



Access & Flow Panel Presentation  
NSHA Spring Forums

**Adult Residential / Regional  
Rehabilitation Centres Sector**

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Prepared with input from the ARC/RRC  
Association

## Who We Serve

- Individuals ranging in age from 19 to 80+ years with:
  - Moderate to severe intellectual and/or physical disabilities
  - Chronic mental illness
  - Addictions
  - Acquired brain injuries





## Common Myths & Realities

### **Myth**

We only support individuals with intellectual disabilities

### **Reality**

We serve individuals with complex behaviour challenges associated with their diagnosis



## Common Myths & Realities

### **Myth**

We work under a medical model as opposed to a social model

### **Reality**

We follow a person-centred model (creates a customized plan for each resident based on their needs and abilities)



## Common Myths & Realities

### Myth

- Access to intensive nursing & specialty services are universally available
- Psychology, psychiatry, occupational therapy, physiotherapy, hearing & speech, intensive nursing, recreational therapy, pharmacy

### Reality

- Access to specialty services is not universally available across sector
- Residents must be medically stable as we have insufficient nursing staff to provide medical care



## Common Myths & Realities

### Myth

We do not have a wide range of expertise or services to offer our residents or other sectors

### Reality

- We have specialized expertise in supporting people with complex challenging behaviours.
- We provide a continuum of progressive services & supports to empower people with diverse abilities to make their own choices, participate in decision-making, and to be contributors to and participate in their local community
  - Independent living services
  - Social enterprise
  - Access to employment opportunities
  - Access to a range of residential services
  - Vocational training & skills development
  - Health-related & other specialty services





## Common Myths & Realities


### Myth

Clients do not make decisions regarding their medical treatment

### Reality

We believe in supportive decision making & choice

(If an individual is deemed competent, they are empowered to make their own decision about accepting or declining treatment.)



## Largest Challenges to Seamless Transition Along Continuum

- Our expertise is not widely recognized
- Misinformation or missed information from other institutions
  - Medical history
  - Behavioural history
- Lack of relationships with the health sector
- Misperceptions about our residents/lack of understanding of resident needs (social stigmas)
- Need for greater support from the police & hospitals



## Facilitators in Transitioning Along Continuum

- Accurate & up-to-date resident information
- Good relationships with other service providers & regional offices
  - DCS & DHW
- Better understanding of who we can & cannot effectively & safely support



## What We Need From Other Program Areas

- Support in meeting the needs of individuals with complex, challenging behaviours & mental health issues

Support from:

- Hospitals
- Home care nursing (e.g. IV antibiotics)
- Mental health & addictions





## What We Can Offer Other Program Areas

- Have expertise in supporting individuals with disabilities, in a social, person-centred model of care, & in responsive behaviour management
  - Behaviour intervention
  - Positive behaviour support
  - Program development
- Willing to share our expertise & array of speciality services



## Top Priority for Collaboration & Change

- Need to gain a mutual respect for other sectors
- Need to realize that together we are a system & can accomplish more
- Need to better understand the roles & responsibilities of the other sectors





Thank You!

Questions?  
Comments?

