

Access to Disability Supports and Services for Adults with Intellectual and Developmental Disabilities

Technical Version

Adopted June 2025

All people must have access to a full range of community-based supports and services as needed to ensure their well-being and quality of life. Supports and services should be designed using an inclusive approach and must be timely, equitable, accessible, culturally safe,¹ person-centred, needs-based, and holistic.

All levels of government need to enact their obligation to ensure people can achieve their fullest potential and realize their right to live in their communities as full citizens. Actions should prioritize collaboration across sectors to coordinate comprehensive and effective supports and services.

We believe in honouring disability as part of the range of human diversity, where supports and services allow people to flourish, participate fully in their communities, and achieve a sense of belonging. Belonging is a fundamental human need, marked by feelings of acceptance, respect, safety, connection, and comfort, which contribute to self-worth, identity, and well-being.² For the purpose of this position statement, we are highlighting needs specific to adults with intellectual and developmental disabilities. A supplementary position statement, *Access to Disability Supports and Services for Children and Youth with Intellectual and Developmental Disabilities*, is scheduled for release in fall 2025.

Disability supports and services for adults with intellectual and developmental disabilities are provided and funded in different ways. Community Living BC (CLBC) and a network of service providers are primarily responsible for services like community living and inclusion supports, with funding provided through the

¹ Cultural safety means working in ways that are fair for people from a diversity of backgrounds, and free from discrimination. Cultural safety is an outcome based on respect where people feel safer asking for and receiving supports and services. Informed by definitions of cultural safety published by San'yas Indigenous Cultural Safety Training and the BC First Nations Health Authority (FNHA).

² Gerlach, A., Newbury, J. and Berggren, T. (2024), Experiences of Unbelonging and Ableism in the Early Learning and Childcare Sector in British Columbia, *Journal of Childhood Studies*, Vol. 49, No. 3, p. 46-65, at 48.

Ministry of Social Development and Poverty Reduction (SDPR). However, a range of critical supports and services are also delivered or funded by other government partners, like health and housing. For people with intellectual and developmental disabilities and their families, the lack of coordination among parties responsible for supports and services across sectors can make things confusing and difficult. Our position statement aims to highlight critical service gaps and identify opportunities for meaningful collaboration that will make a real difference in people's lives.

Our position statement strives to challenge racist, ableist, ageist, and colonial views about people with intellectual and developmental disabilities. Our goal is to promote the inclusion of all members of the community regardless of income, ethnicity, background, culture, religion, marital status, sex, sexual orientation, gender identity or expression, age, and disability.

We recognize and support the inherent Indigenous rights and titles throughout the province of British Columbia, the implementation of the UN Declaration on the Rights of Indigenous Peoples, the 94 Calls to Action by the Truth and Reconciliation Commission, and the B.C. Declaration on the Rights of Indigenous Peoples Act.

[Click here to skip the background and rights-based section and move directly to the calls to action.](#)

Background

Rights of People with Intellectual and Developmental Disabilities

In 1982, the [Canadian Charter of Rights and Freedoms](#)³ established protections for people with disabilities. Section 15.(1) says "Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or **mental or physical disability**."

People with intellectual and developmental disabilities have the right live a good life with access to needed supports. In 2010, Canada ratified the [United Nations](#)

³ Government of Canada, Canadian Charter of Rights and Freedoms (1982), online: [The Constitution Acts 1867 to 1982](#)

[Convention on the Rights of Persons with Disabilities](#) (UNCRPD)⁴ which asserts the right of every person with a disability to equality and non-discrimination regarding health, education, employment, an adequate standard of living, and **access to services**.

[Article 19](#) says States Parties recognize the right of all persons with disabilities to live in the community and that appropriate measures will be taken to facilitate full inclusion and participation in the community. This includes **ensuring persons with disabilities have access to a range of community support services, and that mainstream community services are available to them on an equal basis and are responsive to their needs**.

[Article 28](#) says State Parties should take appropriate steps to ensure equal access by persons with disabilities to:

- Appropriate and affordable services, devices, and other assistance for disability-related needs;
- Social protection programmes and poverty reduction programmes; including adequate training, counselling, financial assistance, and respite care;
- Assistance with disability-related expenses; and
- Public housing programmes.

On June 21, 2021, the [United Nations Declaration of the Rights of Indigenous Peoples Act](#) received royal assent in Canada, mandating the government to align Canadian laws with the [United Nations Declaration on the Rights of Indigenous Peoples](#).⁵ Article 21 says States shall take effective measures and, where appropriate, special measures to ensure continuing improvement of economic and social conditions for Indigenous Peoples, with particular attention paid to the rights and needs of **persons with disabilities**. Article 24 says **Indigenous individuals have the right to access, without discrimination, all social and health services**.

⁴ United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), online:

<https://social.desa.un.org/issues/disability/crpd/convention-on-the-rights-of-persons-with-disabilities-crpd>

⁵ United Nations Declaration on the Rights of Indigenous Peoples, online:

https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf

In 2021, the [Accessible British Columbia Act](#)⁶ established a legal framework to enhance accessibility to existing services by requiring public sector organizations to identify, remove, and prevent barriers. The Act defines barriers as anything that hinders the full and equal participation in society by a person with an impairment, and recognizes that people can experience multiple barriers, creating intersecting forms of discrimination.

In reviewing Canada's human rights record, the 2023 [Report of the Working Group on the Universal Periodic Review](#)⁷ recommended conducting a full legislative review to harmonize federal, provincial, and territorial policy frameworks with the UNCRPD. They also recommend strengthening existing policies and funding models to ensure the medical, psychological, social, and economic well-being of people with disabilities.

In its 2025 concluding observations on Canada's combined second and third periodic reports,⁸ The UN Committee on the Rights of Persons with Disabilities expressed multiple concerns with Canada's performance. The committee called for significant investments and comprehensive measures at the federal, provincial, and territorial levels to address systemic failures related to well-being and the social determinants of health, including poverty alleviation, access to health care, accessible housing, and community-based supports.

Equitable access to supports and services, strong oversight, and an accountability system are essential to ensure people with intellectual and developmental disabilities can fully enjoy and realize their rights.

History of Disability Supports and Services

In the 1970s, advocacy efforts led to the development of community-based supports as an alternative to institutions. BC was one of the first provinces to close all its institutions for people with intellectual and developmental disabilities in

⁶ British Columbia, Accessible British Columbia Act [S.B.C. 2021], online: <https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/21019>

⁷ Report of the Working Group on the Universal Periodic Review-Canada, online: <https://www.ohchr.org/en/hr-bodies/upr/ca-index> (37.271, 37.272)

⁸ Committee on the Rights of Persons with Disabilities, (2025), Concluding observations on the combined second and third periodic reports of Canada - Advance Unedited Version, online: tbinternet.ohchr.org/_layouts/15/treatybodyexternal/TBSearch.aspx?Lang=en&TreatyID=4&CountryID=31&DocTypeID=5

1996.⁹ As the province shifted away from a medical model of disability, efforts began to address systemic barriers and promote accessibility. For example, the [Community Living Authority Act](#) of 2004 was developed to promote inclusive services and community-based supports, reducing barriers to participation. The commitment at the time was to create robust community-based services, focused on supporting people to live and participate in their communities. These efforts led to the creation of [Community Living BC](#) (CLBC) in 2005, a crown corporation mandated to fund supports and services to eligible adults aged 19+. CLBC provides planning, community inclusion, well-being, and home supports to help people participate fully in their communities. Supports are delivered through contracted community-based organizations as well as individualized funding models.

Over time, provincial investments have not kept pace with the demand of community living services. This has resulted in gaps in service provision and increased pressure on community organizations. The service delivery funding models have remained largely unchanged, despite a growing population and the evolving complexity of people's support needs. For example, the growing intersection with corrections, mental health, substance use, and homelessness. There have been long-standing concerns that the system of community services limits access, self-determination, opportunities for relationships and community participation, and focuses more placing people in programs based on budgets than meeting individual needs.¹⁰

Over the past two decades, there have been many attempts at engagement with people with disabilities, their families, and community organizations to improve disability-related supports and services. These engagements have led to some progress within community living funded services. However, it has not supported the growth of other vital government funded supports and services such as inclusive housing and adequate health, mental health, and income supports.

⁹ Ministry of Social Development and Poverty Reduction (2019), Re-Imagining Community Inclusion, online: <https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/organizational-structure/ministries-organizations/social-development-poverty-reduction/re-imagining-community-inclusion-march-2019.pdf>

¹⁰ Ibid.

Government-led Initiatives

In 2018, the [Re-imagining Community Inclusion Initiative](#) was launched to create a pathway for the future of community inclusion, focused on collaboration between sectors. Throughout 2021, the [Re-imagining Community Inclusion Work Plan](#) was developed. The plan identified four initial key priorities to improve the lives of people with intellectual and developmental disabilities in BC, including:

- Self-defined and self-determined services for Indigenous people,
- Improved access to health and mental health services,
- Flexible housing options, and
- Employment opportunities.¹¹

In 2021, the introduction of [provincial accessibility legislation](#) marked a historical shift in BC. **While the recognition of disability supports as a human rights issue is critical for ensuring equal treatment, accountability, and systemic change, challenges persist regarding the implementation of these rights.** What is needed is a rights-based model of disability, which places a stronger focus on self-determined supports and the responsibilities of governments and communities to uphold people's rights.

In 2023, as part of the Community Inclusion Service Review project, CLBC began a series of discussions with people, families, service providers, and community partners across the province. The work is aimed at improving community inclusion supports and services, ensuring they align with best practices and provincial commitments.¹² Updates about the next steps of this work are expected to come out in the second half of 2025.

Another area of focus has been the shared living or home share model. In 2021, the Office of the Auditor General of British Columbia audited CLBC and published a [report](#) that included five recommendations to improve home share services.¹³ In

¹¹ Re-imagining Community Inclusion: Work Plan 2022/23-2024/25, online: [Re-imagining Community Inclusion: Work Plan - 2022/23 - 2024/25](#)

¹² Community Living BC, Conversations on Community Inclusion Services, online: [Conversation on Community Inclusion Services - Community Living BC](#).

¹³ Office of the Auditor General of British Columbia (2021), Community Living BC's Framework for Monitoring Home Sharing Providers, online: [OAGBC-20210615-Community-Living-BC_RPT.pdf](#) at 4.

2018, a person who was living in a home share and receiving CLBC supports died. The B.C. Coroner conducted an inquest in 2025. In response to the findings, a Grand Jury Verdict issued [15 recommendations](#) to address the serious and ongoing challenges regarding home share and health care supports and services. **The Coroner's inquest has reinforced the urgent need for a cross-government approach to support.** To achieve long-term solutions, the provincial government must show immediate leadership by investing the necessary resources to implement the recommendations without delay.

[Budget 2025](#) includes additional funding for CLBC; however, these allocations will primarily address the increasing number of people requiring CLBC-funded services.¹⁴ There were no new targeted investments to explore innovative solutions to more meaningfully address the changing support needs of people with intellectual and developmental disabilities and their families. CLBC's most recent [Mandate Letter](#) calls for advancing the Re-imagining Community Inclusion Workplan and improving service delivery so that it is timely and addresses transitions, as well as the needs of people awaiting services.

Challenges and Barriers to Community Participation

Supporting people's needs is critical to reducing inequities related to the social determinants of health and community inclusion. Yet, disability supports in the province are situated as voluntary and are budget-dependent, crises-driven, and rooted in a charity model.¹⁵ This has resulted in restricted access, long wait times, lack of coordination, inadequate supports in remote regions, and the siloing of services across sectors, including social services, health and mental health, education, corrections, recreational programs, and community organizations. **To appropriately address people's disability-related support needs, the creation of a Provincial Disability Strategy is crucial.**

¹⁴ Community Living BC, Province invests in CLBC-funded services in its 2025 Budget, online: [Province invests in CLBC-funded services in its 2025 Budget - Community Living BC](#).

¹⁵ A charity model of disability views people with disabilities as less than or diminishes their value. These attitudes hinder the exercise of their full citizenship.

People experiencing barriers to accessing CLBC-funded services, who contact the Inclusion BC Community Inclusion Advocacy Program, often cite poor communication and a lack of clear information from CLBC staff. High staff turnover and limited training for facilitators and analysts can significantly hinder the effectiveness of equitable service delivery. When staff lack clear, consistent information and the skills to engage meaningfully with people and families, it can lead to confusion, frustration, and delays in support. This undermines trust and limits opportunities for collaboration. Ongoing training and clear communication are essential to ensure staff can navigate complex systems and policies, advocate effectively, and support inclusive, person-centred outcomes.

Equitable Access and Culturally Safe Supports

The [Re-Imagining Community Inclusion report](#) identified “especially strong calls” among self-advocates, families, and service providers for reducing cultural and geographic barriers to supports.¹⁶ To ensure equitable access to supports and services that promote community inclusion, it is essential to consider intersections of identity. People facing additional barriers to inclusion related to factors like race, background, Indigenous identity, gender identity and expression, sexual orientation, or socioeconomic status, require approaches that are holistic, culturally safe, and trauma informed. All supports must be person-centred, providing flexibility in what services are available, and how they are allocated and funded to best meet individual needs. Foundational to person-centred supports and services are the guiding principles of choice, control, autonomy, and supported decision making.

Youth Transitions

Young adults transitioning from youth services to CLBC, often encounter significant challenges that can hinder their participation in adult life. When the transition to adult services is delayed, people are left without adequate supports and services in place. This is especially concerning for Indigenous young adults with disabilities who are part of the largest minority group in Canada and already face significant

¹⁶ Ministry of Social Development and Poverty Reduction, *supra* note 9 at 15.

marginalization. The lack of coordinated planning and support can lead to adverse outcomes, including homelessness and mental health challenges. To address these issues, early, individualized, person-centred transition planning is essential. This planning needs to translate into investment, to ensure people's needs are met as they transition into the adult service system.

New research shows that life course transitions are among the most difficult times, with mental health challenges increasing during the transition to adulthood.¹⁷ Former children in care are especially vulnerable during this period. A promising practice is the [SAJE Program](#). It provides support for planning, income, housing, health, mental health, training, and cultural supports for young adults aged 19-27 who have child welfare experience. It is well known that people fall through gaps in the system as they reach adulthood; ensuring access to transition supports is crucial.

Transitions as People Age

Research by Baumbusch et al. shows that the life expectancy of people with intellectual and developmental disabilities is increasing from past generations.¹⁸ BC faces significant challenges in supporting people with intellectual and developmental disabilities as they age. While initiatives like Community Living BC's [Strategy on Aging](#) aim to address these issues, many older adults still encounter inadequate health care services, housing shortages, and insufficient long-term planning. Aging caregivers often struggle to access appropriate future supports for their adult children, leading to distressing situations where people are left without proper support after their parents' passing. These systemic gaps highlight the urgent need for comprehensive, coordinated policies and resources to ensure that people can age with dignity and security in their communities.

¹⁷ Marquis, S., et al. (2024), "Population level administrative data evidence of visits to the emergency department by youth with intellectual/developmental disabilities in BC, Canada," *American Journal of Emergency Medicine*, 69 (2023) 52-57, online: 10.1016/j.ajem.2023.04.006

¹⁸ Baumbusch, J., Moody, E., Hole, R., Jokinen, N., & Stainton, T. (2019). Using healthcare services in the community: perspectives of aging adults with intellectual disabilities and family members. *Journal of Intellectual Disability Policy and Practice*, 16(1), 4-12.

Health and Mental Health

Our Position Statements on Access to [Health](#) and [Mental Health](#) detail the challenges people with intellectual and developmental disabilities face in accessing appropriate health care. A key issue is that health care (including mental health care) providers often lack the training and expertise to serve people with intellectual and developmental disabilities, leaving them significantly marginalized. This highlights the need for a comprehensive workforce strategy in BC to ensure equitable care for this group of people. Additionally, treatment supports and services for people with intellectual and developmental disabilities and co-occurring substance use issues are severely lacking across the province.

Programs like [Health Services for Community Living \(HSCL\)](#), [Communication Assistance for Youth and Adults](#), and [Intervenor services](#) offer vital health-related supports that enable people to fully participate in all aspects of daily life. However, inadequate funding makes it difficult to provide timely and high-quality care. As a result, access to these critical services has become a significant challenge, leaving many people, including those with complex health-related needs, without the supports they need, when they need them.

The Ministry of Health's [Developmental Disability Mental Health Services \(DDMHS\)](#) were created for people with intellectual and developmental disabilities and co-occurring mental health challenges, but are limited in who they serve. People face significant wait times, small program sizes, limited services, restrictive criteria for referrals, and difficulties in access due to geography and eligibility qualifications.¹⁹

Further contributing to delays or gaps in service delivery is confusion around responsibilities for health supports. The [Guidelines for Collaborative Service Delivery for Adults with Developmental Disabilities](#) were developed to emphasize the importance of collaboration and to “provide direction and support to regional providers in the development of policies and processes to meet the needs of adults with developmental disabilities in an integrated and sustainable manner.”²⁰

¹⁹ Representative for Children and Youth (2023), Still Left Out: Children and Youth with Disabilities in B.C., online: <https://rcybc.ca/reports-and-publications/reports/still-left-out/>

²⁰ Guidelines for Collaborative Service Delivery for Adults with Developmental Disabilities - Between Community Living British Columbia, Regional and Provincial Health Authorities, Ministry of Health, and Ministry of Social Development and Poverty Reduction (2022), online: [guidelinescollaborativeservicedeliveryadults.pdf](#) at 3.

This is essential to ensure people have access to the necessary supports within their communities.

A clear understanding of the health status of British Columbians with intellectual and developmental disabilities is difficult to achieve due to a lack of sufficient data collection, dissemination, and analysis.²¹ Further, disaggregated data regarding First Nations, Métis, Inuit, and urban Indigenous people with intellectual and developmental disabilities is unavailable.²² **Without comprehensive and accurate data, the development and delivery of services and supports will remain inadequate, hindering efforts to meet the needs of people effectively.**

Complex Needs

Many existing community support programs are not designed to meet the unique needs of people with intellectual and developmental disabilities who have complex needs—meaning people who experience substance use and/or mental health challenges that increase their vulnerability to homelessness, overdose, hospitalization, and victimization as well as involvement with the criminal justice system and risk of other adverse experiences. Enhancing the capacity of CLBC to effectively support adults with complex needs will help address the existing service gaps that create health and safety risks. This can be achieved by providing diverse housing options and access to specialized supports in health, mental health, substance use, transition services, outreach, case management, and criminal justice—while also ensuring service providers have the necessary and appropriate training, expertise, and skills.

BC's [Complex Care Housing Program](#) is meant to be inclusive of people with intellectual and developmental disabilities. It provides comprehensive housing services, including primary care, mental health, addiction supports, and daily living assistance for people with complex needs who are experiencing, or at risk of homelessness. While designing inclusive services is a welcome approach, people's needs continue to outweigh the availability and capacity of services.

²¹ Special Olympics British Columbia (April 2019), British Columbia Framework for the Advancement of Health Outcomes for People with Intellectual Disabilities, online: [Howe International - Letterhead](#) at 2

²² Baumbusch, J., et al, *supra* note 18.

Housing

People receiving support from CLBC face significant housing challenges due to the limited availability and affordability of suitable options. While CLBC offers various supports, such as independent living, shared living (including home sharing and live-in support), and staffed living arrangements, these options are limited and often fall short of meeting people's diverse needs and preferences. Despite these programs, a significant number of people with disabilities remain on waitlists, and many families struggle to secure long-term housing solutions for their loved ones.

Community organizations, family groups, and self-advocacy groups continue raising awareness and advocating for more inclusive housing options with landlords, non-profit developers, and municipal governments across the province. However, the demand for such housing continues to outpace supply, underscoring the need for sustained investment and policy support to ensure that all people with intellectual and developmental disabilities have access to safe, affordable, and inclusive housing.

In addition to a lack of affordable housing, people with disabilities face a lack of accessible housing and limited housing supports and community-based housing options. As a result, people with disabilities are more likely to experience inadequate living conditions and homelessness. To find accessible housing, Indigenous people with disabilities often leave their communities.²³ As highlighted in the 2018, report [Home is Where our Story Begins, housing is a right and inclusive housing requires](https://www.communitylivingbc.ca/wp-content/uploads/IHTF-Report-November-2018.pdf) access to affordable, accessible, person-centred, culturally safe, and holistic options for supports.²⁴ More will come in the Fall of 2025, in our *Position Statement on Access to Inclusive Housing for People with Intellectual and Developmental Disabilities*.

²³ UN Committee on the Rights of Persons with Disabilities, *supra* note 8.

²⁴ Community Living BC & Inclusion BC (2018), *Home is Where our Story Begins*, online: <https://www.communitylivingbc.ca/wp-content/uploads/IHTF-Report-November-2018.pdf>.

Costs and Income Security

According to the [2022 Canadian Survey on Disability](#), nearly 4.5 million people with disabilities report having at least one unmet need surrounding aids, devices, medication or health care services. Over 75% cited cost as a reason for those needs being unmet. The average monthly Persons with Disabilities (PWD) benefit rate of \$1,483.50²⁵ for a single adult in B.C. means many people with disabilities live approximately 35% below the [poverty line](#). With limited health supplements available to PWD recipients, out-of-pocket health and equipment expenses negatively impact people's financial, physical, emotional, and mental well-being. The [Canada Disability Benefit \(CDB\) Regulations](#) confirm the permanence of the much-needed CDB benefit, but the \$200 monthly rate will not ensure access to the supports people need and deserve.

[Budget 2025](#) acknowledges the growing need for disability supports in the province yet fails to address insufficient benefit rates. In 2025, the UN Committee on the Rights of Persons with Disabilities called on Canada to ensure all disability benefits provide an adequate standard of living and lift people out of poverty.²⁶ We discuss these issues further in our [Position Statement on Access to Income Security for Adults with Intellectual and Developmental Disabilities](#).

Inclusive and Accessible Communities

Once basic needs such as health care, housing, and income are met, people require access to a full range of community-based social, recreational, cultural, and life skill opportunities that enable them to lead fuller lives within their communities. In addition to government supports and services, it must be recognized that non-profits, Indigenous organizations, and community-based supports, often play a key role in supporting the inclusion and well-being of people with intellectual and developmental disabilities.²⁷ Not all supports need to be addressed by specialized services. Mainstream services should be designed using a disability lens, making them accessible and capable of supporting a wide range of needs. The lack of

²⁵ British Columbia, Disability Assistance Rate Table, online: [Disability Assistance Rate Table - Province of British Columbia](#)

²⁶ UN Committee on the Rights of Persons with Disabilities, *supra* note 8.

²⁷ Special Olympics British Columbia (April 2019), British Columbia Framework for the Advancement of Health Outcomes for People with Intellectual Disabilities, online: [Howe International - Letterhead](#)

inclusive mainstream services is a barrier to planning life with abundance. Too often, full and meaningful participation is hindered by the failure to implement universal and inclusive design in service delivery and across supports.

Education and Employment

Crucial to fostering opportunities for inclusion and improving social determinates of health, is access to education and employment supports and services. People with disabilities face barriers to inclusive education and are disproportionately impacted by 'precarious employment', meaning work that is unstable, lacks protection, and is associated with socioeconomic vulnerability and low income levels.²⁸ Sheltered work programs, which pay people with intellectual and developmental disabilities less than minimum wage or not at all, are still permitted in certain contexts in BC.²⁹ People with disabilities deserve to be fairly paid for the work they do and have the right to work on an equal basis with others, free from discrimination.

[StudentAid BC](#) supports access to post-secondary education for students with disabilities through grants and bursaries. Both [WorkBC](#) and [CLBC](#) offer community-based employment services. CLBC's [L.I.F.E. service](#) is a community inclusion service supporting people with learning, inclusion, friendship and employment. Currently, it is only available in a limited number of communities. We heard from people who struggled to get clear information about this service, as well as the other community inclusion supports available in their region. There needs to be a greater awareness of available supports and eligibility criteria to ensure people can access the services they need within their communities.

Although education and employment supports and services are well-intentioned, people with intellectual and developmental disabilities who work are likely to earn less than \$20,000 a year and face government policies that deduct earned income by reducing their benefits. For supports and services to achieve their intended

²⁸ Canadian Centre for Occupational Health and Safety, Legislation, online: [CCOHS: Precarious or Non-Standard Employment and Vulnerable Workers](#)

²⁹ Institute for Research and Development on Inclusion and Society (2021), Help Wanted Ending Sheltered Work in Canada - Transitioning to inclusive employment for people with intellectual and developmental disabilities, online: [Help-wanted-Full-Report-EN.pdf](#)

outcomes, the government must align its efforts across Ministries, ensuring participation in otherwise beneficial programs is not disincentivized.

Despite what has been done, people with intellectual and developmental disabilities continue to experience barriers to timely, equitable, accessible, culturally safe, person-centred, needs-based, and holistic disability services and supports. People with intellectual and developmental disabilities want to shift away from punitive policies, having stigma associated with receiving services, and from complex bureaucratic processes to ones that are person-centred.³⁰

Sufficient resources and funding are urgently needed to respond to the needs of people with intellectual disabilities in BC so they can access critical services, live safely, and receive the supports they need and deserve. **Restricted access to the supports people need highlights the importance of creating a comprehensive disability strategy, enhancing funding for community-based services, and focusing on better-designed systems that meet people's needs.** This will enable people to live full, meaningful lives in their communities.

Calls to Action

To ensure adults with intellectual and developmental disabilities have access to a full range of community-based supports and services they need to ensure their well-being and quality of life, we call on the provincial government to:

- Create a **Provincial Disability Strategy** with actionable steps, including:
 - Provincial accountability and oversight, such as establishing an **independent advocate** to monitor the government and ensure compliance with human rights obligations.
 - **Coordination and collaboration** across ministries and crown corporations.
 - A **coordinated workforce development strategy** across ministries and crown corporations.

³⁰ Ministry of Social Development and Poverty Reduction, *supra* note 9.

- **Adequate funding for person-centred supports and services** that address the social determinants of health and ensure belonging in communities.
- Review, revise, and evolve the **provision of services through a rights-based model** of disability in alignment with the UN Convention on the Rights of Persons with Disabilities (UNCRPD) and commit to **innovating** supports and services that adapt and change according to people's needs.
- Establish **independent oversight and increase accountability of Community Living BC** to ensure they are meeting their mandate.
- Increase the **capacity of community organizations** by allocating the resources needed to support people, including persons with complex needs, effectively.
- Prioritize efforts to **enhance person-centred planning and community supports**—both in quality and quantity— to meet the diverse needs of people, so they can plan and live full lives.

All people should have access to the supports and services needed to achieve their fullest potential and thrive in their communities. Supports and services must be timely, equitable, accessible, culturally safe, person-centred, needs-based, and holistic. Actions are urgently needed that ensure people's evolving needs are met and that the design, provision, and delivery of supports and services uphold the rights of people with intellectual and developmental disabilities.