As mentioned above, Contact Niagara organizes data by sectors for information purposes. The categories are children’s, developmental and ‘both’ (the latter category referring to someone requesting or requiring services or support from both sectors). Once an individual has gone through the intake process they may be referred to a particular program and or agency. Table 22 below provides a summary of the number of referrals to the developmental sector or to both sectors.

**Table 22: Referrals to Agency by Sector: April 1, 2003 and January 31, 2004**

| Agency                         | Both | DS  | Total |
|--------------------------------|------|-----|-------|
| Bethesda                       | 14   | 226 | 240   |
| Hotel Dieu Health Sciences     | 41   | 112 | 153   |
| Niagara Training & Employment  | 22   | 39  | 61    |
| Family Counselling Centre      | 4    | 54  | 58    |
| Niagara Child Development Ctr. | 41   | 9   | 50    |
| St. Catharines ACL             | 10   | 35  | 45    |
| Niagara Support Services       | 4    | 40  | 44    |
| Mainstream                     |      | 42  | 42    |
| Grimsby / Lincoln ACL          | 8    | 33  | 41    |
| Niagara Centre for Youth Care  | 27   | 2   | 29    |
| Welland Pelham ACL             | 4    | 23  | 27    |

| <b>Agency</b>                   | <b>Both</b> | <b>DS</b>  | <b>Total</b> |
|---------------------------------|-------------|------------|--------------|
| Fort Erie ACL                   | 2           | 18         | 20           |
| Port Colborne ACL               |             | 11         | 11           |
| CPRI                            | 6           | 4          | 10           |
| Christian Horizons              | 1           | 8          | 9            |
| Residential Waitlist            | 6           | 126        | 132          |
| Other                           | 3           | 7          | 10           |
| <b>TOTAL REFERRALS</b>          | <b>193</b>  | <b>789</b> | <b>982</b>   |
| <b>TOTAL UNIQUE INDIVIDUALS</b> |             |            | <b>594</b>   |

Source: WEBTRACKER Contact Niagara

The key points illustrated by Table 22 include:

- A total of 982 referrals were made on behalf of 594 unique individuals during the period April 1, 2003, and January 31, 2004.
- 193 or 19.7% of these referrals occurred in the ‘both’ sector while 789 (80.3%) were within the developmental sector.
- The majority of referrals for the ‘both’ sector were directed to two agencies in particular: the Niagara Child Development Centre and Hotel Dieu Hospital each of which had 21% (41) of the total referrals.
- Within the developmental sector, Bethesda received 226 (28.6%) of the total referrals and Hotel Dieu Hospital received 112 (14.2%).

These agencies, as identified above, deliver specific programs. Table 23 presents the top 15 particular programs people were referred to.

**Table 23 Referrals to Programs: April 1, 2003 and January 31, 2004**

| <b>By Top 15 Programs</b>    | <b>Total</b> |
|------------------------------|--------------|
| Family Support Services      | 122          |
| Psychology Services          | 100          |
| CDAS                         | 89           |
| Day Program Supports         | 61           |
| Regional Respite             | 59           |
| APSW Program                 | 58           |
| Autism Consultation Services | 43           |
| Dual Diagnosis               | 38           |
| Behaviour Supports, Children | 26           |

| <b>By Top 15 Programs</b>    | <b>Total</b> |
|------------------------------|--------------|
| Behaviour Supports, Adult    | 25           |
| Transitional Youth Supports  | 24           |
| Autism Early Intervention    | 21           |
| Child and Family Counselling | 17           |
| Speech and Language Services | 16           |
| Family Intervention          | 13           |
| All Other                    | 270          |
| <b>TOTAL</b>                 | <b>982</b>   |

Source: WEBTRACKER Contact Niagara

Wait list data provides the system with some understanding of the need for services and can be used as an indicator of some of the “pressure points” in the system. The wait list data is presented for both non-residential and residential resources for the people who require developmental services as well as those who require services from both sectors.

**Table 24: Waitlist by Agency for Non -Residential Services as at January 31, 2004**

| <b>Agency for Non Residential Programs</b> | <b>Total</b> |
|--|--------------|
| Bethesda                                   | 60           |
| Hotel Dieu Health Sciences                 | 22           |
| Niagara Child Development Ctr.             | 13           |
| Family Counselling Centre                  | 7            |
| Niagara Training & Employment              | 6            |
| CPRI                                       | 6            |
| Niagara Centre for Youth Care              | 3            |
| Welland Pelham ACL                         | 2            |
| Grimsby/Lincoln ACL                        | 2            |
| Niagara Support Services                   | 1            |
| Fort Erie ACL                              | 1            |
| Christian Horizons                         | 1            |
| Other                                      | 4            |
| <b>TOTAL REFERRALS WAITLISTED</b>          | <b>128</b>   |
| <b>TOTAL UNIQUE INDIVIDUALS</b>            | <b>116</b>   |

Sources: WEBTRACKER Contact Niagara

**Table 25: Waitlist by Program for Non-residential Services as at January 31, 2004**

| <b>By Program</b>            | <b>Total</b> |
|------------------------------|--------------|
| Psychology Services          | 30           |
| Behaviour Supports, Children | 18           |

| By Program                        | Total      |
|-----------------------------------|------------|
| Autism Consultation Service       | 14         |
| Child and Family Counselling      | 9          |
| Day Program Supports              | 8          |
| APSW Program                      | 7          |
| Dual Diagnosis                    | 6          |
| Autism Early Intervention         | 4          |
| CDAS                              | 4          |
| Mental Health Residential         | 3          |
| Family Support Services           | 3          |
| Behaviour Supports, Adult         | 2          |
| EASI                              | 2          |
| Wraparound                        | 2          |
| Speech and Language Services      | 2          |
| Dual Diagnosis Residential        | 2          |
| Day Treatment                     | 1          |
| Community Support                 | 1          |
| Mental Health Outreach            | 1          |
| NPRS                              | 1          |
| Regional Respite                  | 1          |
| STOP                              | 1          |
| Other                             | 6          |
| <b>TOTAL REFERRALS WAITLISTED</b> | <b>128</b> |
| <b>TOTAL UNIQUE INDIVIDUALS</b>   | <b>116</b> |

Source: WEBTRACKER Contact Niagara

The key points shown in this table are:

- In total, there were 116 unique individuals waiting for non-residential resources for the combined sectors of ‘both’ and ‘developmental’ as at January 31, 2004.
- These unique individuals had a total of 128 referrals that had been made on their behalf and were waitlisted as at that date.

In contrast to waitlisted referrals for non-residential resources, Table 26 reveals a higher number of people waiting for residential services and the time when the placement is required.

**Table 26: Residential Waitlist by Type of Program and Timelines**

| <b>Timeframe</b>  | <b>Group Home *</b> | <b>Family Home / Associate Family *</b> | <b>Supported Independent Living *</b> | <b>TOTAL Unique Individuals</b> |
|---|---------------------|---|---------------------------------------|---------------------------------|
| Less than 1 Year  | 52                  | 25                                      | 20                                    | <b>74</b>                       |
| 1- 3 Years  | 91                  | 62                                      | 38                                    | <b>139</b>                      |
| 3 – 5 Years   | 55                  | 36                                      | 25                                    | <b>84</b>                       |
| <b>TOTAL</b>  | <b>198</b>          | <b>123</b>                              | <b>83</b>                             | <b>297</b>                      |
| <b>Number of Individuals without support</b>                              |                     |   |                                       | <b>55</b>                       |
| <b>Number of Individuals with support</b>                                 |                     |   |                                       | <b>242</b>                      |
| <b>* Duplicate counts as individuals express more than one preference</b> |                     |   |                                       |                                 |

Sources: WEBTRACKER Contact Niagara

The key points illustrated in Table 26 include:

- As at January 31, 2004 there were a total of 297 unique individuals waiting for some type of residential resource.
- Of the 297 individuals, 55 (or 18.5%) are without support from community programs and 242 (81.5%) are attached to an agency.
- Seventy-four (74) individuals out of 297 (24.9%) have indicated placement is required in less than one year, 139 (46.8%) within 1-3 years and 84 (28.3%) requiring placement in 3-5 years.

The data is also able to illustrate where in the region the requests for services come from for people who have completed an intake with Contact Niagara during the period.

**Table 27: Unique Individuals By Place Of Residence (Referred Through Contact Niagara) April 1, 2003 and January 31, 2004**

| <b>Place of Residence</b> | <b># of Unique Clients</b> | <b>% of Total</b> | <b>% Regional Population</b> |
|---------------------------|----------------------------|-------------------|------------------------------|
| St. Catharines            | 212                        | 35.6%             | 33.0%                        |
| Niagara Falls             | 101                        | 17.0%             | 19.0%                        |
| Welland                   | 85                         | 14.3%             | 17.0%                        |
| Port Colborne             | 33                         | 5.5%              | 4.0%                         |
| Fort Erie                 | 27                         | 4.5%              | 7.0%                         |
| Thorold                   | 20                         | 3.3%              | 4.0%                         |
| Grimsby                   | 13                         | 2.2%              | 5.0%                         |
| All Other                 | 103                        | 17.3%             | 11.0%                        |
| <b>TOTAL</b>              | <b>594</b>                 |                   |                              |

Source: 2003/04 WEBTRACKER Contact Niagara

The key points shown in Table 27 are:

- Of the 594 unique individuals who completed an intake during the defined time period in the combined sectors of ‘both’ and ‘developmental’:
  - 212 (35.7%) reside in St. Catharines
  - 101 (17.0%) in Niagara Falls
  - 85 (14.3%) in Welland
- These three communities combined constitute 398 or 67% of the 594 unique individuals identified.
- On balance, the number of referrals by jurisdiction as compared to the proportionate population of that jurisdiction follows closely the distribution of population across the Niagara Region.

## **SUMMARY OF CASE RESOLUTION MEETINGS**

Contact agencies are responsible for facilitating a community process known as the Case Resolution Mechanism. The mechanism is in place to respond to:

- Situations that are urgent and/or sufficiently complex that cannot be met within the usual mandates and services of agencies.
- Situations where all other steps to achieve resolution have been exhausted, or there is no expected benefit from other processes.
- Situations that require immediate and direct access to the resolution process, due to the nature and urgency of the situation.
- Situations where earlier processes have not identified an appropriate response due to barriers.

Given the above, a review of resolution statistics may highlight pressures and/or gaps within the community's service system. Data from Contact Niagara for the past three fiscal years is presented below:

**Table 28: Summary of Case Resolution Meetings**

| <b>Category</b>          | <b>Fiscal year</b> | <b>Total Meetings</b> | <b>Total People</b> | <b>Needs</b>                                      |
|--------------------------|--------------------|-----------------------|---------------------|---|
| Children's Mental Health | 2003/2004          | 5                     | 2                   | Residential and specialized residential treatment |
|                          | 2002/2003          | 9                     | 3                   |   |
|                          | 2001/2002          | 0                     | 0                   |   |

| <b>Category</b>                          | <b>Fiscal year</b> | <b>Total Meetings</b> | <b>Total People</b> | <b>Needs</b>   |
|--|--------------------|-----------------------|---------------------|--|
| Children with a Dual Diagnosis           | 2003/2004          | 0                     | 0                   | No cases   |
|  | 2002/2003          | 0                     | 0                   |  |
|  | 2001/2002          | 0                     | 0                   |  |
| Children with a Developmental Disability | 2003/2004          | 3                     | 2                   | Residential treatment  |
|  | 2002/2003          | 4                     | 1                   |  |
|  | 2001/2002          | 0                     | 0                   |  |
| Adults with a Developmental Disability   | 2003/2004          | 6                     | 5                   | Residential, intensive residential and specialized residential |
|  | 2002/2003          | 9                     | 8                   |  |
|  | 2001/2002          | 0                     | 0                   |  |
| <b>Totals</b>                            |                    | <b>36</b>             | <b>18*</b>          |  |

\*three individuals were counted in both fiscal years because meetings spanned both years  
Source: Contact Niagara

The key point shown in this table is:

- The greatest need exhibited in these cases was the need for residential and specialized residential treatment.

## **KEY QUESTIONS**

The facts and figures presented in this section serve to answer two of the key questions posed at the beginning of the planning process:

First, what is the nature and magnitude of the demand for MCSS/MCYS-funded services and supports within this jurisdiction? The review of the service system revealed the following:

- Collectively, the system supported 5,826 individuals (children and adults) in 2002/03. It is important to note that these are not unique individuals as multiple agencies may provide support to the same individual and/or one individual may receive multiple supports, therefore would be counted more than once.
- Of the 5,826 individuals served, 26% (1,519) were children receiving children's programs and services. The access mechanism provided service to 836 individuals.
- Between April 1, 2003, and January 31, 2004, Contact Niagara received 2,643 requests for intake, information and consultation for both children's mental health and developmental services. Of the total requests for intake (1,205) 327 were within the developmental sector and 11 within the 'both' sector.

- A total of 982 referrals were made on behalf of 594 unique clients during the period April 1, 2003, and January 31, 2004. One hundred and ninety-three (19.7%) of these referrals were for both children's mental health and developmental services (the 'both' category), while 789 (80.3%) were within the developmental services sector. The majority of referrals for the 'both' category were directed to two agencies in particular: the Niagara Child Development Centre and Hotel Dieu Hospital each had 21% (41) of the total referrals.
- In total, there were 116 unique individuals waiting for non-residential resources for the combined sectors of 'both' and 'developmental' as at January 31, 2004, and 128 referrals were made on behalf of these individuals.
- A total of 297 unique individuals were waiting for residential resources. Of the 297 individuals, 55 (18.5%) are without support from community programs and 242 (81.5%) are attached to an agency. Seventy-four (74) individuals out of 297 (24.9%) have indicated placement is required in less than one year, 139 (46.8%) within 1-3 years and 84 (28.3%) will require placement in 3-5 years.

Second, what resources are available to respond to that demand and how are they currently being used? The review of the service system revealed the following:

- The total annual allocation for developmental services in the Niagara region (2003/04) was \$42,842,886.
- Of that total the following four funding categories (of a total of 16 funding categories) account for approximately 86% of total expenditures:
  - 65% (\$27.6m) is directed towards services within the group living supports
  - 11% (\$4.8m) for community access supports
  - 6.3% (\$2.7m) for associate living supports
  - 4.3% or (\$1.8m) for adult individual living supports
- Approximately \$32.5m or 75.6% of total funding is provided to residential service areas and 24.4% or \$10.4m to non-residential areas.
- Core services account for approximately 20.25% (\$8.7m) of total expenditures.
- Highly specialized services account for approximately 4.08% (\$1.7m) of total expenditures.

In order to answer the other key questions about the service system posed at the beginning of this process, it is necessary to look beyond these facts and figures in order to consider the experiences of people involved with the system. The next section of this report addresses these matters.

# **Part Four:**

## **Perceptions of the Developmental Service System**

### **OVERVIEW**

**T**he first step in creating this community service plan involved collecting information on patterns: describing the community and the general population, the current service system and the context in which it operates, how resources are allocated and what measurable results are achieved. The next step involved finding out about people's experience with the service system. This entailed gathering information about people's perceptions, observations and opinions. While the information gathered in the first step was mostly "hard" or quantitative data, the second step involved "soft" qualitative data that is necessarily more difficult to capture and evaluate. This qualitative information is nevertheless just as important as the hard data, since it provides a basis for assessing what is working and what is not working, whether people are finding what they are looking for and how well their needs and expectations are being met. This is the information that can be used to make sure that the planning process puts people first and that it draws upon the knowledge, experience and expertise of those who use the service system, as well as the service providers and other members of the community.

Several methods were used to capture the experience of users, providers and other stakeholders in the system. Telephone surveys as well as printed questionnaires were supplemented by focus groups and telephone interviews in order to ensure not only that a broad and representative range of views were elicited, but also that the responses were interpreted correctly in an unbiased manner.

## **CONSUMER PERSPECTIVES**

### ***Performance Measurement Survey***

The first tool for finding out about the experiences of people using the service system was the Performance Measurement Survey. This is a province-wide tool designed to receive and record feedback from consumers on new access mechanisms. This written survey is distributed only to Contact Niagara consumers who are proceeding through the access process for the first time. They are asked to respond to a series of questions (13 altogether) that evaluate access services from three perspectives: timeliness of response, ease of access and responsiveness. Each response is scored on a numerical scale (in most cases from 1 to 3, with 1 being the most negative and 3 the most positive) and these scores are then tallied to provide a total score in each of the three categories. All of the completed questionnaires can therefore be analyzed to provide an average of clients' performance ratings for the access service as a whole, as well as each component of it. It should be noted, however, that, of all the surveys distributed, typically less than half and sometimes less than a third are completed and returned. There is therefore no way of determining from the survey results whether or not these assessments reflect the opinions of all who use the service.

Contact Niagara distributed a total of 110 surveys to families using developmental services in 2002/3 and received 61 responses. The average scores were: 4.6 out of a possible 5 for timely response, 9.1 out of 10 for ease of access and 19.5 out of a possible 22 for responsiveness.

### ***Telephone Survey***

The data provided from the Performance Measurement Survey relates exclusively to the access mechanisms. For the purposes of the community service plan, it was determined that information pertaining to the developmental services system as a whole needed to be solicited from a representative cross-section of consumers and people waiting for service. A telephone survey was chosen as an effective method for polling users on their experiences and perceptions.

### ***Methodology***

A questionnaire was designed and a random sample of 50 people selected from the developmental services consumers in Contact Niagara's database. These included: individuals presently receiving services; individuals who had completed or discontinued services; and individuals who were on lists waiting for services. The telephone interviews were usually conducted with a parent, guardian or family member. The experiences and perceptions of the individuals actually receiving the services would be solicited in the focus groups (see "Focus Groups" to follow).

Generally speaking, a sample size of 50 cases has a sampling error (accuracy) of plus or minus 14 percentage points, 19 out of 20 times. While this level of accuracy could be

improved upon, the survey was still able to generate useful information in terms of probing the views and experiences of the consumer of a single service sector in this community. Confidence in the reliability of the information was also enhanced by a comparison of the random sample of people surveyed with a partial list of consumers from Contact Niagara's database. The survey sample proved to be highly representative of the database, since it had the same proportion of female to male clients and the same proportion of adult to children or youth.

#### *Experience with access process*

The survey began by asking people who first suggested they get help. Almost half of the families reported that a parent, guardian, other relative or a friend had originally suggested getting help (44 percent, which represents 21 people altogether). The next most often mentioned source that suggested getting help was agencies other than Family and Children Services (15%, 7 people) followed by the schools (10%, 5 people), doctors (8%, 4 people), and Family and Children Services itself (6%, 3 people). A number of other sources were also cited by the respondents including 4 who mentioned a day care setting, 2 who mentioned pre-school day care, and, one each who mentioned a speech pathologist and a social worker.

When asked whether the supports or services that were recommended for them were in fact appropriate, 89 percent (41 people) indicated that they were, including 52 percent (24 people) who felt that they were *very* appropriate. Only 11 percent (5 people) believed that the recommended services were not appropriate.

All families in the survey were asked how satisfied they were with the overall process they went through to get connected to the supports or services that were needed. 72 percent (35 people) said they were satisfied, while 28 percent (14 people) reported that they were dissatisfied. The most frequently mentioned reasons for being satisfied were that the process was responsive to their needs; that competent and caring personnel were involved in the access process; and the timeliness of the process.

The most common suggestion for improving the process was the need to include or expand outreach programs to make information more widely available to schools, doctors and hospitals. Other suggestions included increasing resources and services; and improving communications and follow-up with the families.

#### *How comprehensive were the services?*

Two approaches were taken to measure the perceptions of the comprehensiveness of services offered in the system. First, the respondents were asked if all of their needed supports and services were in fact available; and secondly, which services (if any) were not available.

Just under half (47 percent or 22) of the families agreed that all of the supports and services were available, while 53 percent (25 people) disagreed – including 30 percent (14 people) who disagreed *strongly*.

The most frequently mentioned unmet needs were services or supports for respite care and group homes. Other services that were reported as unavailable were behavioural services and services for specific situations – such as for cerebral palsy, fetal alcohol syndrome and autism.

#### *Barriers to receiving services*

All families who were presently receiving services or who had received services recommended by Contact Niagara in the past (30 people altogether) were asked about possible barriers and obstacles that might have interfered with them getting help or taking advantage of services. The most frequently mentioned obstacle that interfered with getting services was having to take time off work (mentioned by 50% or 15 of the families). The next most often mentioned obstacle was the financial costs or out-of-pocket expenses involved (43%, 13 families). The third most frequently mentioned obstacle related to the hours that services were available (40%, 12 families). Transportation and the geographic location of services were also mentioned (23%, 7 families for each) and three respondents cited language or cultural differences as obstacles. Other obstacles that were mentioned were the lack of available supports or services, the waiting lists, age restrictions or age limits imposed on some services, and the physicians.

Several families reported that an obstacle or barrier was so great that it prevented or stopped the family from receiving the supports or services that were needed. Taking time off work affected 37 percent (11 families) in this way. The second most often mentioned barrier was the financial cost or out-of-pocket expenses involved – mentioned by 30% (9) of the families. The hours that the services were available (23%, 7 families); language or cultural differences (13%, 4 families); and, the geographic location of the services (10%, 3 families) were also reported as barriers which prevented services from being received.

#### *Experiences while waiting for services*

Among the families interviewed, 46 percent (23) reported that they were waiting for services to start. Eighteen of these families were waiting for only one service, while one family was waiting for two services, two were waiting for three services and another two were waiting for four to start. Fifteen of the families who were waiting for services felt that waiting was a problem – four of them said it was *somewhat* of a problem and eleven said it was a *large* problem. Four families reported that it was *not a problem at all* and another four indicated that it was *not too much of a problem*.

Of the 23 families waiting for services, five said that the situation that the family tried to get help for had improved while waiting, while 11 families reported that it had remained

the same. Seven families indicated that the situation had gotten worse while waiting for services to start.

#### *Experiences with services*

Among the families interviewed, 60 percent (30) said that they had some past or present experiences with developmental services. They reported having received, over the past three years, an average of 2.9 services and 26 of the families said more than one service provider had served them.

Among those families who have had experiences with more than one agency or service provider, 78 percent (20 families) were satisfied with the way those services seemed to work together, including 39 percent (10 families) who said they were *very* satisfied. Less than one-quarter (23%, 6 families) were dissatisfied with the coordination of these services, including one family who said they were *very* dissatisfied.

All families that had past or present experiences with services were asked what they considered to be the most important strengths of those services or what they had particularly liked about them. The most frequently mentioned strengths were: competent and caring staff; and services that are responsive to the family's needs. Other strengths that were mentioned included the communications with the family and involvement of the family; the fact that the service providers came to the home; and respite services.

These families were also asked what they considered to be the most important weaknesses of the services they had been involved with or what they particularly did not like about them. The most frequently mentioned weakness centred on specific or unique issues that related to the delivery of services, e.g., qualifications of staff, lack of follow-up from agencies. Other themes often mentioned were the lack of resources and services. Also, some respondents mentioned there are limits or caps on some services that are provided.

The most common improvements that families suggested were to increase resources and services. The next most often mentioned suggestions were to reduce the waiting period, and to expand outreach to the community and the schools. Other families suggested improving communications with the family or follow-up with the family, and removing or reducing restrictions regarding age limits and the suitability of the available hours of service.

#### *Impact of the services*

All families in the survey who were either presently receiving services or who had received services recommended by Contact Niagara in the past were asked how they had been affected by the supports or the services that they had received. More than half of the families believed that that the services had met their needs (53%, 16 families); and 43% (13 families) indicated that the services had partially met their needs.

### ***Focus Group***

The telephone survey was followed by a focus group session sponsored by Contact Niagara. Invitation letters were sent to a random selection of developmental services clients in Contact Niagara's database. The session was attended by six individuals and family members. The purpose of the session was to provide an update on the community service planning process in Niagara and solicit participant views and suggestions about the developmental services system in the Niagara Region. A flip chart activity was completed with focus group participants to identify strengths and weaknesses of the developmental services system as well as suggestions for improvement.

Participants concurred with the strengths identified by questionnaire respondents, and suggested that dedicated and concerned providers and centralized access were also major system strengths. Positive comments about many local agencies and organizations were also made.

With regards to system weaknesses, participants referred to the fractured nature of the developmental services system, service gaps, and problems with service continuity across age groups.

Participants were asked to suggest ideas for improving the developmental services system in Niagara. Suggestions included increased educational initiatives, customized services and one-stop shopping for a spectrum of services, and increased resources directed to the families.

## **SERVICE PROVIDER PERSPECTIVES**

### ***Survey Results***

In order to obtain input from service providers a detailed six-page survey was designed and distributed to a selected sample of community groups and organizations, providers of MCSS/MCYS developmental services and providers of related services. Three surveys were sent to the Executive Director of each respondent agency, with a request that he/she complete one and distribute one to a member of the Board of Directors and one to a manager/staff member.

Topics covered by the survey included:

- A system-level "SWOT" – strengths, weaknesses, opportunities, threats
- Views of overall system effectiveness
- Perceived gaps or duplications in services and supports
- Identified obstacles or barriers to service
- Assessment of adequacy of service levels and pressure points

- Future priorities for the developmental services system
- Identified external trends, events, issues and professional practices
- Suggestions for improving the current system

Seventeen surveys representing 10 agencies were received from respondents in the developmental services sector.

### *SWOT analysis*

The key strengths of the developmental services system identified by respondents were: dedicated and knowledgeable staff; interagency collaboration; the flexibility of the service system; the quality and range of services available; and community support/involvement.

The main weaknesses identified by respondents pertained to insufficient resources in terms of funding and staff; service gaps; wait list issues; excessive bureaucracy; and transportation/accessibility issues.

Opportunities identified by respondents were interagency collaboration, expanding services to meet demand, and providing continuity of care. Respondents also mentioned that the community is accepting and supportive.

The most frequently mentioned threats included decreased funding, unchecked wait lists, the lack of trained staff, bureaucracy, and family breakdown.

### *Gaps*

Respondents were asked to identify 3 of 14 possible services where there was a service gap as defined as a pressure between the demand and the supply. The top system gap identified by respondents was in the area of accommodation such as group/family homes or supportive living. Respite and psychiatric services also were identified. Furthermore, respondents were asked whether there were any necessary services or supports that presently do not exist in Niagara. Ten of the fifteen individuals who responded felt that services were not available. Residential services, mental health/psychiatric services, support programs and transportation were specifically identified.

### *Effectiveness of the system*

In answering a series of questions about the overall effectiveness of the system of developmental services, respondents were asked to reply “excellent,” “good,” “fair” or “poor.” These questions elicited 32 responses in the “excellent” category, 57 in the “good” category, 31 in the “fair” category and 9 in the “poor” category. The highest system ratings related to efficiency, collaboration, responding to community needs, and having a positive impact on clients. The lowest ratings were in providing services available to all groups and ensuring individuals received services in a timely fashion.

Respondents referred to long waiting lists, inadequate resource levels and service gaps as reasons for low ratings.

### *Barriers*

Respondents were asked to review a list of potential obstacles and barriers and indicate to what extent each posed a problem in Niagara. Transportation was seen to be the greatest barrier to access, followed by the geographic location of services. Respondents were also asked to identify any other obstacles and barriers that interfere with individuals and families receiving service, and the main issues raised were lack of funding, lack of services, and complexity of client needs.

### *External Factors*

The most significant external factors seen as impacting on the system were increasing operating costs, the growing complexity of individual needs and the recruitment and retention of qualified staff.

### *Trends, Events, Issues, and Professional Practices*

Several themes emerged from the comments related to trends, events, issues, and professional practices. Respondents commented that service providers are unable to meet the growing demand for services due to a lack of financial and human resources. Furthermore, the needs of consumers are changing and they are living longer, further exacerbating this dilemma. Other comments related to transportation issues/accessibility and the increasing administrative demands placed on agencies.

### *Improvements and priorities*

The most frequently mentioned suggestions for improvement of the system related to increasing services, enhancing funding for agencies and families, and improving collaboration among agencies. About half of the respondents could identify areas of duplication, with the intake function being the area most frequently mentioned.

Accommodation was given the top priority for future enhancement, followed by social and recreational services, respite, and psychiatric services.

### ***Focus Group***

The survey was followed by a focus group session sponsored by Contact Niagara. Invitation letters were sent to a selected sample of community groups and organizations, providers of MCSS/MCYS developmental services and providers of related services. The session was attended by representatives from 9 different agencies and organizations in the Niagara Region. The purpose of the session was to provide an update on the community service planning process in Niagara and solicit participant input to the emerging research findings.

### *SWOT analysis*

Participants reviewed the SWOT analysis from the survey of providers and community groups and added a number of points to the list of strengths including: centralized intake; good system statistics; knowledgeable people working in the system; optimal use of existing resources; and early intervention.

The group agreed with the weaknesses identified in the survey, but added the following: lack of services, lack of housing for emergencies, services are not standardized; and the uncertain position of agencies within the continuum of services.

Participants concurred with the opportunities identified in the survey of providers and community groups. Additional areas of opportunity identified by participants included regional management of waitlists for group homes, sharing resources between agencies, and funding for “associate families” to provide respite.

After reviewing the list of threats to the developmental services system, focus group members suggested the following additions: overcommitments and the erosion of base resources; increased demand for services; aging population; long wait lists for residential services; and politicians’ lack of awareness.

### *Effectiveness of the system*

Participants were asked to provide reasons for the low ratings of system effectiveness from the survey of providers and community groups. Comments centred around the lack of services for specific age groups and that services do not always match the consumers’ needs and are not always provided at the level required.

Participants engaged in a flip chart activity to offer suggestions to improve the system of developmental services in Niagara. The following suggestions were offered: increasing funding; collaboration and partnership with other service sectors; training and the use of best practices; regionalized key services, political action; alternate service models; and improving transportation.

### *Barriers*

Participants’ comments regarding barriers revolved around several themes, including transportation, geographic location of services, financial cost to families, hours of service, taking time off work, and language/culture issues.

### *External Trends*

The significant external factors identified in the survey of providers and community groups were increased operating costs, increased complexity of individual needs, the recruitment and retention of staff, and the availability of community supports. Participants offered insights related to each of these trends. Regarding increased operating costs, participants indicated that it is difficult to provide lower ratio

programming to suit individual needs and that higher qualified staff increases costs and reduces the number of individuals that can be served.

Comments related to increased complexity of individual needs included: dual diagnosis consumers have complex service needs; the criteria for diagnosis for developmental disability leaves too many gaps in service; and costs are higher to individualize each program.

In terms of recruitment and retention of staff, participants added that there is a lack of support for staff in terms of training and resources and that lower salaries lead to transient staff.

With respect to the availability of community supports, participants commented that support providers are not properly trained and that service gaps exist with respect to child care and supports for siblings/families. In addition, participants stated there is a lack of funding for both recreational programs and individual support workers.

#### *Interaction With Other Systems*

A small breakout group also made comments regarding interaction with other systems including MOHLTC agencies, education, FACS/CAS, mental health and corrections. For instance, participants commented that there are no supports for developmental clients in crisis, leaving the psychiatric ward as the only available response for police. Also, when dealing with severe cases, it isn't clear who is responsible for completing the intake and service coordination functions. Lastly, participants highlighted that communication barriers across agencies under different ministries is a major problem.

#### *Priorities*

Focus group participants completed a priority setting exercise where each participant was allocated 100 points across different program options to indicate preferred future funding priorities. Participants rated accommodation, respite, social recreational and behavioural services as the highest priorities for future funding.

## **KEY INFORMANT PERSPECTIVES**

Telephone interviews were conducted with 10 representatives from MCSS/MCYS sectors, related non-MCSS/MCYS sectors, regional and local government staff and provincial associations. The interviews covered broad contextual information about the children's and developmental services system. The comments made in these interviews are relevant to both sectors in all jurisdictions within the Hamilton/Niagara region.

### ***Trends***

Key informants were asked to comment on trends, events, issues and professional practices in the children's and developmental services field. The informants commented that the change of government at the provincial level may have an eventual impact on policy related to children's and developmental services. The formation of a new children's services ministry could result in a more holistic view of the needs of children. The feeling was that this new ministry could signal a greater focus on children's mental health.

Furthermore, informants highlighted that the client base has diversified with more non-traditional populations now being served. Other trends related to a movement towards more interaction between ministries, as well as more integration and coordination at the agency level.

Regarding professional practices, informants reported that there is a movement towards accreditation and certification at the agency level and the utilization of evidence-based practices.

### ***System SWOT analysis***

Listed among the strengths of the children's and developmental systems identified by key informants was the wide array of services and supports available that are community-based and family/child centred. Informants added that services are not widely dispersed compared to other areas in Ontario. Another strength reported by informants is that agencies are flexible, responsive, exhibit a strong commitment to consumers, and possess a solid base of expertise.

Weaknesses identified in the children's and developmental systems included service gaps, focus on crisis over prevention, lengthy wait lists, transitioning to the adult system, communication between provincial government ministries, and the need for more sophisticated governance and management infrastructures in some agencies. Lack of adequate funding and the existence of some "silos" and territorialism due to various funding formulas were also mentioned. Another weakness identified was difficulty with recruitment/retention of staff due to salary differentials with other sectors and the high proportion of contract, part-time and relief staff. Fragmentation and duplication was also perceived as a weakness. Several key informants pointed out that a "system" of children's and developmental services does not really exist – rather, there is a patchwork of individual programs. A final weakness was that children's and developmental services are not mandated.

Key informants had more difficulty coming up with potential opportunities in the children's and developmental services system. One area of opportunity involved the possibility for agencies to adopt a more entrepreneurial stance and examine different ways of providing service. Other opportunities mentioned include research projects and

grants, new funding initiatives (especially the funding influx through the Early Years Initiative), greater collaboration and partnering, and building on best practices.

System level threats identified by the key informants included the provincial deficit and its potential impact on funding levels, and an increasing amount of funding being directed to project or program areas (also known as ‘targeted funding’) rather than core funding resulting in a loss of flexibility on the part of agencies. Also mentioned was competition for funds with mandated services, such as child welfare, and “hard” infrastructure services at the municipal level. Other threats were aging parents/caregivers and the long-term problems associated with individuals not receiving adequate services.

### *A system "vision"*

Key informants were asked to describe an "ideal" future system of children's and developmental services. The composite vision that emerged was comprised of many elements, including: a strong system with adequate resources and community supports; services delivered close to home; mandated children's and developmental services; extensive partnering among agencies and across sectors; universally accepted systems of quality assurance; solid community planning with advance intelligence of emerging needs; and high levels of accountability and transparency.

## **SUMMARY**

### *Common Themes*

Five major themes emerged from the telephone interviews with families, the family focus groups, the survey of providers and community groups, the agency focus groups, and the key informant interviews. These themes appeared consistently in the open ended comments from stakeholders in the developmental services sectors. These were also common across the four jurisdictions studied - Brant, Haldimand-Norfolk, Hamilton and Niagara.

### *Resource Pressures*

There was a consistent feeling among stakeholders that the developmental service system was under-funded and experiencing considerable pressure on resources.

### *Service gaps*

Stakeholders also believed there were major gaps in services in the developmental services systems.

### *Quality of service*

Families, individuals, service providers and other agencies all agreed that the quality of the developmental services that were provided was very high and had a positive impact on clients.

### *Collaboration*

Collaboration between agencies was identified as a major system strength by many stakeholders, but also surfaced as a suggested weakness, usually in the context of a lack of collaboration interfering with service coordination and continuity. The collaboration theme also appeared frequently as a suggested opportunity, with the most significant opportunity being increased partnerships and linkages between agencies, ministries, and service sectors. This was further reinforced in many of the suggestions for system improvement offered by stakeholders.

### *Staffing*

The dedication and responsiveness of staff in the developmental services system was frequently mentioned by stakeholders as a major system strength. On the other hand, staffing was also listed as an area of weakness because resource limitations were seen as restricting the ability to hire staff on a full time basis and also placing restrictions on training. Low salary levels and demanding working conditions also presented difficulties in recruitment and retention of qualified staff – and this fact was often cited as a system threat.

### ***Key Questions***

The experiences and perceptions of families, service providers and key informants, presented in this section, serve to answer three of the key questions posed at the beginning of the planning process.

First, what are the identified strengths, weaknesses and pressures of the current service system? The input from families, service providers and key informants pointed to the following findings:

- The major strengths are: the quality of existing services; the dedication and commitment of staff; and the level of collaboration between agencies.
- Weaknesses are: issues with the timeliness and fragmentation of service; a lack of services for certain levels and age groups; poor transportation; and a lack of human and financial resources that underlies all the other weaknesses.
- Obstacles and barriers to accessing services include: having to take time off work because of the hours that services are offered; limitations on the types of services offered; financial costs; and transportation.

- Major gaps were identified between the demand and supply of developmental services, particularly with regard to residential services, psychiatric services, specialized services and respite.
- Lack of funds and future pressures arising from an aging population were perceived as key threats or pressures on the system.

Second, what should be the priorities for enhancing the current service system over the next three years? The input from service providers pointed to the following findings:

- Priorities for enhancements over the next three years should be: residential services, followed by social and recreational services, respite, life skills and psychiatric services.

Third, where are the opportunities to address population well-being and achieve positive change within the developmental services system? The input from families, service providers and key informants pointed to the following conclusions:

- The opportunities identified include: expanding access to services to meet demand; increased collaboration and partnering; utilizing best practices; and seeking creative methods of service delivery.

The analysis of what people said about the service system completed the Community Study portion of this planning process. The Community Study – comprised of the Community Profile, the Review of the Service System and Perceptions of the Developmental System – supplied answers to all but one of the key questions posed at the beginning of the planning process. These answers would be further refined and the remaining question – “What requires further exploration?” – would be addressed through the next step in the development of this community service plan. This would be a community-based process established to formulate a vision, together with a set of priorities and goals for the Niagara Community Service Plan.

## **Part Five:**

# **Vision for Niagara's Developmental Services**

### **OVERVIEW**

**T**he next step in the community planning process was to create a vision, strategic directions and priorities for the next three years. This involved building upon the previous steps in the process - the collection and analysis of information about the Niagara community, the service system and peoples experiences with the system. All this information helped inform the community visioning process which included:

- The development of a shared three-year Vision (2004/05 – 2006/07)
- The identification of program priorities for the next three years
- The identification of priorities with respect to specific service design features and characteristics of the service continuum
- The identification of priorities related to established linkages to other local allied services as well as linkages to Hamilton-Niagara Regional office of Ministry of Community and Social Services (MCSS) and the Ministry of Children and Youth Services (MCYS)
- The identification of Year One Priorities within this broad three year set of Priorities

COMPASS Consulting Associates was hired to work with a community Reference Group to create the vision, strategic directions and prioritize goals for the next three years. The consultants developed a task and outcome oriented four-stage approach to assist in completing the visioning and priority setting component of the community service planning process. A four stage process was put in place. The first stage included creating a reference group and reviewing the givens or the assumptions that would inform the process. The list of Reference Group Members is provided in Appendix Two.

The Reference Group was established to oversee the development of the vision, strategic directions and goals. It was comprised of 28 people representing senior managers and board of members of MCSS/MCYS funded agencies that provide developmental services to children and adults. The Niagara District School Board and the Niagara Catholic District School Board also participated. The Reference Group participated in four workshops, reviewed the information from the community study and participated in a joint workshop to discuss cross community issues.

The Reference Group established first principles, prepared a draft vision and a set of preliminary strategic direction and goals. Once this was completed, a community consultation was undertaken for consumers and agencies to review, strengthen and validate the work of the Reference Group. The final task of the Reference Group was to incorporate the community feedback and finalize the vision, strategic directions and goals, and set year one, two and three priorities.

As the vision development process proceeded, the Reference Group identified several challenges. Many of these corresponded with the issues and challenges identified at the outset of the community planning process – tensions in expectations arising from the scope and scale of the plan, combined with limitations due to time constraints and the availability of data. The concerns raised by the Reference Group included some time delays in the community study, lack of confidence in the community data, concerns about the scope of the planning process and limited consumer involvement and that the planning process did not pay significant enough attention to other planning reports and processes. Each of these issues were addressed by Contact Niagara to the greatest possible extent, though not to the satisfaction of everyone involved.

Nevertheless, the Reference Group was able to move ahead with its tasks and proceed with the process of consulting further with the community, as it formulated a vision and priorities based on the findings available from the earlier steps in the community planning process. It was noted that the challenges identified would serve as valuable lessons for future planning endeavours.

## **THE GIVENS AND FIRST PRINCIPLES**

The first Reference Group workshop was held to review the givens and set the principles to guide the development of the vision. Reference Group members reviewed the community study information that was available, provided input into the planning givens

generated by the Contact agencies and the Ministry of Community and Social Services/Ministry of Children and Youth Services and identified the first principles to guide Reference Group planning, decision-making and recommendations.

MCSS/MCYS and the Contact agencies in Brant, Haldimand-Norfolk, Hamilton, and Niagara generated an approved list of givens to help guide the Community Planning processes and outcomes. These were reviewed and discussed by the Reference Group at the first workshop (see Appendix Four).

Reference Group members were also asked to develop first principles to help guide the development of Niagara's developmental services system. These first principles were used to help clarify the intent of the community service plan, make implicit values explicit, and eliminate incorrect assumptions on the part of both internal and external stakeholders.

After discussing the advantages and disadvantages of various approaches, Reference Group members agreed on the following first principles:

***First Principles: Developmental Services***

*Re-think Niagara Region's Developmental Services – less of some services, more of others, strengthen some services and/or introduce a few new services*

*In the allocation of Developmental Services Resources in Niagara Region we will seek to provide the most complete range of services along the least independent – most independent continuum, keeping in mind that this continuum will be influenced by those in greatest need, those most apt to benefit and the greatest good for the greatest number*

## **VISION DEVELOPMENT**

Using the information generated in the first workshop as a touchstone, Reference Group members participated in exercises designed to support their development of a three-year vision statement. The vision statement describes Niagara's developmental services future direction and what that system will look like three years from now. The vision will guide the development of the community service plan and will ensure that the service system is moving forward with a clear sense of purpose, consistency of action and an agreed-upon focus. After some discussion the Reference Group agreed-upon the draft vision statement below.

***Draft Vision Statement***

*In Niagara Region, all people with developmental disabilities and their families have access to individualized seamless supports and services that are readily available*

## CROSS-COUNTY ISSUES

The Brant, Hamilton, Haldimand-Norfolk and Niagara Reference Groups for developmental services (and children's services) participated in a joint workshop on February 20, 2004. The intent of the workshop was two-fold:

- to learn about what was happening in other jurisdictions; and,
- to explore from a regional perspective a variety of issues identified in the community studies that lend themselves to cross-boundary and/or cross-sectoral solutions.

It was hoped that these discussions would help to inform goal setting related to cross-county issues.

The afternoon session was organized according to sector i.e. two separate sessions, one for children's services and one for developmental services. Participants were organized accordingly.

The group was challenged to explore cross-sectoral and/or cross-boundary innovations in developmental services, accommodation alternatives within the developmental services system, the lack of psychiatric support and lack of psychiatrist in developmental services and how best to provide services and supports to children and adults with complex needs. The group came up with many ideas and innovative suggestions about how to address these issues. The complete listing of these is provided in Appendix Three. The following highlights some of the key points raised:

*Innovations in Developmental Services:* teleconferencing, inviting all community services to the table when planning and developing cross-agency supervision of staff to increase support capacity.

*Accommodation alternatives:* expanding the definition of the "Associate Family" to include family members, more flexibility in the availability of Special Services at Home funding and providing support directly in the home.

*Lack of Psychiatric Support:* numerous recruitment strategies were identified as were the ideas of using video conferencing and advocating for the use of psychiatric nurses in emergency situations to assist with triage.

The group also considered how best to provide services/supports to children with complex needs. This could include developmental issues, dual diagnosis, and complex medical needs.

It was suggested that there is a need for cross-sectoral "working together", including the sharing of financial resources, flexible and alternative ways of providing housing,

residential placements and supports (in and out of the home), being more realistic about the demands on families and providing more training/support.

As to how best to provide services/supports to adults with complex needs, including people who are aging or have dual diagnosis and behaviour issues, it was suggested that regular team meetings should be held so that all agencies involved in an individual's care can be working in unison and that all regions should adhere to these practices. It was also suggested that every individual must have a case manager. This could be a family member or a care worker. In addition, there should be more flexible funding for families to incorporate services at home.

## **COMMUNITY CONSULTATION**

The final community study information, including supply and demand data, was presented in the fourth workshop. Using this information, as well as information generated in the previous workshops, Reference Group members participated in exercises to develop draft strategic directions and goals.

Following this workshop, the Reference Group undertook a community consultation to receive feedback on the draft vision, strategic directions and goals. Two consultation meetings were held for consumers and one for community agencies. Sixteen consumers/family members and sixteen service providers attended the consultation sessions and returned consultation surveys. These included service providers from the education and health sectors as well as the social services sector. Consultation participants were also asked to comment on how they would prioritize the draft goals.

The consultation included an overhead presentation of key background information from the community study along with the vision and related strategic directions and goals.

A survey was subsequently distributed to each participant asking them to comment on the vision. People were asked if they supported, did not support or were undecided about each goal. They were also asked to prioritize each goal as a year one, two or three priority. The draft vision, strategic directions and goals along with feedback from the community consultation are summarized in Appendix Five.

## **THE VISION, STRATEGIC DIRECTIONS AND GOALS**

The Reference Group reviewed the feedback from the consultation. They subsequently revised three goals based on the community feedback. The Reference Group then endorsed the vision and confirmed 7 strategic directions and 17 goals.

### ***Vision***

*In Niagara Region, all people with developmental disabilities and their families have access to individualized seamless supports and services that are readily available in their community to enhance quality of life.*

### ***Strategic Directions***

- A. People with developmental disabilities living in Niagara Region have Individual Life Plans
- B. Children and adults with complex needs and their families have access to the range of services and funding required to support Individual Lifelong Planning
- C. Human Resource Strategies that support Individual Life Planning and implications of individualized funding
- D. The Developmental Services System is positioned to attract and retain staff
- E. A data management system that supports service delivery and service planning
- F. Clarify the implementation of *Making Services Work for People* system features
- G. Community awareness and understanding

### **Strategic Direction A: People with developmental disabilities living in Niagara Region have Individual Life Plans**

#### **Goal Area: Individual Life Plans in Place**

1. Develop and implement Individual Life Plans (ILP's) for people with developmental disabilities. **(Year One)**
2. Develop an ILP framework that is consistent with an accreditation model and recognizes/addresses all major aspects/milestones of a person's life including:
  - Consideration of the shift from "family centred" to "person centred" as the child becomes an adult
  - Cross-sectoral services, supports and activities
  - Evidence-based services. **(Year One)**

The Reference Group took the following findings into account when considering the goal of getting individual life plans in place:

- Lack of individualized supports was identified by providers and community groups as a system weakness that caused them to assign a particularly low rating to the system's capacity to make services available to all groups.
- This same group noted that the services provided were not always what is needed.
- Families and individuals suggested that more customized services be provided to improve the system while service providers and community groups called for more individualized supports to families.
- Key informants in SWOT analysis noted that flexibility and responsiveness, while a system strength, is declining with funding restrictions.

**Goal Area: Funding Guided By Individual Life Plans**

3. Negotiate a process with Ministry of Community and Social Services (MCSS)/Ministry of Children and Youth (MCYS) to reallocate existing funds globally under residential services, community support services, and specifically for specialized services, based on the needs identified in ILP's. **(Year One)**

**Goal Area: Funding Addresses Community Pressures**

4. Collaboratively develop a process with MCSS/MCYS to ensure that a percentage of new funding is allocated towards community pressures identified through the local planning process and toward community support services. **(Year One)**

The Reference Group took the following findings into account when considering the goals of funding guided by individual life plan and funding addressing community pressures:

- Respondents indicated that financial resources (to the organization and to the individual) were barriers to service.
- Among the key threats identified in the survey of providers and community groups were financial resources (i.e., lack of funding and increased costs), and the erosion of base resources. Coupled with this was increase in need with numbers of people requiring service.

- Waiting lists and waiting time were identified by individuals, families and service providers as requiring attention.
- 413 on wait list including 128 for non-residential services and 297 for residential services (as of Jan. 31,2004)
- When families were asked if they had any suggestions that might improve supports and services one of the most frequently mentioned suggestions was to increase resources.
- Providers and community groups also noted the need to make system improvements assuming no new funding is available
- The existence of some "silos" and "territorialism" due to the current funding approach was identified as a system weakness.

**Goal Area: Cross Sector Protocols**

5. Ensure the development and use of community-based protocols between all sectors that interface with the Niagara developmental service system, resulting in:
  - Sharing system level plans
  - Exploring opportunities for shared funding and resources
  - Better coordinated service to individuals and families. **(Year Three)**
6. Develop an implementation process for service coordination considering at a minimum:
  - Cross-sector protocols
  - An accepted model of service coordination (roles, responsibilities), system coordination and staff training
  - A process whereby ILP is an accepted standard among all Niagara service providers. **(Year Three)**

The Reference Group took the following findings into account when considering the goal of cross sector protocols

- Providers and community groups indicated it is unclear who does the intake/coordination for severe cases. They further noted that the impact of communication barriers across agencies under different ministries is a major problem and system weakness.
- This same group pointed to partnerships and collaboration (within the system and with other sectors) as one of the top three future opportunities for the service system and one of the best strategies for system improvement
- The trend toward more interaction between ministries and more integration and coordination at the agency level was identified by key informants

- Between April 1, 2003 and January 31, 2004, 193 referrals involving 89 children and youth were directed to both developmental services and children's mental health services.

**Strategic Direction B: Children and adults with complex needs and their families have access to the range of services and funding required to support Individual Lifelong Planning**

**Goal Area: Support for Service Coordination**

7. Contact Niagara will assume responsibility for facilitating service coordination and securing funding across ministries based on ILPs for children and adults with complex needs **(Year One)**
8. Based on the information, issues and insights generated as a result of system coordination activities related to complex cases, identify and/or influence:
  - Changes to ministerial policy that will facilitate coordination at a local and ministerial level
  - Lifelong individualized funding strategies requiring inter-ministerial funding approaches, and promote these strategies with relevant Provincial Ministries. **(Year Two)**

The Reference Group took the following findings into account when considering support for service coordination:

- See findings related to goals five and six
- Providers and community groups identified the lack of resources and response to complex individual situations.
- More complex medical needs children surviving longer and placing greater demand on all services and families.

**Strategic Direction C: Human resource strategies that support Individual Life Planning and implications of individualized funding**

**Goal Area: Human Resource Management & Training**

9. Identify and address human resource issues related to Individual Life Plans **(Year One)**
10. Identify strategies to increase the capacity of agency infrastructures to support/supervise staff recognizing the need for additional resources **(Year Two)**
11. Using orientation and training requirements, ensure that MCSS/MCYS recognizes additional funding is required to cover:
  - Mandatory training (NVCII), first aid, etc.
  - Orientation for new staff
  - Backfill
  - Site specific training
  - Management training
  - Life plan training (e.g. accessing community programs, resources, etc.).
12. Identify requirements for graduates through the College Advisory Committee representative and/or specific program coordinators, and negotiate baseline educational content. **(Year Two)**

The Reference Group took the following findings into account when considering human resource management & training:

- Focus group participants pointed to the need to increase funding allocations for human resources as a particularly effective way of improving the system.
- Service providers pointed out the lack of support (pay, training, resources) for staff as a key factor negatively impacting the system.
- Growing complexity of individual needs has implications for staff orientation and training.
- Stakeholders identified staff training and use of best practices as a suggestion for improving the system.

**Strategic Direction D: The developmental services system is positioned to attract and retain staff**

**Goal Area: Recruitment and Retention Strategy**

13. Develop and implement a recruitment and retention strategy for Niagara's Developmental services system that will address issues including:
- Discrepancies in salaries between service systems
  - Working hours
  - Working conditions, benefits
  - Societal attitudes towards Developmental Services
  - Not an attractive field in which to work
  - Curriculum. **(Year One)**

The Reference Group took the following findings into account when considering the goal of recruitment and retention strategies:

- Providers and community groups identified human resources as a key strength of the service system however they also linked the shortage of human resources to the low ratings they had assigned to service access and availability. This same group identified insufficient human resources as a significant threat to the system.
- Focus group participants pointed to the need to increase funding allocations for human resources as a particularly effective way of improving the system.
- Difficulties in attracting and retaining qualified staff due to salary differentials with other sectors was noted by key informants along with the high proportion of contract, part-time and relief staff.

**Strategic Direction E: A data management system that supports service delivery and service planning**

**Goal Area: Data Requirements**

14. Develop and implement a process to define data requirements to support service delivery, service planning and funding decisions. **(Year Two)**

- 15.** Incorporate ISCIS data base features (or actual software) into Information Technology (IT) business practices for the benefits of provider agencies i.e. facilitate provider access to data and history for each person ( a related objective includes taking an inventory of agencies' IT capacity and to develop IT solutions to support this use) **(Year Three)**

The Reference Group took the following findings into account when considering the goal about data requirements:

- Fragmentation and duplication was noted by several key informants who pointed out that a "system" of developmental services does not really exist - rather there is a patchwork of individual programs.
- Key informants identified best practices and the emergence of evidence-based practice in the field as needing to be taken into account in planning, funding and service provision.
- The need to make system improvements assuming no new funding is available was identified by providers and community groups, including the need to rationalize and streamline the system's intake process.

**Strategic Direction F: Clarify the implementation of *Making Services Work for People* system features**

**Goal Area: Contact Niagara's Role**

- 16.** Contact Niagara will use their strategic planning process as a vehicle to develop a strategy for accessing agency/community input regarding key functions performed by Contact Niagara **(Year Two)**

The Reference Group took the following findings into account when considering the goal about Contact Niagara's role:

- Providers and community groups noted that financial resources should be shifted from the single point of access to direct service and/or over commitments.
- The need to rationalize and streamline the system intake process was also pointed out by focus group participants.

## **Strategic Direction G: Community awareness and understanding**

### **Goal Area: Education and Awareness Strategy**

- 17.** Build an education and awareness strategy that informs families, agencies and staff of our community based system of service provision. **(Year Three)**

The Reference Group took the following findings into account when considering education and awareness:

- A sub-group of the focus group for providers and community groups identified the impact of communication barriers across agencies under different ministries as a major problem.
- Communication (ability, language) was also identified by the focus group as an obstacle to receiving and accessing services.
- Families and individuals suggested outreach to the community and improving communication with families as a strategy to improve supports

## **Part Six:**

# **Conclusions**

The completion of this community service plan represents the fifth and final step in an extensive and inclusive process that involved fact finding, community consultations, analysis of information from multiple sources and the far-sighted deliberations of Reference Group members who brought all this together by creating a vision, strategic directions and goals.

It was always envisaged that this plan would be a starting point. The information collected and the conclusion reached will not only serve to guide the service system over the next three years, but also provide a baseline for future planning endeavours. The process as a whole can also serve as a learning experience, as the community looks for ways of improving upon the information gathering, consultation and consensual decision-making approach that went into developing this plan.

The vision and strategic directions that were created through this planning process are comprehensive and inclusive. They involve extending the reach of the service system to respond to a wide range of community needs. They are also designed to build the capacity of the service system with better data, improved practices, enhanced opportunities for collaboration, and stronger links with the broader community and other service sectors.

The task that lies ahead for all involved is to continue working together to make this vision a reality. The completion of this plan is not the end, but only a beginning.

# **Appendix One**

## **Framework for Developmental Services**

# FRAMEWORK FOR DEVELOPMENTAL SERVICES

## HIGHLY SPECIALIZED SERVICES & SUPPORTS

(Services & supports that address the most severe and complex needs of people with developmental disabilities; may be located in the community or regionally)

|                                |  |                                    |                            |                      |                         |
|--------------------------------|--|------------------------------------|----------------------------|----------------------|-------------------------|
| Medical Support & Consultation | Behavioural/Emotional Support & Consultation | Psychiatric Support & Consultation | Crisis Response/ Treatment | Assessment/ Clinical | Specialized Residential |
|--------------------------------|--|------------------------------------|----------------------------|----------------------|-------------------------|

## ACCESS SERVICES

(Part of a continuum of services and supports, provided as close as possible to a person's home and community)

## RESIDENTIAL SERVICES

|                                  |                                |                       |            |
|----------------------------------|--------------------------------|-----------------------|------------|
| ➤ Coordinated Information Intake | Family Home / Associate Family | Supported Independent | Group Home |
| ➤ Referral                       |                                |                       |            |
| ➤ Service Resolution             |                                |                       |            |
| ➤ Planning                       |                                |                       |            |

## CORE SERVICES

(Services & supports that provide a broad range of service options that are located in each community, close to consumers and responsive to the community's needs)

|                       |                 |                               |                       |                          |                      |                                       |
|-----------------------|-----------------|-------------------------------|-----------------------|--------------------------|----------------------|---------------------------------------|
| Respite (Out of Home) | Case Management | Supports For Community Living | Social / Recreational | Day Activity/ Employment | Assessment/ Clinical | Beh./Emotional Support & Consultation |
|-----------------------|-----------------|-------------------------------|-----------------------|--------------------------|----------------------|---------------------------------------|

Adapted from South West Region Children's Mental Health Services Project

## **Appendix Two**

### **Reference Group Members**

## Developmental Services: Community Planning Reference Group

| AGENCY  | PARTICIPANT 1   | PARTICIPANT 2   | PARTICIPANT 3                   |
|---|---|---|---------------------------------|
| Adhoc   | Rhonda Clarke-Bruyn<br>MCSS/MCYS<br>Bill Matheson<br>Chair Contact Niagara<br>Steve Novosedlik and<br>Don Campbell<br>Contact Niagara |   |                                 |
| Bethesda  | Brian Davies<br>Executive Director  |   |                                 |
| Child and Adolescent<br>Services, Hotel Dieu Health<br>Sciences | Norma Medulun<br>Manager, Child &<br>Adolescent Services  | John Racinskas<br>Clinical Supervisor                   |                                 |
| Christian Horizons  | Neil Cudney<br>Manager of Services and<br>Supports Niagara  |   |                                 |
| Community Living Fort Erie                                      | Kathy Stickle<br>Executive Director<br><br>Maureen Brown<br>Executive Director (new)  | Michelle Dellaventura<br>Staff                          |                                 |
| Community Living<br>Grimsby/Lincoln                             | Cheryl Martinello<br>Executive Director   | Program Directors:<br>Deb Kalina Stranges<br>Cyndi Gryp | George Watson<br>Board Chair    |
| Community Living Port<br>Colborne / Wainfleet                   | Vickie Moreland<br>Executive Director   | Lucille Terreberry<br>Manager, Family Services          | George Henry<br>Board President |

| AGENCY  |   | PARTICIPANT 1   |   | PARTICIPANT 2 |  | PARTICIPANT 3 |  |
|---|---|---|---|---------------|--|---------------|--|
| Community Living<br>St. Catharines                                    | Maureen Brown<br>Executive Director<br>Al Moreland<br>Executive Director (new)        | Carol Anne Burkholder<br>Team Leader, Family<br>Support Services                                      | Mari Gordon<br>Volunteer Coordinator                        |               |  |               |  |
| Community Living<br>Welland/Pelham                                    | Barb Vyrotko<br>Executive Director  | Juli Goldhawk<br>Director, Residential &<br>Family Support  | Jennifer Ranger<br>Supervisor Family Support                |               |  |               |  |
| District School Board of<br>Niagara                                   | Margaret Jordan<br>Educational Resource<br>Centre<br>Psychologist                     |   |   |               |  |               |  |
| Family & Children's Services<br>Family Counselling Centre             | Bill Charron<br>Executive Director<br>Catherine Mindorff<br>Board member              | Dori Madar<br>Director Community Services   | Bonnie Filipchuk<br>Supervisor Family<br>Counselling Centre |               |  |               |  |
| Infant Ed – Regional Niagara<br>Public Health<br>Mainstream           | Lynne Roach<br>Manager<br>Kevin Berswick<br>Executive Director                        |   |   |               |  |               |  |
| Niagara Catholic District<br>School Board                             | Andre Ceci<br>Program Officer Student<br>Services<br>Tim Wright<br>Executive Director |   |   |               |  |               |  |
| Niagara Peninsula Children's<br>Centre                                |   | Dorothy Harvey<br>Manager, Infant & Preschool<br>Services<br>Cindy Connors<br>Chief Operating Officer |   |               |  |               |  |
| Niagara Support Services<br>Niagara Training and<br>Employment Agency | Garry Laws<br>Chief Executive Officer   |   |   |               |  |               |  |

## **Appendix Three**

# **Cross-County Issues and Innovative Responses**

# Cross County Issues and Innovative Responses

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## A) Explore cross-sectoral and/or cross-boundary innovations in Developmental Services

- Teleconferencing
- Invite all community services to the table when planning
- Cross-agency supervision of staff to increase support capacity
- Look at past successes and build on them to meet today's needs
- Transitional homes with corrections for individuals with disabilities coming out of corrections
- Make service mobile

## B) Accommodation alternatives within the Developmental Services System

- Expand the definition of Associate Family to include family members
- Flexibility in the availability of SSAH funding
- Provide support directly in the home
- Associate Family, Supported Living, Live-In, Shared Care, Respite, In and Out of Home
  - Challenges
    - Zoning
    - Building codes
    - Fire codes
    - Water regulations
- 24-hour respite bed shared by two individuals
- Tenant support model
  - Live-in support
  - Next door neighbour
- King model – family home – using a semi-detached house
- Individual residential care – specialized foster care for children
- Focus on an individual or small groups of people
- Redesign larger buildings to provide more individual accommodation with 24-hour support

## C) Lack of psychiatric support/lack of psychiatrists in Developmental Services

### ***Recruitment Strategies***

- Incentive-based recruiting practices, i.e. pay tuition for students providing they sign contracts to stay in the region for XX years. Failure to do so would result in repayment of all funds
- Developmental Services sponsors co-op/summer employment while paying tuition (as per above) and provides practical exposure/ experience

- Associate group of psychiatrists with paid start-up costs
- Identify large corporate sponsors with EAP programs to assist in funding a psychiatrist, the psychiatrist would then be available to them for EAP programs as well as for the community
- Region needs to think Big!, all inclusive (4 communities within Hamilton-Niagara Region)
- Target 3 major universities, MacMaster, Brock and Laurier at appropriate times
- Four communities in Hamilton-Niagara Region work with HHSC and McMaster on recruitment of psychiatrists
  - Use the local District Health Council
  - Link with the hospital
  - Blend funding – McMaster Children’s Hospital, MCSS
- Challenges in recruiting psychiatrists
  - Specialty area of Developmental Services is even more rare
  - Psychiatrists with expertise in Developmental Services don’t exist
  - Need more dollars
- Solutions
  - Crisis Management
  - Hospital = Psychiatric Nurses = Safe Bed Program CMH
  - Sector needs to market the need to the medical profession
    - Profile the scope of the need
    - Part of medical school program
    - Provide opportunities for learning
    - Clearly outline the needs
    - Research presenting challenges, treatment path and trends

**Other**

- Video conferencing
- Psychiatric Nurses – advocate to use them in emergency, assist with triage

**D) How best to provide services/supports to children with complex needs? (Could include developmental issues, dual diagnosis, complex medical needs, etc.)**

- How do we meet the “need” of a child, no matter how it is classified?
- Need for cross-sectoral “working together”, including financial resources
- Flexible alternative ways of providing housing, residential placements and supports (in and out of the home)
- Place realistic demands on families and provide more training/support
- “Haste makes waste” – A cautious, thoughtful approach is needed
- Easy access to respite
- Better connections with schools – in-school support, working directly with teachers
- Accurately define a child’s needs and make a plan to meet those needs
- Create a “Ministry of Disability”
- Share resources

## **E) How best to provide services/supports to adults with complex needs? (Could include aging, dual diagnosis, behaviour issues, etc.)**

- Ensure that regular team meetings are held so that all agencies involved in an individual's care can be on the same page. All regions should adhere to these practices
- Integrated services including enhancement is necessary
- Every individual must have a case manager. Could be a family member, care worker, etc.
- Provide more flexible funding for families to incorporate services at home
- Funding (ODSP, SSAH, etc.) should be tied to the individual, not on anything else, i.e. living situation, etc.
- Develop a seamless continuum of services between all ages with a multi-disciplinary approach that includes sharing of information
- Individualistic planning
- Funding flexibility that will continue from the children's sector through adulthood
  - **Basic Principles:**
    - Person-centred
    - Integrated
    - Disciplines
    - Sectors
    - Agencies
    - Continuum of services to address all ages and abilities
    - Shared ownership of responsibilities across sectors and agencies
    - Supports should be provided within the context of the community

## **F) Creating crisis capacity within the Developmental Services System**

### ***Safe Beds***

- Create safe beds in each agency
  - Rent an apartment – to be used for a crisis safe bed
  - Add on an apartment safe bed to an existing or future group home
- On-call Family Home/Respite provider

### ***Multi-Disciplinary Approach***

- Community support crisis team with mental health, hospitals, developmental services agencies, and facilitated by Contact agencies
- Multi-disciplinary beds
- Need to share resources, e.g. school boards, corrections, mental health
- Need to redefine "disability", holistic concept (not segmented into "silos")
- Need to have continuum of services across sectors
- Cross-sectoral training
- "Systems" approach incorporating individual needs
- Diversity in behavioural resource teams, e.g. combination of specialized and generalized services

- Crisis management team
- Integration between MCSS/MCYS & Health, no silos

### ***Crisis Prevention***

- Pre-crisis planning
- Crisis criteria
- Crisis aversion
- Build supports from the start – not just react to “crisis”

### ***Other***

- System-wide (by community) emergency on-call crisis procedure
- Advocate for change to legislation re basement apartments
- Cross-boundaries, change or increase cross-boundary flexibility, problem for mental health services in Brantford
- Need for more timely and available assessments
- Provide service contracts over multiple years (e.g. 3 years instead of 1)
- Infrastructure investment – resources needed to build capacity
- Flexible arrangements to access more resources when needed, a “Flex Fund”

Similar to Children’s Services, Developmental Services Reference Group members stated their dissatisfaction with Workshop #3, questioning the quality of the presentations during the first half of the workshop and the perceived lack of new information

## **Appendix Four**

### **MCSS/MCYS Planning Process Givens**

## **GIVENS**

### *Community Services and Supports*

1. Highly specialized services and supports (i.e. services and supports that address the most complex needs of children) may be located at the community or regional level, depending on the size of the population and the critical mass needed to provide the services in an economical fashion.

### *Financial Resources*

2. Since demand for services outstretches resources, priority setting is required.
3. Community planning should not be expected to result in additional dollars.
4. Resources can shift to accommodate a shift in service focus and approach.

### *Process*

5. Community service planning is an iterative process that will evolve over time based on improved quality of data along with feedback from community stakeholders.
6. The Reference Group will determine the community service plan recommendations to MCSS/MCYS, the local community, agency providers and other funders informed by stakeholder input and recognizing that consumers have a wide variety of needs.
7. All decisions/recommendations are to be tested against the analysis of consumer input.
8. The process is open to a variety of outcomes, e.g. amalgamation, changes in service levels.
9. Regional Office Program Supervisors will attend local Reference Group Workshops as an observer/resource.
10. Regional Office will not direct the outcome of the process beyond this list of givens.
11. The process will work toward a consensus but where consensus cannot be achieved it will be noted.
12. Money cannot be moved between Children's Services and Developmental Services.

### *Outcomes*

13. Reference Group decisions/recommendations must be consistent with the summarized findings.
14. Community service plans will seek out and develop cross county/regional solutions to issues, where appropriate.
15. Community service plans will inform MCSS/MCYS Regional Planning and help with resource allocation decisions as well as local planning at the agency and community level.

16. A community service plan will help ensure that communities are well positioned to respond to new funding and program directions as they emerge.
17. Future negotiations between transfer payment agencies and the Ministries will consider the recommendations included in the community service plan along with other relevant factors.
18. The Regional office will formally respond to the community service plans by September 2004 and will provide a status update annually thereafter.
19. Contact Agencies will coordinate communities in monitoring, evaluating and updating the community service plan annually.
20. The needs of the community, as opposed to the needs of the agency will inform the Plan.
21. The community service plan focuses on the system as opposed to individual agencies.

### *Transition*

22. The intent of this process is to be as creative and innovative as possible recognizing the need for reasonable and supportive transition and change.
23. Change will happen using a planned and respectful process based on short and long term goals.

# **Appendix Five**

## **Consultation Feedback**

**NIAGARA REGION COMMUNITY SERVICE PLAN:**

**DEVELOPMENTAL SERVICES**

***VISION***

In Niagara Region, all people with developmental disabilities and their families have access to individualized seamless supports and services that are readily available in their community to enhance quality of life.

**COMMENTS:**

***READILY ACCESSIBLE  
SEAMLESS***

Replace with appropriate, coordinated services  
Not required  
Individualized  
Replace with client centred  
Has serious cost implications  
Will need to be defined  
Include reference to "Birth and ongoing"\*  
Agree  
Reads well; easily understood; good; great; great if we can carry it through; wonderful

*\* Italics have been used throughout the Summary Report to identify responses provided by Consumer/Family*

| STRATEGIC DIRECTIONS & GOALS  | HOW DO YOU FEEL ABOUT EACH STRATEGIC DIRECTION & GOAL?  |                |  | PRIORITIES (✓) |          |             |          |          |
|---|---|----------------|--|----------------|----------|-------------|----------|----------|
|   | Support   | Do Not Support | Uncertain  | Year 1         | Year 2   | Year 3      |          |          |
|   | <p><b>A. <u>Strategic Direction:</u></b></p> <p><b>People with developmental disabilities living in Niagara Region have Individual Life Plans</b></p> |                |  |                |          |             |          |          |
| <b>Draft Goals – Individual Life Plans in Place</b>   |   |                | 83% agreed on year one priority; **94% agreed on year one priority |                |          |             |          |          |
| 1. Develop and implement Individual Life Plans (ILP) for people with developmental disabilities.  |   |                | 13   | 1              | 1        | 9           | 3        | -        |
|   |   |                | 17   | -              | -        | 6           | -        | -        |
|   |   |                | <b>30</b>  | <b>1</b>       | <b>1</b> | <b>15*</b>  | <b>3</b> | <b>-</b> |
| 2. Develop an ILP Framework that is consistent with an Accreditation Model and recognizes/addresses all major aspects/milestones of a person's life including:  |   |                | 15   | -              | -        | 11          | 1        | -        |
| <ul style="list-style-type: none"> <li>• Consideration of the shift from "family centred" to "person centred" as the child becomes an adult</li> <li>• Cross-sectoral services, supports and activities</li> <li>• Evidence-based services.</li> </ul>  |   |                | 15   | -              | 2        | 5           | -        | -        |
|   |   |                | <b>30</b>  | <b>2</b>       | <b>2</b> | <b>16**</b> | <b>1</b> | <b>-</b> |
| <b>COMMENTS: ILP IMPLEMENTATION</b>   |   |                |  |                |          |             |          |          |
| <ul style="list-style-type: none"> <li>• Needs more definition</li> <li>• Wonderful concept if it can be effectively implemented</li> <li>• Ensure it is a working document – pass from agency to agency</li> <li>• Risk that this approach will break the parts of the system that work well</li> <li>• School system uses it but not carried out</li> <li>• <i>Monitoring essential</i></li> <li>• <i>Lots of paper, not enough action</i></li> <li>• Lead role needed – single plan instead of for each agency- keep information in one location</li> <li>• <b>Go from birth to adulthood</b></li> </ul> |   |                |  |                |          |             |          |          |

| STRATEGIC DIRECTIONS & GOALS  | HOW DO YOU FEEL ABOUT EACH STRATEGIC DIRECTION & GOAL?            |                |           | PRIORITIES (✓) * |        |        |
|---|---|----------------|-----------|------------------|--------|--------|
|   | Support   | Do Not Support | Uncertain | Year 1           | Year 2 | Year 3 |
|   | *88% agreed on year one priority; 79% agreed on year one priority |                |           |                  |        |        |
| <b>Draft Goals—Funding Guided By Individual Life Plans</b><br>3. Negotiate a process with Ministry of Community and Social Services (MCSS)/Ministry of Children and Youth (MCYS) to reallocate existing funds globally under Residential Services, Community Support Services, and specifically for Specialized Services, based on the needs identified in ILP's. | 15  | -              | 1         | 11               | 1      | 1      |
|   | 15  | -              | -         | 3                | -      | -      |
|   | 30  | -              | 1         | 14*              | 1      | 1      |
| <b>COMMENTS</b><br><ul style="list-style-type: none"> <li>Government needs to stop micro managing</li> <li>Reality of limited funding even if global makes ILP's difficult to implement</li> </ul>  |   |                |           |                  |        |        |
| 4. Collaboratively develop a process with MCSS/MCYS to ensure that a percentage of new funding is allocated towards presenting community pressures identified through the local Planning Process and toward Community Support Services.   | 14  | -              | 1         | 9                | 1      | 2      |
|   | 14  | -              | -         | 2                | -      | -      |
|   | 28  | -              | 1         | 11**             | 1      | 2      |
| <b>COMMENTS</b><br><ul style="list-style-type: none"> <li>New funding unlikely – address re-allocation of funds</li> <li>These goals are natural next steps once ILP's in place –next step will be to re- allocate funds according to needs</li> </ul>  |   |                |           |                  |        |        |

| STRATEGIC DIRECTIONS & GOALS  | HOW DO YOU FEEL ABOUT EACH STRATEGIC DIRECTION & GOAL?  |                    |                    | PRIORITIES (✓) *     |                    |             |
|---|---|--------------------|--------------------|----------------------|--------------------|-------------|
|   | Support   | Do Not Support     | Uncertain          | Year 1               | Year 2             | Year 3      |
|   | *85% agreed on year one priority  |                    |                    |                      |                    |             |
| <b>Draft Goals – Cross Sector Protocols</b>   |   |                    |                    |                      |                    |             |
| 5. Ensure the development and use of community-based protocols between all sectors that interface with the Niagara Developmental Service System, resulting in: <ul style="list-style-type: none"> <li>• Sharing system level plans</li> <li>• Exploring opportunities for shared funding</li> <li>• Better coordinated service to individuals and families.</li> </ul>                  | 13<br>16<br><b>29</b>   | -<br>-<br><b>1</b> | 1<br>-<br><b>1</b> | 8<br>3<br><b>11*</b> | 2<br>-<br><b>2</b> | -<br>-<br>- |
| 6. Develop an implementation process for service coordination considering at a minimum: <ul style="list-style-type: none"> <li>• Cross-sector protocols</li> <li>• An accepted model of service coordination (roles, responsibilities), system coordination and staff training</li> <li>• A process whereby ILP is an accepted standard among all Niagara Service Providers.</li> </ul> | 15<br>16<br><b>31</b>   | -<br>-<br><b>1</b> | -<br>-<br><b>1</b> | 6<br>3<br><b>9</b>   | 4<br>-<br><b>4</b> | -<br>-<br>- |
| <b>COMMENTS</b>   | <ul style="list-style-type: none"> <li>• Agencies still doing some intake work with 10% less funding – no savings realized</li> <li>• Silo mentality real barrier</li> <li>• Improved communication between workers needed for this to work</li> <li>• Easier to access services if they are together – services and supports should be together</li> <li>• <i>Support for those who don't fall within agency guidelines needed</i></li> <li>• <i>Ensure plans are honoured by ensuring dollars are identified for the person rather than the agency</i></li> <li>• <i>Service duplication needs to be addressed</i></li> </ul> |                    |                    |                      |                    |             |

| STRATEGIC DIRECTIONS & GOALS   | HOW DO YOU FEEL ABOUT EACH STRATEGIC DIRECTION & GOAL?  |                    |                    | PRIORITIES (✓) *   |                    |                    |
|--|---|--------------------|--------------------|--------------------|--------------------|--------------------|
|  | Support   | Do Not Support     | Uncertain          | Year 1             | Year 2             | Year 3             |
|  | <p><b>B. Strategic Direction:</b></p> <p><b>Children and adults with complex needs and their families have access to the range of services and funding required to support Individual Lifelong Planning</b></p> |                    |                    |                    |                    |                    |
| <b>Draft Goals – Support for Service Coordination</b>  |   |                    |                    |                    |                    |                    |
| 7. Modify an existing Contact Niagara Resource Coordinator position, to include a new role that specializes in facilitating service coordination and securing funds across Ministries based on ILP's.  | 9<br>12<br><b>21</b>  | 3<br>-<br><b>3</b> | 5<br>2<br><b>7</b> | 4<br>-<br><b>4</b> | 1<br>-<br><b>1</b> | 2<br>-<br><b>2</b> |
| <b>COMMENTS</b>  |   |                    |                    |                    |                    |                    |
| <ul style="list-style-type: none"> <li>• Explore potential to centralize position to serve both H-N <ul style="list-style-type: none"> <li>- Identify need and then decide on number</li> </ul> </li> <li>• Include intake and coordination</li> <li>• Should not be a Contact position</li> <li>• Link to Case Managers- assist them in accessing dollars/services and ensuring ILP achieved</li> <li>• Change wording – needs to reflect Strategic Direction</li> <li>• Define complex – may have multiple needs involving different ministries but not considered complex</li> <li>• <i>More than one position needed for the Region</i></li> </ul> |   |                    |                    |                    |                    |                    |
| 8. Based on the information, issues and insights generated as a result of the new system coordination position's role and activities, identify and/or influence: <ul style="list-style-type: none"> <li>• Changes to Ministerial policy that will facilitate coordination at a local and Ministerial level</li> <li>• Lifelong individualized funding strategies requiring interministerial funding approaches, and promote these strategies with relevant Provincial Ministries</li> </ul>  | 10<br>15<br><b>25</b>   | 1<br>-<br><b>1</b> | 3<br>1<br><b>4</b> | 5<br>3<br><b>8</b> | 2<br>-<br><b>2</b> | 1<br>-<br><b>1</b> |

| STRATEGIC DIRECTIONS & GOALS   | HOW DO YOU FEEL ABOUT EACH STRATEGIC DIRECTION & GOAL? |                    |                    | PRIORITIES (✓) *   |                    |                    |
|--|--|--------------------|--------------------|--------------------|--------------------|--------------------|
|  | Support  | Do Not Support     | Uncertain          | Year 1             | Year 2             | Year 3             |
|  | <b>C. Strategic Direction:</b>                         |                    |                    |                    |                    |                    |
| <b>Human Resource Strategies that support Individual Life Planning and implications of individualized funding</b>  |  |                    |                    |                    |                    |                    |
| <b>Draft Goals – Human Resource Management &amp; Training</b>  |  |                    |                    |                    |                    |                    |
| 9. Identify and address human resource issues related to Individual Life Plans.  | 13<br>5<br><b>18</b>                                   | 1<br>-<br><b>1</b> | -<br>-<br><b>-</b> | 6<br>1<br><b>7</b> | 4<br>-<br><b>4</b> | 1<br>-<br><b>1</b> |
| 10. Identify strategies to increase the capacity of agency infrastructures to support/supervise staff recognizing the need for additional resources.   | 14<br>5<br><b>19</b>                                   | 1<br>-<br><b>1</b> | -<br>-<br><b>-</b> | 8<br>-<br><b>8</b> | 2<br>-<br><b>2</b> | 1<br>-<br><b>1</b> |
| <b>COMMENTS</b>  |  |                    |                    |                    |                    |                    |
| <ul style="list-style-type: none"> <li>• Dollars not available so why even consider</li> <li>• Too many risks/injuries in families</li> <li>• <i>Appears to be fewer hands on types of supports</i></li> </ul> |  |                    |                    |                    |                    |                    |

| STRATEGIC DIRECTIONS & GOALS  | HOW DO YOU FEEL ABOUT EACH STRATEGIC DIRECTION & GOAL? |                |           | PRIORITIES (✓) * |        |        |
|---|--|----------------|-----------|------------------|--------|--------|
|   | Support  | Do Not Support | Uncertain | Year 1           | Year 2 | Year 3 |
|   | 86% agreed on year one priority                        |                |           |                  |        |        |
| <b>Draft Goals – Human Resource Management &amp; Training</b><br>11. Using orientation and training requirements, ensure that MCSS/MCYS recognizes additional funding is required to cover: <ul style="list-style-type: none"> <li>• Mandatory training (NVC), first aid, etc.</li> <li>• Orientation for new staff</li> <li>• Backfill</li> <li>• Site specific training</li> <li>• Management training</li> <li>• Life Plan training (e.g. accessing community programs, resources, etc.).</li> </ul> | 13   | 1              | -         | 9                | 2      | -      |
|   | 8  | -              | -         | 4                | -      | -      |
|   | 21   | 1              |           | 13*              | 2      |        |
| <b>COMMENTS</b>   |  |                |           |                  |        |        |
| <ul style="list-style-type: none"> <li>• MCSS already knows/has this information</li> <li>• Important to train people properly the first time</li> <li>• Increase salaries</li> <li>• ILP framework will help ensure consistent training – consistently trained personnel to implement them</li> </ul>  |  |                |           |                  |        |        |
| 12. Identify requirements for graduates through College Advisory Committee representative and/or specific program coordinators, and negotiate baseline educational content.   | 13   | -              | 2         | 6                | 3      | 2      |
|   | 8  | -              | -         | 2                | -      | -      |
|   | 11   |                | 2         | 8                | 3      | 2      |
| <b>COMMENTS</b>   |  |                |           |                  |        |        |
| <ul style="list-style-type: none"> <li>• Local post secondary programs to educate students and local employees</li> </ul>   |  |                |           |                  |        |        |

| STRATEGIC DIRECTIONS & GOALS | HOW DO YOU FEEL ABOUT EACH STRATEGIC DIRECTION & GOAL?  |                |           | PRIORITIES (✓) * |        |        |
|------------------------------|---|----------------|-----------|------------------|--------|--------|
|                              | Support   | Do Not Support | Uncertain | Year 1           | Year 2 | Year 3 |
|                              | <p><b>D. <u>Strategic Direction:</u></b></p> <p><b>The Developmental services system is positioned to attract and retain staff</b></p> <p><b>Draft Goals – Recruitment and Retention Strategy</b></p> <p>13. Develop and implement a recruitment and retention strategy for Niagara’s Developmental Services System that will address issues including:</p> <ul style="list-style-type: none"> <li>• Discrepancies in salaries between service systems <ul style="list-style-type: none"> <li>– Working hours</li> <li>– Working conditions, benefits</li> </ul> </li> <li>• Societal attitudes towards Developmental Services <ul style="list-style-type: none"> <li>– Not an attractive field in which to work</li> </ul> </li> <li>• Curriculum.</li> </ul> <p><b>COMMENTS</b></p> <ul style="list-style-type: none"> <li>• Increase incentives</li> <li>• Increase salaries – will increase calibre of applicants and how the profession is perceived</li> <li>• <i>Families need their own funding to hire their own staff</i></li> <li>• <i>Families lose good staff to agencies as they can’t afford the same benefits/salaries</i></li> </ul> |                |           |                  |        |        |
| 14                           | -   | -              | 6         | 3                | 2      |        |
| 10                           | -   | -              | 2         | -                | -      |        |
| 24                           |   |                | 8         | 3                | 2      |        |

| STRATEGIC DIRECTIONS & GOALS | HOW DO YOU FEEL ABOUT EACH STRATEGIC DIRECTION & GOAL?  |                |           | PRIORITIES (✓) * |          |        |
|------------------------------|---|----------------|-----------|------------------|----------|--------|
|                              | Support   | Do Not Support | Uncertain | Year 1           | Year 2   | Year 3 |
|                              | <p><b>E. <u>Strategic Direction:</u></b></p> <p><b>A data management system that supports service delivery and service planning</b></p> <p><b>Draft Goals – Data Requirements</b></p> <p>14. Develop and implement a process to define data requirements to support service delivery, service planning and funding decisions.</p> <p>15. Incorporate ISGIS data base features (or actual software) into Information Technology (IT) business practices for the benefit of provider agencies i.e. facilitate provider access to data and history for each person.</p> <p><b>COMMENTS</b></p> <ul style="list-style-type: none"> <li>Privacy issues, bureaucratic policies will influence individual levels of support in long run</li> <li>Definitions of data needed before software developed</li> </ul> <p><b>F. <u>Strategic Direction:</u></b></p> <p><b>Clarify the implementation of Making Services Work for People system features</b></p> <p><b>Draft Goals – Contact Niagara’s Role</b></p> <p>16. Contact Niagara will use their Strategic Planning process as a vehicle to develop a strategy for accessing agency/community input regarding key functions performed by Contact Niagara</p> |                |           |                  |          |        |
| 15                           | -   | 1              | 5         | 5                | 3        |        |
| -                            | -   | -              | -         | -                | -        |        |
| <b>15</b>                    |   | <b>1</b>       | <b>5</b>  | <b>5</b>         | <b>3</b> |        |
| 13                           | -   | 2              | 2         | 3                | 4        |        |
| -                            | -   | -              | -         | -                | -        |        |
| <b>13</b>                    |   | <b>2</b>       | <b>2</b>  | <b>3</b>         | <b>4</b> |        |
| 13                           | -   | 2              | 4         | 1                | 4        |        |
| 13                           | -   | 1              | 1         | -                | -        |        |
| <b>26</b>                    |   | <b>3</b>       | <b>5</b>  | <b>1</b>         | <b>4</b> |        |

| STRATEGIC DIRECTIONS & GOALS | HOW DO YOU FEEL ABOUT EACH STRATEGIC DIRECTION & GOAL?   |                |            | PRIORITIES (✓) * |        |        |  |    |   |   |    |   |   |    |   |   |   |   |   |           |  |          |            |          |
|------------------------------|--|----------------|------------|------------------|--------|--------|--|----|---|---|----|---|---|----|---|---|---|---|---|-----------|--|----------|------------|----------|
|                              | Support  | Do Not Support | Uncertain  | Year 1           | Year 2 | Year 3 |  |    |   |   |    |   |   |    |   |   |   |   |   |           |  |          |            |          |
|                              | <p><b>G. <u>Strategic Direction:</u></b></p> <p><b>Community awareness and understanding</b></p> <p><b>Draft Goals – Education And Awareness Strategy</b> 92% agreed on year one priority</p> <table border="1"> <tr> <td>14</td> <td>-</td> <td>1</td> <td>12</td> <td>1</td> <td>-</td> </tr> <tr> <td>15</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td><b>29</b></td> <td></td> <td><b>1</b></td> <td><b>12*</b></td> <td><b>1</b></td> <td></td> </tr> </table> <p><b>COMMENTS</b></p> <ul style="list-style-type: none"> <li>• Need to consider merging agencies</li> <li>• Number of agencies resulting in duplication and confusion</li> <li>• Outreach to elementary schools – staff, parents, individuals</li> <li>• Need to reach families early and provide regularly scheduled information nights</li> <li>• Families have a false sense of security re what is available when child finishes school – needs to be made aware of reality</li> <li>• <i>Schools need to play role in getting information to parents</i></li> </ul> |                |            |                  |        |        |  | 14 | - | 1 | 12 | 1 | - | 15 | - | - | - | - | - | <b>29</b> |  | <b>1</b> | <b>12*</b> | <b>1</b> |
| 14                           | -  | 1              | 12         | 1                | -      |        |  |    |   |   |    |   |   |    |   |   |   |   |   |           |  |          |            |          |
| 15                           | -  | -              | -          | -                | -      |        |  |    |   |   |    |   |   |    |   |   |   |   |   |           |  |          |            |          |
| <b>29</b>                    |  | <b>1</b>       | <b>12*</b> | <b>1</b>         |        |        |  |    |   |   |    |   |   |    |   |   |   |   |   |           |  |          |            |          |

◆ Similar issue/comment generated by consumer(s)

**An analysis of issues identified in the Community Study was completed. If Issues were identified by two or more Stakeholder Groups, or were identified in three or more categories and are not addressed by a Community Service Plan Goal, they are listed below.**

**Developmental Services:**

Respite; Access Issues/Geographic location of services/ Transportation; Psychiatric Services - Assessment & Treatment; Residential Supports; Residential Supports for Children; Services/Programs for Children; Specialized School Programs/Outreach to Schools; Crisis Intervention; Services for Transitional Youth; Employment Assistance; Bureaucracy and Governance/Administration; Financial Issues for Families

**1. If you would like to see either of the above issues addressed in a Community Service Plan Goal please identify the issue below.**

**2. Are there any areas of concern that are not addressed? If there are any other issues that you would like to see addressed through a Community Service Plan Goal please identify them below**

- Strategic Goal re all of the above
- All of the above issues are important to ILP's – assume having these available to individuals and families will be the eventual outcome of implementing this plan ◆
- Support for individuals when they leave school ◆
  - Day programs (18+)
  - Revisit concept of integration (should not be about sitting at home watching TV – revisit congregate work settings, workshops, stores
- Involve Education system in doing some of the outreach to parents e.g. giving parents Contact Niagara information
- Support workplace training in high schools ◆
- Transportation/Access/Service Location ◆
- Safe, economical, quality community housing
- Residential Supports needed ◆
- Streamlined assessment and treatment services
- More assessment and treatment- psychiatric services ◆
- Financial issues for families ◆
- Wait List
  - Centralized managed wait list that makes admission equitable – consistent criteria for establishing priorities

Loss of control over/contact with our wait list negatively impacts our agency's ability to provide service

- Respite
  - Families coping with increased stress of special needs person and need respite
  - Complex kids need respite
- So many services – very confusing
- Services/programs for children on week-ends and in the evening
- 
- **Consumer Responses**
  - *Having these services in place should be an anticipated outcome of this plan* ◆
  - *Services needed for children with learning disabilities – dollars for tutor and counselling needed*
  - *Many individuals with disabilities not eligible for service – do not meet agency criteria e.g. Aspergers*
  - *Gap between pre-school and school support needs to be addressed*
  - *Support for individuals when they leave school* ◆
  - *Concerned about my child when he leaves school*
  - *Day Programming essential*
  - *Life long learning should be available to people*
  - *Need to consider neurological vs. chronological age*
  - *Young adults more “school ready” than younger children*
- *Psychiatric services needed* ◆
- *School representative needed*
- *Geography* ◆
  - *Communities very segregated and isolated*
  - *Hard to access services*
  - *Transportation issues need attention*
- *Fort Erie*
  - *Transportation/Access Issue*
  - *Location makes service access difficult*
  - *Help parent get together and hire van and driver*
- *More affordable residential group homes* ◆
- *Financial support needed for families* ◆
- *Same level/quality of service needs to be provided across Region and across agencies*

**Implementation Considerations**

- Need to consider implications of goals for how agencies will function in the future – should be addressed at outset of implementation
- Need to begin looking at a continuum of services across the community rather than across agencies
- Will system have courage to take on the challenge of change being called for

**Process Considerations**

- Too much information for parents to absorb
- Boards should have time to review recommendations