Evaluating the Shift Toward Community Inclusion: Service Provider Perspectives on the Agency of Persons with Developmental Disabilities in British Columbia

By

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Executive Summary

This project examines the impact of the shift toward community inclusion programming for persons with developmental disabilities (PWDD) in British Columbia (BC), with a specific focus on whether this shift has increased the sense of agency in the lives of PWDD. Recent shifts in programming, particularly through Community Living British Columbia's (CLBC) new focus on community inclusion, have been designed to address these challenges by promoting greater autonomy and participation for PWDD within their communities. The project explores the perceptions of service providers regarding changes in the structural barriers that have historically limited the agency and inclusion of PWDD. By investigating these topics, the project aims to show how the current programming reforms are influencing both individual outcomes and the broader system of support for PWDD in the province of BC.

This study addresses the following research question: How do service providers perceive the impact of community inclusion programs on promoting agency and social inclusion for persons with developmental disabilities (PWDD) in British Columbia (BC)?

To answer this question, the study employs a mixed-methods approach, integrating both qualitative and quantitative data to provide a comprehensive analysis of the changes in programming and the perceptions of service providers working directly with PWDD. A mixed-methods design was selected to allow for a triangulation of findings through both qualitative and quantitative data. The study consisted of two main components: a survey instrument and one-on-one interviews with service providers who work with PWDD in BC. The survey was used to gather quantitative data regarding the perceived effectiveness of community inclusion programming in increasing agency for PWDD, while interviews provided qualitative insights into the structural challenges and opportunities that service providers face in implementing these changes.

The quantitative data from the surveys helped identify broad trends and patterns in the service providers' perceptions, while the qualitative interviews allowed for deeper exploration of these issues, providing nuanced understanding of the lived experiences of those on the front lines of service delivery. This combination of methods enabled a robust examination of both the impacts of programming and the barriers to change, and allowed for a triangulation of results to better answer the research questions

The findings of this study suggest that service providers largely believe that the emphasis on community inclusion programming has contributed to an increase in agency for PWDD. Respondents reported that community inclusion programming provides greater opportunities for PWDD to engage in meaningful activities, build social connections, and participate more fully in community life. These results align with themes in the literature, such as those identified by Merrells et al. (2019) and Lysaght (2019), which underscore the importance of employment and social participation in enhancing the agency of PWDD.

However, there was a division among service providers regarding whether structural barriers to inclusion are changing. While many service providers noted that community inclusion has led to more individualized, flexible programming, others expressed frustration with the continued

limitations of the system. These barriers included rigid funding structures, bureaucratic policy hurdles, and contractual constraints that hindered the ability of service providers to fully implement person-centered approaches. This division reflects the complexity of reforming systems that are entrenched in longstanding practices, with different stakeholders holding varying views on the pace and extent of necessary changes.

In addition to these structural concerns, service providers acknowledged the resourcefulness required to adapt services to the unique needs of PWDD, particularly in rural or remote areas. The findings indicate that, despite the challenges of navigating a complex system, service providers have been successful in offering innovative and effective solutions to ensure that PWDD can access services that promote greater autonomy and inclusion.

One key finding of this project is the importance of ongoing support for service providers in navigating sector challenges. The research highlights the need for more flexible contracting mechanisms and greater collaboration across service sectors to enable more responsive, person-centered approaches. Additionally, the study calls for a more integrated approach to service delivery, where service providers are not only tasked with implementing new programs but also have the resources and autonomy to innovate within a supportive framework from all stakeholders involved.

Another significant finding from the study is that cross-sector collaboration offers substantial benefits, not only for service providers seeking to enhance the opportunities available to persons with developmental disabilities (PWDD) in order to increase their agency, but also for the PWDD themselves. By collaborating with various agencies and stakeholders, service providers can access more diverse funding mechanisms and improve the structure and scope of support offered to PWDD. Such collaborations enable a more holistic approach to care, facilitating better outcomes for individuals by ensuring that resources and expertise are pooled effectively. Moreover, fostering partnerships between agencies can empower PWDD, as they may gain advocates within broader communities, thereby strengthening their agency and enabling them to exercise greater control over their lives.

In addition to the importance of cross-sector collaboration, the study highlights the need for a systemic shift in how different sectors view and interact with one another. Currently, the existence of siloed systems hampers the efficient and comprehensive support of PWDD. The lack of communication and coordination between government agencies, health authorities, and other service organizations creates barriers to delivering effective, individualized care. Therefore, it is imperative that these institutions develop a more integrated approach, fostering a better understanding of the services and supports available across sectors. A more cohesive system will allow for the seamless delivery of services and ensure that PWDD receive the full spectrum of support they need to thrive.

The project also identified three key themes from service providers that warrant further exploration to enhance agency and community inclusion for persons with disabilities (PWDD) in British Columbia. These themes include: 1) enhancing flexibility and adaptability in service delivery, 2) fostering a shared vision for service provision, particularly through alignment between staff and service providers, and 3) extending and strengthening collaborations and partnerships. Addressing these areas with targeted efforts would significantly improve both agency and community inclusion for PWDD, leading to more effective and responsive services that are better attuned to the needs of this population. By prioritizing these themes service providers can create more inclusive, sustainable, and equitable systems that promote community inclusion and agency.

This project also lays the groundwork for future research in several areas. Future studies should consider a larger and more diverse sample of service providers, as well as other key stakeholders (e.g., policymakers, PWDD themselves) to gain a broader perspective on the impact of community inclusion programming. Further research could also examine how CLBC can better support service providers in adapting to the evolving needs of PWDD, particularly in the context of shifting funding models and service delivery structures.

In conclusion, this project has shown that the shift to community inclusion programming has had a positive impact on the agency of PWDD in BC, though challenges remain in addressing structural barriers and ensuring consistent access to services. While there is evidence of innovation and resourcefulness among service providers, the findings indicate that further systemic changes are necessary to fully empower PWDD and ensure that they can live their lives with the dignity, autonomy, and community participation they deserve.

Chapter 1. Introduction

In British Columbia, the Community Living sector is comprised of persons with developmental disabilities (PWDD) and the service providers that offer support services. In this sector, there is a growing movement spearheaded by Community Living British Columbia (CLBC)—the crown corporation that oversees the funding and programming for PWDD in BC—to transition service providers from traditional segregated settings to a more community-based framework that enhances community inclusion for PWDD. Community inclusion is defined by CLBC as "support to get out and participate in their local community in a meaningful way" (CLBC, 2023). While the change in framework to a community-based approach is viewed favorably by the majority in the sector, it would be beneficial to consider whether the lives of PWDD within this new framework are benefiting as intended by CLBC; namely, helping PWDD to take part in community activities outside of their home, which could potentially include learning a new skill, joining a social event, pursuing employment opportunities, or engaging in sports or recreational activities (CLBC, 2023).

Given the long history of oppression faced by PWDD and the unique challenges they encounter in their daily lives, it is crucial to explore whether community-based approaches effectively foster greater agency and inclusion for PWDD. This exploration is particularly important from the perspective of service providers who deliver these programs. This study addresses the following research question: How do service providers perceive the impact of community inclusion programs on promoting agency and social inclusion for PWDD in British Columbia (BC)?

To address this research question, the study aims to gather insights from service providers across British Columbia (BC) through a survey, seeking their perspectives on whether they have observed changes in the agency of persons with developmental disabilities (PWDD) and shifts within the systems in the Community Living sector. Survey responses will inform the development of in-depth interview questions, enabling a deeper exploration of service providers' observations regarding agency, systemic changes, and the outcomes of community inclusion programming across the province.

Background

Segregated Programs

The Community Living sector in British Columbia (BC) has undergone significant transitions throughout its history. It is essential to acknowledge the troubling legacy of the Woodlands Institution in New Westminster, which originated as a Lunatic Asylum in the late 19th century and, by the early 1960s, accommodated approximately 1,500 residents, predominantly children and young adults with developmental disabilities (Fryer, 2006). During its operation, many individuals residing at this institution were subjected to various forms of abuse, including physical, psychological, and sexual mistreatment. This dark chapter in the sector's history catalyzed the formation of advocacy associations and organizations between the 1950s and 1990s. These groups sought to establish programs and housing that would prioritize safety and security for individuals with developmental disabilities, contrasting with the abusive conditions they had previously endured. The programs developed by these organizations were designed to provide structured activities aimed at engaging PWDD during the day. While these initiatives yielded some positive outcomes, they were often implemented in artificial settings, such as segregated day programs and isolated sheltered workshops, which limited their effectiveness (Meyers et al., 2009). As the 1990s transitioned into the 21st century and the creation of Community Living BC (CLBC), the sector began to shift toward a more inclusive approach. The emphasis of support services gradually evolved to focus on enhancing the quality of life for individuals, providing necessary resources, learning opportunities, and real-world experiences that facilitate inclusion and enable individuals to contribute meaningfully to society (Meyers et al., 2009).

As families in British Columbia sought alternatives to institutionalization for their family members in the latter half of the 20th century, a growing number of organizations began offering programs aimed at fostering social interaction and developing essential skills for PWDD. In the North Okanagan, for example, the Vernon and District Association for Community Living (VDACL) introduced a program called Venture Connections, while the Kindale Developmental Association, based in Armstrong, offered the Bechtold Center. These programs allowed PWDD to engage in recreational activities during the day, providing families and caregivers with a safe environment in which they could entrust the care of their loved ones. Participants in these programs were given opportunities to contribute to their communities in ways that mirrored the daily routines of their family members, such as leaving home each morning and returning in the afternoon (Lysaght et al., 2016). While these initiatives provided a sense of purpose and social engagement for PWDD, they were primarily conducted in segregated settings, where interactions were limited to paid staff and fellow participants, excluding broader community involvement. As a result, although these programs facilitated a sense of contribution, they did not significantly promote integration with the general public or foster a more inclusive environment for PWDD.

Community Based Programming

As the 20th century gave way to the 21st, there was a growing sentiment within Community Living that people with disabilities should have the right to live and work in society on an equal footing with those who do not have a disability. This movement led to changes in legislation and policy that have allowed PWDD more opportunities and freedom than most people not labeled with a disability take for granted. In light of these developments, there was a corresponding shift in the approach to programming for PWDD.

In British Columbia, CLBC was at the forefront of this movement and began exploring ways to gather feedback from PWDD who are currently receiving services. The project, titled "Include Me!," invited PWDD to participate in a survey designed to measure their quality of life from their own perspective. The survey was based on the My Life: Personal Outcomes Index Framework, created by Dr. Robert Schalock. This framework addressed eight quality of life domains, which are grouped into three key factors: Well-Being, Independence, and Social Participation. The data from the survey was collected and analyzed over eight separate survey cycles from 2012 to 2020 by R.A. Malatest & Associates LTD (2020). The data from the Include Me survey indicated that the highest rated domains were Emotional Well-Being, Physical Well-Being, and Material Well-Being, while the lowest rated domains were Interpersonal Relations and Social Inclusion. It was the relatively low scores in these two domains that led CLBC to establish a project group, called Advancing New Support Options (ANSO), in 2013 (CLBC, 2020).

ANSO was designed to be a three-year, three-phase project. In phase one, the intention was to collaborate with a range of service providers across the province to explore innovative ideas and identify outcomes and an evaluation framework for a new service. In phase 2, the goal was to test the new service design with a small sample of service providers to refine the service and develop a plan for scaling it across the province. The third phase would aim to integrate the new service option into CLBC's existing catalogue of services, with the intention of making it available to those who may benefit from it (CLBC, 2020). CLBC developed a new type of programming or service, called the Learning, Inclusion, Friendship, Employment (L.I.F.E.) Service. L.I.F.E represents a different approach to programming, with a focus on integration and community-based support for PWDD. It can be challenging for some service providers and families to adjust to this type of programming, as it differs from the "safe" space for individuals that segregated programs always offered. L.I.F.E. is community-based, with the support for the individual coming out in the community.

Table 1 below displays the difference between traditional segregated programs and the new community-based programs. Categories of comparison highlight the differences between the two, while also showing some overlaps. The most important difference is in terms of objectives, which outlines the purpose of what the programming is trying to achieve. Community based programs are focused more on independence, employment and increasing a social network, while segregated programs focused more on basic social skills and general socialization.

	Objectives	**Access**	**Expectations**	**Role of the Service Provider**	**Role of Family/Caregivers**
Segregated Programs	-Socialization with other PWDD -Build basic social skills -feel a sense of contribution	-Open only to PWDD using the service and paid staff members	-Enjoy the day spent there -Feel fulfilled	-Support the PWDD throughout the day -create opportunities for fun activities	-Provide transportation for the PWDD
Community Based Programs	-work on life skills that could help with independence -find employment -Increase social network	-Completely open -Develop strategies for spaces that may not feel open to the PWDD	-Feeling a part of the Community -Feel fulfilled -eventual limited support from Service Provider	-Support the PWDD in the aspects of their life they want support in -Eventual fade back on supports	-Support the Service Provider and the PWDD in the goals they want to achieve

Table 1 – Segregated and Community Based Programs comparison

Problem Statement and Significance of Contribution

In British Columbia, over 1,100 service providers deliver formal programs supporting PWDD, offering services such as behavioral, employment, residential, community inclusion, respite, and daytime supports (CLBC, 2023). While community inclusion is widely recognized as a critical aspect of community living, current programming often overlooks the preferences, satisfaction, and perspectives of PWDD regarding their inclusion and the type of community they wish to be part of (Cummins & Lau, 2003). This raises concerns about the degree to which existing community inclusion programs prioritize the agency and individuality of PWDD in their design and implementation.

Assumptions underlying these programs—such as the belief that all communities are welcoming, that PWDD should have more relationships with individuals without disabilities, and that segregated programs are inherently negative—may perpetuate a narrow and universalized view of community inclusion (Cushing, 2015). Such perspectives risk marginalizing the diverse interpersonal needs and preferences of PWDD, complicating efforts by service providers to develop genuinely person-centered programming. There is a pressing need to critically examine these assumptions and explore alternative approaches that better reflect the complexity and diversity of community inclusion experiences, ensuring that PWDD feel empowered and in control of their lives.

This study focuses on service providers who play a pivotal role in transitioning programs for PWDD from segregated settings to community-based inclusion initiatives. The primary objective is to assess how service providers perceive the impact of these community-based approaches in fostering both community inclusion and agency for PWDD. The research places particular emphasis on insights gathered from service providers actively facilitating this shift.

Lysaght et al. (2016) define community inclusion as:

> “(i) a series of complex interactions between environmental factors and personal characteristics that provide opportunities to: (ii) Access public goods and services, (iii) Experience valued and expected social roles of one’s choosing based on age, gender, and culture, (iv) Be recognized as a competent individual and trusted to perform social roles in the community, (v) Belong to a social network within which one receives and contributes support” (p. 923).

This definition offers a comprehensive perspective on the factors and intended outcomes of community inclusion programming for PWDD in BC. Furthermore, it highlights understudied areas within the Community Living sector. Specifically, points (iii) and (iv) underscore the potential for such programming to enhance agency in the lives of PWDD by enabling them to engage in meaningful social roles and be recognized as competent individuals.

Agency refers to an individual's capacity to act independently, exert influence, and make decisions that shape their lives (Clifton et al., 2013). It is a fundamental aspect of personal development, contributing significantly to self-worth and belonging. Historically, PWDD in BC have had limited opportunities to exercise agency due to systemic structures that restrict their autonomy. Within the community living context, these barriers often stem from the interplay of social, political, economic, and cultural frameworks that inadvertently constrain the ability of PWDD to participate fully in society (Clifton et al., 2013).

PWDD in BC represent a marginalized group, comparable to other populations experiencing marginalization based on culture or sexual orientation. Structural limitations often hinder their inclusion and ability to act freely (Suzuki, 2017). This study aims to assess whether the programming shift led by Community Living BC (CLBC) and implemented by service providers enhances the sense of agency among PWDD and contributes positively to their overall well-being.

Purpose and Scope

The purpose of this study is to examine whether service providers offering community-based programming in British Columbia perceive that the Community Living British Columbia (CLBC) focus on community inclusion has effectively increased the agency experienced by PWDD. The study seeks to explore service providers' views on whether structural barriers that historically constrained PWDD are shifting and whether an increased sense of agency among PWDD is contributing to this transformation. A brief historical context will illustrate how these structural barriers have traditionally limited agency for PWDD.

The study does not focus on the causality of structural constraints in programming decisions but instead investigates how such constraints may have historically restricted agency for PWDD. Additionally, it explores how service providers can support PWDD in overcoming these limitations to increase their autonomy. The objective is not to critique CLBC or its policies but to gain insight into the perspectives of service providers and evaluate the effectiveness of current programming in achieving its intended outcomes.

Positionality Statement and Ethical Considerations

As the Chief Executive Officer of an organization serving adults with developmental disabilities and with over 12 years of experience in the Community Living sector, I have developed a deep understanding of the complexities and challenges inherent in this field. My career trajectory—from front-line community support work to vocational support, management, and executive leadership—has provided me with a comprehensive perspective on various levels of support organizations. However, I acknowledge that my role as an executive may shape the way I engage with this research, particularly in relation to the perspectives of individuals who receive services. While I am committed to understanding what factors contribute to a sense of community inclusion for individuals with developmental disabilities, I recognize that my position in the organization introduces potential biases.

As I conduct this research, it is crucial to address ethical considerations. I must ensure that the consent process is fully transparent, allowing participants to freely choose whether to participate in the survey and interview process. Given my executive position, there is a potential conflict of interest, as participants, that are fellow executives, may feel compelled to respond in ways they perceive will align with my expectations. To minimize potential risks, the researcher designed the surveys to ensure respondent anonymity. No portion of the survey requested identifying information, such as the respondent's name or the name of their organization. For participants who consented to an informational interview, a separate survey was utilized to collect their contact information, thereby eliminating any possibility of linking survey responses to individual identities.

Ethical Review

This study involves human participants and because of that it has required ethical approval from the Human Research and Ethics Board of the University of Victoria. Approval from the HREB ensures that my research is meeting ethical standards accordance with Canada's Tri-Council Policy Statement on the Ethical Conduct for Research Involving Humans. In the application to the HREB, the researcher has demonstrated that the project is honest, transparent and shows great consideration for the participants involved. The level of risk that participants in this study face is minimal, however the researcher has taken precaution to protect the individual participants confidentiality.

The population that this research is looking at are service providers that support PWDD in BC. The researcher has sent a letter, consent form to Service Providers in BC explaining the design of the project and asking for assistance in completing the questionnaire or being a part of the in depth interviews. The letter explains that all names of participants are confidential and that the results of the research could be beneficial to the community living sector as a whole. The letter also outlines the ethical considerations for the researcher should any situations arise during the in person interviews that may affect the individual and also to protect the integrity of the research.

Structure

This report is divided into six chapters. Following this introduction, Chapter 2 begins with a comprehensive literature review on the topic, followed the conceptual framework that further explains the two primary concepts that underpin this study; i.e., community inclusion and agency. Chapter 3 outlines the study's methodology, followed by an examination of the trustworthiness, reliability, and validity of the data collection methods, as well as the methodological strengths and limitations of the study. Then, Chapter 4 presents the research findings, including an analysis of the survey results and insights gathered from the informational interviews, while Chapter 5 analyzes the collected data, examining its relationship to the concepts and constructs outlined in the original conceptual framework. Last, Chapter 6 presents recommendations, emphasizing three key themes that emerged from the findings; that is, reflexive support, resource enhancement, and sector systemic views. The document concludes with a summary of the study, followed by the references and appendix sections.

Chapter 2. Literature Review

The objective of this thematic review is to examine a selection of articles and studies that address the topic of community inclusion for PWDD. The review was conducted using the database resources available through the University of Victoria (UVic) Library. Several databases were consulted, including Social Sciences Abstracts, JSTOR, and the Humanities Index.

To identify relevant literature, the researcher employed a range of search terms, including "developmental disabilities and/or community inclusion," "developmental disabilities and/or social inclusion," and "developmental disabilities and/or community integration." These terms were chosen because they are commonly used interchangeably within the Community Living field to describe programming and initiatives for PWDD in British Columbia (BC).

The initial search yielded 15 articles deemed potentially relevant for further examination. After reviewing the abstracts of these articles, three were excluded as they did not align closely with the study's focus. The researcher then conducted a more detailed review of the introductions and conclusions of the remaining articles. Following this process, twelve articles were selected for inclusion in the thematic review, as they offered the most pertinent insights into community inclusion programming for PWDD.

One of the challenges encountered during the review was that nearly every article addressed the topic of community inclusion in some capacity, albeit using varying terminology. Terms such as social inclusion, social interaction, integration, community integration, and community development were frequently used interchangeably within the literature (Table 2). Among the reviewed works, Simplican et al. (2015) provided the most comprehensive examination of these definitions. Their study not only synthesized terminology used in prior research but also reviewed historical definitions and objectives, contributing to a more nuanced understanding of the overarching concept.

Despite these contributions, grasping the overarching concept of community inclusion across the field remains challenging, as evidenced by this review. Authors often offered slightly differing interpretations of the concept, which, for the purposes of this study, is referred to as community inclusion. The lack of a clear, universal definition complicates efforts to standardize research methods and measures related to community inclusion. Establishing such a definition would greatly benefit the field by providing consistency and clarity in both theoretical and practical applications.

Term	**Definition**	**Authors**
Community Integration/Empowerment	"a conceptualization of community integration in terms of five components, involving knowledge, desire, assertiveness, feeling of being accepted, and interaction or participation in community integration"	Cheung, C & Ngan, R., 2007, p. 306.
Community Integration	"being physically present in locations that are frequented by the general public….the more often people are present in such locations the more integrated they are, and the more desirable their lifestyle as a consequence"	Cummins, R. A & Lau, A. L. D, 2003, p. 146.
	"enable PWDD to remain in and contribute to their communities"	Wituk, S., Pearson, R., Bomhoff, K., Hinde, M., Meissen, G, 2007, p. 324.
Community Inclusion	"a feeling of belonging to a group that has something in common: traits, interests, attitudes, values, goals or a place"	Cushing, P, 2015, p. 84.
Social Inclusion	"goes beyond physical presence and exposure to mainstream spaces and roles and is the result of complex interactions between personal and environmental factors which increase individuals opportunities to contribute to society in a variety of ways they find meaningful"	Dubois, D., Renwick, R., Chowdhury, M., & Eisen, S, 2020, p. 2924.
	"being accepted as an individual beyond disability, significant and reciprocal relationships, appropriate living accommodations employment, informal and formal supports"	Simplican, S. C., Leader, G., Kosciulek, J., & Leahy, M., 2015, p. 19.
	"A series of complex interactions between environmental factors and personal characteristics…belong to a social network within which one receives and contributes support"	Lysaght, R., Petner-Arrey, J., Howell-Moneta, A., Cobingo, 2017, p.923.
	"interactions between environmental factors and personal characteristics, having access to public goods and services, experiencing valued social roles, being seen as a competent	Merrells, J., Buchanan, A., Waters, R, 2019, p.13.

	individual, and belonging to a supportive social network”	
	“full engagement in social institutions or arenas for community participation, including education, employment, recreation, and civic engagement”	Werner, S., Hochman, Y, 2017, p.104.

Table 2 – Community based program definitions

Themes

Four key themes emerged from the review, offering valuable insights into community inclusion for PWDD as a research topic. These main themes are: interpersonal relations, community participation, family vs PWDD perspective, and agency. What follows is an explanation of each of these themes.

Theme 1: Interpersonal Relations

Interpersonal relations can be described as encompassing an individual’s social network, the roles or needs fulfilled within these relationships, the structural aspects of the relationships (e.g., where they occur, their sources, and the characteristics of the social network), and the functional dynamics of these interactions (Simplican et al., 2015). Evidence suggests that many PWDD experienced a sense of fulfillment during their participation in community inclusion programs. However, research by Werner and Hochman (2017) indicates that this sense of fulfillment did not lead to a measurable expansion of their social networks beyond the duration of their program involvement.

Interpersonal relations also emerge as a central theme in Jayanta Bhattacharya's Community Development Theory, which emphasizes the importance of PWDD feeling valued in their social roles and their connection to supportive networks (Wituk et al., 2007). This theory underscores the role of interpersonal relations in fostering a sense of belonging and personal worth among PWDD.

Notably, research suggests that interpersonal interactions may be more accessible for PWDD when they engage with others who share similar characteristics, such as other PWDD or younger individuals. Formal programs offered by service providers play a crucial role in creating opportunities for PWDD to form meaningful friendships with peers and staff members. Participants in these programs often reported feeling a sense of safety and comfort in interactions with individuals who shared similar characteristics (Merrells et al., 2019).

Theme 2: Community Participation

Community participation can be conceptualized in various ways, including the types of activities undertaken, the structure of these activities (e.g., their location and the individuals involved), and the degree of engagement in such participation (Simplican et al., 2015; Werner & Hochman, 2017). Employment is a particularly significant factor influencing community participation for PWDD. Employment opportunities provide individuals with social connectivity, recognition from others, and a sense of belonging, all of which are essential components of community integration. These opportunities may occur in either paid positions within the broader community or segregated work environments exclusively involving individuals with disabilities.

Cummins et al. (2003) argue that community participation does not necessarily equate to enhanced community inclusion. While PWDD may achieve physical presence within the community, this does not always translate into meaningful social integration. Supporting this perspective, subsequent research has found that residing in the community has not consistently led to increased participation or engagement among PWDD.

Merrells et al. (2019) further explore these findings, suggesting that limited access to employment opportunities and the segregated nature of formal programs may be contributing factors to the observed lack of social integration. These structural barriers highlight the need for more inclusive initiatives that go beyond physical presence to promote genuine social inclusion and active participation for PWDD.

Theme 3: Family vs PWDD Perspectives

PWDD are a valuable source of information when examining community inclusion. Their perspectives, which often differ from those of service providers or family members, provide unique and critical insights. DuBois et al. (2019) suggest that family members of PWDD may conceptualize the success of community inclusion in broader terms than individuals without disabilities. This might include milestones such as living independently, getting married, or pursuing a career. Additionally, families may perceive community inclusion as meaningful when it encompasses connections to social networks, employment, or participation in preferred community programs.

However, feelings towards community inclusion can sometimes be negative, particularly when there are differing opinions between PWDD and their families (DuBois et al., 2019). For instance, Lysaght et al. (2016) identify community employment as a domain where the perspectives of PWDD may diverge from those of family members or service providers. While families and providers might interpret paid employment as highly fulfilling for a PWDD, the individuals themselves may prioritize other outcomes, such as opportunities for socialization, recognition by others, or a sense of belonging in the community. In some cases, PWDD may remain in employment roles that they do not find particularly engaging if the position offers these alternative benefits.

The study by Werner and Hochman (2017) on PWDD serving in an adapted program within the Israeli army illustrates these discrepancies. Using the framework developed by Simplican et al., the researchers identified a gap between the expectations of PWDD and their families at the start of the program and the outcomes related to interpersonal relationships upon its conclusion. These findings highlight the need to consider the nuanced perspectives of PWDD to ensure that community inclusion initiatives align more closely with their personal goals and aspirations.

Theme 4: Agency

PWDD have traditionally experienced limited agency in their lives. Agency, defined as the capacity to create, change, or influence events based on one's chosen course of action, has not always been accessible or encouraged for PWDD (Clifton et al., 2013). Studies involving direct engagement with PWDD reveal that many feel their community lives are significantly shaped by family relationships and support structures, often leaving them unable to live autonomously or make independent decisions (DuBois et al., 2019).

By listening more closely to the perspectives of PWDD, stakeholders can gain valuable insights into how individuals wish to structure their lives. For instance, individualized interview research has highlighted diverse preferences among PWDD, such as desires for employment, opportunities to socialize, or avoiding certain aspects of community inclusion that feel uncomfortable. Cushing (2015) found that many PWDD reported positive experiences with community inclusion when family support facilitated their participation in activities that aligned with their personal aspirations.

Enhancing the agency of PWDD could enable them to reshape social structures through unique social actions such as volunteering, joining advocacy groups, securing paid employment, or participating in community events. Over time, these actions could accumulate and gradually replace older, more restrictive social frameworks (Suzuki, 2017). Increasing agency also fosters strategic learning, wherein individuals can navigate and adapt to structural circumstances. McAnulla (2002) argues that agents can modify their identities and interests while developing the ability to perform strategic calculations about their position within existing structures. For example, a PWDD seeking employment might refine their job search based on employer feedback, focusing on sectors of the labor market with higher chances of success. Similarly, a PWDD searching for a social group might select one that aligns with both their interests and their comfort in interacting with its members.

Despite progress in community inclusion initiatives, research reveals significant shortcomings. Many PWDD report experiences of segregation, exclusion, marginalization, and differential treatment while participating in community life, suggesting that inclusion may not be as advanced as service providers and policymakers assume (Merrells et al., 2019). Such findings point to a persistent lack of agency, with current programming failing to support the development of strategic learning within existing social structures.

Milner and Kelly (2009) emphasize that a collective sense of agency among PWDD could emerge if individuals are empowered to negotiate their roles and relationships within the community. This collective agency could drive further transformation, enabling PWDD to assert their rights and reshape societal norms in meaningful ways.

This study examines the effectiveness of community inclusion programming for PWDD in British Columbia, particularly focusing on whether these programs enhance the agency of PWDD in their lives. The study explores the perspectives of service providers to understand whether this shift toward inclusion-oriented programming is fostering greater autonomy and community participation for PWDD.

The research also investigates structural barriers within the community living sector that may limit progress, such as funding constraints, collective agreements, and family or caregiver perspectives. By examining how service providers navigate these challenges and adapt to the evolving needs of PWDD, the study seeks to identify themes—such as reflexive support, resource enhancement, and systemic views—that could guide future improvements in the sector.

Ultimately, this study aims to evaluate the role of community inclusion programs in empowering PWDD and to offer insights for policymakers, organizations, and other stakeholders to further develop person-centered and agency-focused approaches in the community living sector.

Conceptual Framework

Based on the findings of the thematic literature review and the four emergent themes, the researcher has concluded that the central concepts driving this research are Community Inclusion and Agency (see Table 3). Within the concept of community inclusion, three constructs have been identified: interpersonal relations, community participation, and feelings regarding inclusion. Similarly, within the concept of agency, the constructs include strategic learning, unique social actions, and changes in identities.

Community Inclusion								
Interpersonal Relations			Community Participation			Feelings Regarding Inclusion		
Social Network	Roles played in the Network	Structure of the relationship	Types of Activities	Employment	Feeling Included	View of Success	View of Inclusion	Wants and Needs
Agency								
Strategic Learning			Unique Social Actions			Change in Identities		
Identity	Interest	Adaptation	Types of Actions	Employment	Location	Personal view within community	View of community	Experiences

Table 3 – Conceptual framework

Interpersonal Relations (Community Inclusion construct #1)

As discussed in the literature review, interpersonal relations refer to the various types of relationships that a PWDD may form throughout their life. These relationships may include a PWDD's social network, comprising friends, family members, and others in their community, and the roles these individuals play within that network. Historically, PWDD have had limited social networks, which predominantly consisted of family members, caregivers, and paid support workers (Simplican et al., 2015). However, over time, Community Living BC (CLBC) and service providers have increasingly recognized that, like all individuals, PWDD desire friendships and social connections beyond their immediate circle of family and caregivers (CLBC, 2023).

A key objective of community inclusion is to facilitate the development of friendships and social relationships for PWDD. It is essential, however, to consider not only the presence of relationships but also their structure. As such, the focus of new community-based programming has shifted towards reducing reliance on paid support and fostering more natural, community-based supports, which enable PWDD to form more organic and meaningful connections within their communities.

Community Participation (Community Inclusion construct #2)

The term "community participation" is used here to describe the degree to which a PWDD feels integrated and engaged within their community. It is important to consider the types of activities in which PWDD participate and the nature of these activities. For many PWDD, employment has traditionally been one of the few non-segregated opportunities for community involvement (Simplican et al., 2015). Employment not only provides a means of participation but also has the potential to expand a PWDD's social network, often leading to the development of friendships within the workplace.

Despite the potential benefits, community-based programming has yielded mixed outcomes in terms of fostering a sense of inclusion for PWDD. While many PWDD attend community events, they may not always experience meaningful social interactions. Instances of being ignored or not acknowledged during these events can contribute to feelings of isolation (Merrells et al., 2019).

Feelings Regarding Inclusion (Community Inclusion construct #3)

There appears to be a diversity of perspectives on what constitutes successful community inclusion and how such success should be measured. PWDD, family members, caregivers, service providers, and CLBC may each have different interpretations of what success looks like for a PWDD participating in a community inclusion program (Werner & Hochman, 2017). Similarly, the concept of inclusion itself is subject to various interpretations. For example, some segregated programs are viewed as beneficial because they facilitate the expansion of social networks and the formation of friendships among individuals who share similar experiences (Lysaght et al., 2016).

It is valuable to consider the perspectives of all parties involved in this discussion. While some may consider these friendships to be indicative of segregation—since they primarily involve other PWDD rather than members of the broader public—it is important to assess which perspective more accurately reflects the needs and realities of the individuals involved. Additionally, the wants and needs of different stakeholders in a community inclusion program may not always align. For instance, families and caregivers may perceive a PWDD’s participation in employment as driven by a desire for work and the independence it provides, while the individual with a disability may value the social aspects of the job more than the work itself (DuBois et al., 2019).

Strategic Learning (Agency construct #1)

The term "strategic learning" refers to the ability of PWDD to process and understand their role within social structures. This includes reflecting on how they are perceived by others and identifying environments where they are more likely to experience inclusion. PWDD are capable of engaging with these types of questions, and their responses can help them navigate social landscapes effectively (McAnulla, 2002). For instance, a PWDD may be able to discern which groups they feel most comfortable with, often gravitating towards those based on shared identity or common interests. This tendency is not unique to PWDD, as individuals without disabilities also exhibit similar patterns of social grouping.

Moreover, PWDD can adapt and recognize areas in which they are more likely to thrive socially. To illustrate, consider employment programs: a PWDD may not initially secure employment in their preferred field. However, through feedback and reflection, they may identify other areas where they are better suited and have a higher likelihood of achieving successful employment (McAnulla, 2002).

Unique Social Actions (Agency construct #2)

The concept of "unique social actions" refers to the activities that PWDD can engage in to enhance their sense of agency. These actions may include simple, everyday activities such as walking through their neighborhood, commuting to work or daily programming, or independently navigating public transportation, such as taking the bus or booking an Uber. Other forms of unique social actions may involve securing employment and integrating socially within a group of coworkers (Suzuki, 2017).

The environment in which a PWDD lives can significantly impact their sense of agency. For instance, if a PWDD continues to reside at home with their parents, they may struggle to feel truly independent. Conversely, living in a more independent setting could facilitate the development of essential life skills, thereby fostering a stronger sense of autonomy and agency (DuBois et al., 2019).

Change in Identities (Agency construct #3)

A change in identity can be viewed as closely aligned with the concept of strategic learning, suggesting that PWDD may need to reconsider and potentially redefine their identity within their social network or broader community in order to gain greater agency over their lives. Through this process, PWDD engage in actions that can not only transform their own self-concept but also influence how they are perceived by others within their community.

The understanding that PWDD have of their community or social network is often shaped by past experiences, which may be either positive or negative. These experiences play a critical role in forming their perceptions of the community, their own sense of self within that community, and their perceived position or role within it (Merrells et al., 2019).

Chapter 3. Methodology, Methods, Data Collection and Analysis

Methodology

The researcher intends to employ a mixed-methods approach for this study, utilizing both qualitative and quantitative analysis to achieve triangulation and provide comprehensive insight into the research question. This approach will facilitate a more robust understanding by integrating data from both methodological perspectives.

A connecting approach will be used to merge the qualitative and quantitative data. The quantitative data, gathered through a survey questionnaire, will inform the design of the qualitative data collection, which will take place during one-on-one interviews (McGregor, 2018). The survey instrument will also guide the formulation of the interview questions, ensuring that both data sets are aligned and complementary.

In analyzing the data, the researcher will compare the findings from the surveys and interviews to identify points of convergence and divergence. This process will aid in answering the central research question by examining whether the data corroborates or contradicts one another.

The researcher aims to demonstrate that both the qualitative and quantitative phases of the study meet the desired level of rigor. In the quantitative phase, the study will emphasize the principles of validity, reliability, and generalizability. In the qualitative phase, the researcher will focus on ensuring trustworthiness, confirmability, credibility, dependability, transferability, and authenticity, to uphold the integrity and rigor of the study.

Method

The researcher extends gratitude to the B.C. CEO Network, an organization representing over four hundred executives from the Community Living sector across British Columbia, for their support in recruiting participants for the survey portion of this study. The B.C. CEO Network disseminated a call for participation via their bi-weekly newsletter. Interested participants were provided with a link to access the survey. In total, 28 individuals consented to participate and completed the survey. On average, participants spent approximately eight minutes completing the survey.

The design of the survey questions was carefully structured to align with the objectives of the research and the conceptual framework. The initial questions were developed to gather foundational information about the size and scope of the organizations being surveyed. This approach aimed to explore potential connections between organizational size and the nature or extent of services delivered. Subsequent questions focused on the types of services offered, providing a detailed understanding of organizational practices and priorities.

The remaining questions were intentionally designed to integrate multiple themes within each question. This approach mirrored the structure of the conceptual framework, wherein secondary themes collectively contribute to the overarching themes of community inclusion and agency. By embedding secondary themes within broader questions, the survey sought to capture the interconnectedness of these concepts, emphasizing how individual organizational practices contribute to larger systemic goals. This method also facilitated a more holistic analysis, enabling the exploration of nuanced relationships between service delivery and the promotion of inclusion and agency.

Regarding the questions for the informational interview, the author sought to ensure that both primary and secondary themes from the conceptual framework were incorporated. Upon reviewing the questions alongside the appendices, specific alignments became evident. For instance, feelings regarding inclusion were reflected in Questions 1, 7, and 10, while community participation was emphasized in Question 3. Question 4 addressed interpersonal relations, and unique social actions were captured in Question 6. The concept of changing identities informed Question 8, whereas strategic learning was embedded in Questions 3 and 9. Furthermore, the overarching themes of inclusion and agency were represented in Questions 2 and 5. Notably, several questions addressed multiple themes, consistent with the conceptual framework, which suggests that secondary themes contribute to broader, overarching themes.

Upon conclusion of the survey, four participants expressed interest in participating in an informational interview. All four participants provided informed consent, and interview sessions were subsequently scheduled. The interviews were conducted via Zoom, and the sessions were recorded using Otter A.I. The duration of the interviews ranged from 35 to 45 minutes. A structured interview script was used to guide the qualitative portion of the study, exploring participants' role within their respective organizations, their experiences working with PWDD, their organizations' philosophies and approaches, ideas for program design, and their assessments of challenges within the community living sector and the solutions they have implemented. The questions were specifically designed to be relevant to professionals working in the Community Living sector in British Columbia, particularly those with experience in community inclusion programs.

The quantitative data from the survey provided descriptive statistics that highlighted emerging themes, which informed the development of the qualitative interview questions. The qualitative analysis was informed by grounded theory methodology, wherein the responses from the informational interviews were analyzed through the transcription generated by Otter A.I. The mixed-methods approach allowed for the identification of key themes concerning how service providers have enhanced agency for PWDD in community-based programs and the structural barriers that may be hindering progress in this area.

Trustworthiness, Reliability and Validity: Ensuring Data Quality

To establish reliability in this study, the researcher employed methodological triangulation. By utilizing this approach, the researcher aimed to mitigate potential research bias or errors that could arise from reliance on a single data collection technique. The study sought to determine whether the two distinct sets of data collected — qualitative and quantitative — provide consistent answers to the research questions. By integrating both qualitative and quantitative methods, the researcher intended to achieve a comprehensive understanding of the topic, capturing both depth and breadth of insight (McGregor, 2018).

Additionally, the researcher provided a detailed report on the effectiveness of the data integration process. This report would evaluate whether the combination of qualitative and quantitative data strands contributed meaningfully to answering the research question and whether the integration revealed coherence between the two data types. The goal was to demonstrate that the data complemented one another and collectively addressed the research questions. Ultimately, the aim of this study was to confirm and extend the understanding of the research topic.

Strengths and Limitations

The strengths of employing a mixed methods approach in this study lie in its ability to combine both qualitative and quantitative data, enabling the researcher to identify coherence across the two strands. This approach will validate interpretations and enhance the overall validity of the research. Moreover, by not being confined to a single methodological framework, the study can draw on the strengths of both approaches to work synergistically.

Participants in the study were selected using convenience sampling as the participants in the study were accessible to the researcher through the BC CEO Network. The relatively small sample size, when compared to the overall population in the province, means that the findings may not be fully generalizable. This limitation also affects the transferability of research results, making it difficult for readers to apply the findings directly to their own settings. While the study's sample size was small, it was diverse in terms of geographic representation across the province and provided valuable insights from a service provider's perspective on the community inclusion and agency of PWDD. However, the study did not incorporate the perspectives of other key stakeholders, including CLBC, family members, caregivers, or the PWDD themselves. This omission limits the external validity of the research and suggests that further studies incorporating a broader range of stakeholders could offer more comprehensive insights.

Chapter 4. Findings

The findings of this study inform the understanding of agency of PWDD in relation to community inclusion programs in BC. The following section presents the quantitative findings from the survey component of the project. Participants completed a 24-item survey designed to provide insights into the Community Living sector in British Columbia, with a specific focus on community inclusion programs and their impact on the agency of PWDD in the province. The response findings are presented through visual representations accompanied by descriptive analysis and contextual explanations.

The survey participant sample consisted of 28 executives or senior managers working in the community living sector in BC. All of the primary participants reported having individuals in community inclusion programs, with a wide variation in the size of the participants. In addition, of the 28 participants that completed the survey, four agreed to also take part in informational interviews to further explore how their organizations supporting PWDD with community inclusion in their respective communities. The findings from these interviews are presented in this chapter, following the survey results.

Survey Responses

The survey responses provide a comprehensive analysis of the participating organizations, including their structural characteristics, the range of services they offer, and their operational focus. Additionally, the data examines the organizations' experiences within the sector, their perceptions of the workforce they employ, and the support networks available to the PWDD whom they serve. Furthermore, the survey captures direct feedback from organizations regarding challenges, best practices, and areas for improvement within their service delivery models.

Profile of organizations providing services to PWDD

The results of the quantitative component of the research project are outlined below. The 28 participants who consented to participate in the survey phase provided informed consent prior to engaging in a 24-question survey (see Appendix 1 for the full list of survey questions).

Responses to Question 2 on the amount of PWDD in community inclusion programs illustrates the significant discrepancy in the distribution of participants within such programs. The data indicates that 69.6% of participants serve 51 or more individuals in these programs, while 30.4% work with 25 or fewer individuals. This uneven distribution highlights variability in program scale and may reflect differences in organizational capacity, geographic location, or resource allocation. The disparity underscores the importance of considering the varying contexts and challenges faced by service providers when evaluating the effectiveness and impact of community inclusion initiatives.

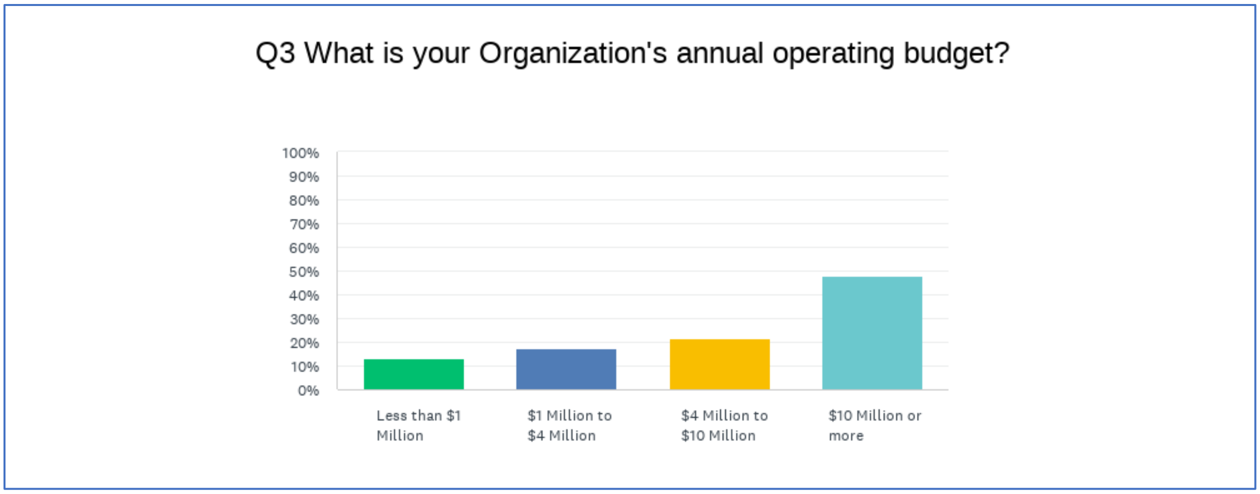

Figure 1: Operating budgets

Responses to Q3 illustrate the variation in annual operating budgets among the organizations represented by participants in the study (see Figure 1). The data reveals that 47.8% of organizations operate with a budget exceeding $10 million, 21.8% have budgets ranging from $4 million to $10 million, 17.4% manage budgets between $1 million and $4 million, and 13% operate on less than $1 million annually. This range of operating budgets reflects the diversity in organizational scale and resource availability, which may influence the scope and delivery of community inclusion programs for PWDD. These differences underscore the importance of tailoring strategies to organizational capacity when designing and implementing support services. Of all participants, 38.1% devoted between a quarter and half of their programming dollars to community inclusion programming, a third devoted between 0% and 25%, and the remaining 28.6% devoted 50% or more to community inclusion programming.

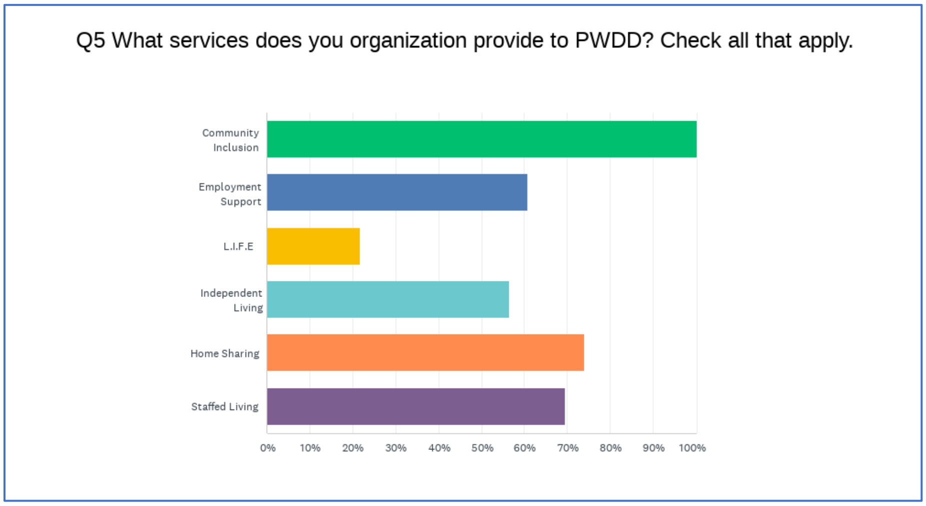

Figure 2: Types of services provided

The results in Q5 indicate significant variation in the range of support services offered by the participants' organizations. As shown in Figure 2, all participants (100%) reported providing community inclusion services, demonstrating a universal commitment to this foundational aspect of support for PWDD. Additionally, 74% of organizations offer home-sharing services, while 70% operate supported living homes. Employment support, which can play a critical role in fostering agency and independence among PWDD, is provided by 61% of organizations. Independent living support is available through 56% of participants’ organizations, and 22% offer L.I.F.E.-based support.

These findings highlight that while community inclusion services are universally provided, other support services, such as employment and independent living support, are less consistently available. This disparity emphasizes the need for expanded focus on employment support, given its recognized role in enhancing the agency and quality of life for PWDD.

Experience of Service Providers

Participants in the study were asked to assess the impact of current programs and services in promoting inclusion and agency for PWDD. Inclusion was defined as a complex interaction of environmental and personal factors that provide opportunities to access public goods and services, assume valued social roles, gain recognition as competent individuals, and belong to supportive social networks (Lysaght et al., 2016). Agency was described as the capacity of an individual to create, change, or influence events in their lives through their chosen course of action (Clifton et al., 2013).

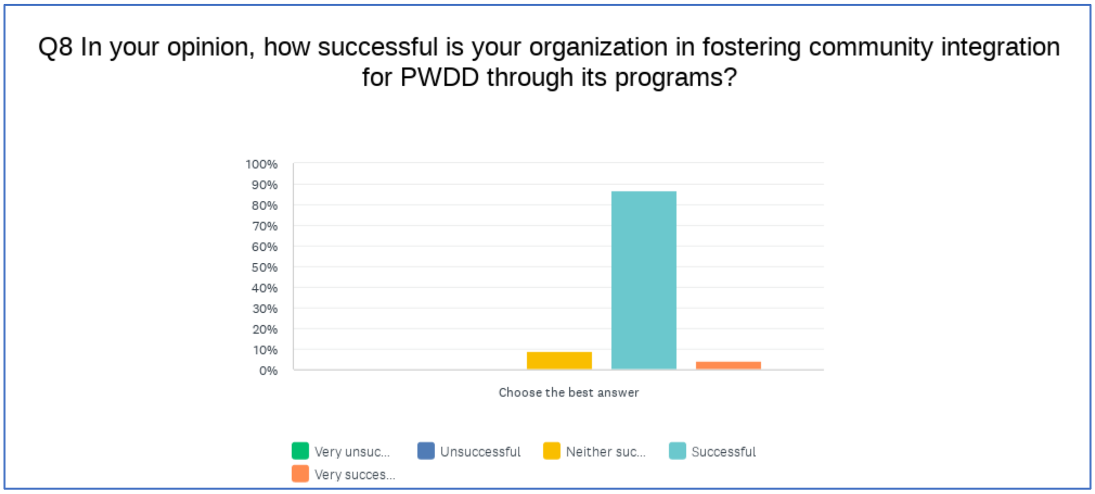

Figure 3: View of success

The majority of participants expressed confidence in their organizations' success in promoting community inclusion for PWDD. Specifically, Q8 shows that 87% of respondents indicated that their organizations were successful in this area, with an additional 4% stating that their organizations were very successful. Meanwhile, 9% of participants reported a neutral perspective, indicating that their organizations were neither successful nor unsuccessful in fostering community inclusion.

These findings underscore the general satisfaction among service providers regarding their organizations' efforts to promote community inclusion, while also suggesting a minority of respondents see room for further development or hold reservations about the level of success achieved.

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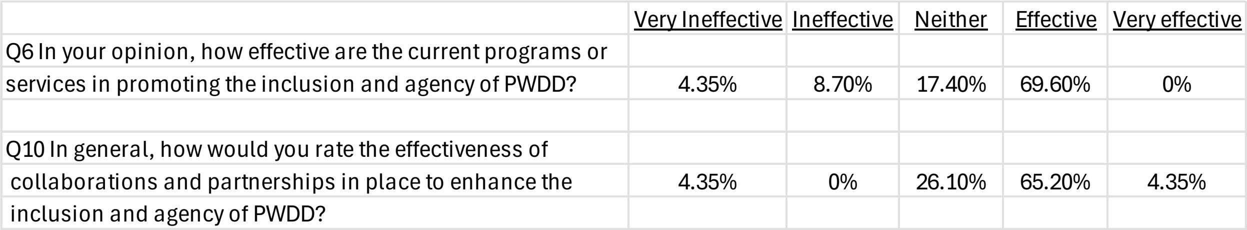

	Very Ineffective	Ineffective	Neither	Effective	Very effective
Q6 In your opinion, how effective are the current programs or services in promoting the inclusion and agency of PWDD?	4.35%	8.70%	17.40%	69.60%	0%
Q10 In general, how would you rate the effectiveness of collaborations and partnerships in place to enhance the inclusion and agency of PWDD?	4.35%	0%	26.10%	65.20%	4.35%

Table 1: Effectiveness of programs and collaborations

In line with the findings above, responses to Question 6 indicate that a majority of participants (69.6%) perceive current programming as effective in fostering inclusion and agency for PWDD. However, 17.4% of participants reported a neutral stance, rating the programming as neither effective nor ineffective. A smaller proportion expressed dissatisfaction, with 8.7% rating the programming as ineffective and 4.3% as very ineffective (see Table 1). These results suggest that while most service providers believe current programming successfully promotes inclusion and agency, there is a subset of respondents who view the outcomes as inadequate, highlighting the potential for further improvements in program delivery and outcomes.

Similarly, Table 1 also shows that in responding to Q10 participants identified collaboration and partnerships as key components in supporting the agency and inclusion of PWDD within community programs. When asked about the effectiveness of their organizations' collaborations and partnerships, 65% of project participants reported them as effective in achieving these goals. Meanwhile, 26% of participants viewed these efforts as neutral, indicating that they were neither effective nor ineffective.

These findings highlight the importance of interorganizational cooperation in enhancing the outcomes of community inclusion programming. However, the significant proportion of neutral responses suggests that there may be variability in how collaboration is perceived or implemented across different organizations, warranting further investigation into best practices and areas for improvement.

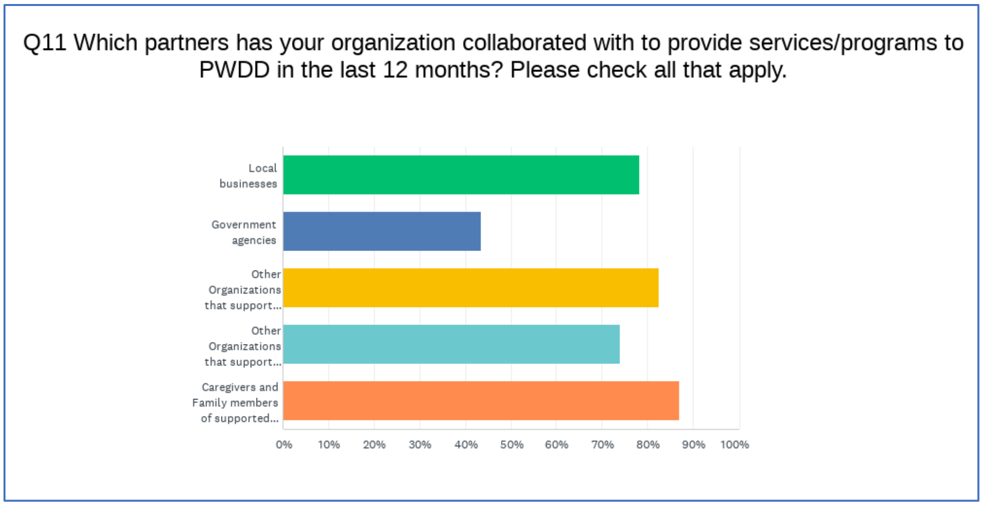

Figure 4: Collaborations for service provision

Participants in the project were also asked to identify the types of partners their organizations had collaborated with over the past twelve months. The results are shown in Figure 4. The data revealed a high degree of collaboration with caregivers and family members of PWDD, with 87% of participants reporting partnerships in this category. Similarly, 83% indicated collaboration with other organizations supporting similar populations, and 78% noted partnerships with local businesses. Collaboration with other agencies within the broader social services sector, supporting different populations, was reported by 74% of participants.

However, partnerships with government agencies were significantly less frequent, with only 43% of participants indicating collaboration in this area. This disparity underscores the potential for enhancing governmental engagement in fostering community inclusion and agency for PWDD, a factor that could influence the development of more integrated and responsive service delivery models. The data suggests a need for further exploration into barriers to government collaboration and opportunities to strengthen these partnerships.

Staff of Organizations providing services to PWDD

Staff play a pivotal role in delivering support to PWDD, as they are directly involved in day-to-day interactions and program implementation. To gauge perceptions of staff readiness, participants were asked to assess the extent to which their staff were prepared to support PWDD effectively, considering their training and professional development.

Figure 5: Staff preparedness to support PWDD

The results in Figure 5 indicate a positive overall perception of staff preparedness, with 43.5% of participants reporting that their staff were "well prepared" and an additional 13% rating them as "extremely well prepared." Meanwhile, 39.1% considered their staff to be "moderately prepared," reflecting room for improvement in this area. A small percentage, 4.4%, identified their staff as "poorly prepared," highlighting a potential gap in training or resources that might affect the quality of support provided.

These findings emphasize the critical importance of ongoing professional development and access to training to ensure that staff are equipped to meet the evolving needs of PWDD and effectively contribute to fostering agency and inclusion in their lives.

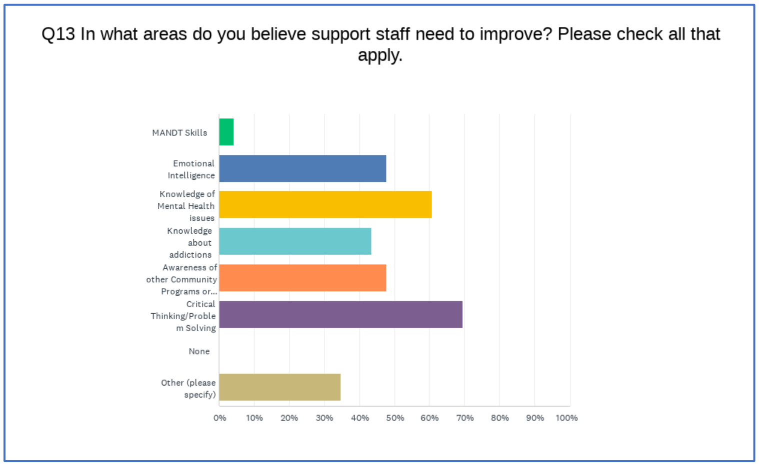

Figure 6: Where do staff need to improve

In responding to Question 13, service providers identified several key areas where their staff require further development to enhance their effectiveness in supporting PWDD (see Figure 6). The most frequently mentioned area was critical thinking and problem-solving skills, cited by 69.6% of respondents. This suggests a need for staff to develop stronger analytical and decision-making abilities to navigate complex situations and adapt to the diverse needs of PWDD effectively.

Additionally, knowledge of mental health issues was identified by 60.9% of participants as a priority for improvement. Given the intersection of developmental disabilities and mental health challenges, this finding underscores the importance of equipping staff with a deeper understanding of mental health conditions and appropriate intervention strategies.

Other areas highlighted included awareness of community programs or organizations (47.8%), emphasizing the need for staff to connect PWDD with external resources and opportunities to foster greater inclusion. Similarly, 47.8% of respondents pointed to the importance of enhancing staff emotional intelligence, recognizing that interpersonal skills are critical in building trust and rapport with the individuals they support. Finally, knowledge of addictions was cited by 43.8% of participants, reflecting the need to address an often-overlooked aspect of support for PWDD who may face substance use challenges.

These findings suggest that targeted training initiatives focusing on these areas could significantly enhance staff capacity, thereby improving the overall quality of services and promoting greater inclusion and agency for PWDD.

PWDD's Networks

The survey results regarding the social networks of PWDD indicate varying perceptions of the extent to which PWDD have access to social support systems. Responses to Question 15 shown in Table 2 indicate that 43% of participants believed that 76%-100% of PWDD had a social network, suggesting that a significant proportion of individuals supported by their organizations were able to engage in meaningful relationships and community connections. In contrast, 13% of participants estimated that 51%-75% of PWDD had a social network, reflecting a more moderate view of social inclusion.

However, a substantial portion of respondents (i.e., 22%) felt that only 26%-50% of PWDD had a social network, and another 22% believed that 0%-25% of individuals had a network. These latter responses highlight potential gaps in social inclusion and support for certain PWDD, suggesting that a significant portion of individuals may still face challenges in forming or maintaining meaningful connections within their communities.

These findings highlight the need for continued efforts to foster social networks for PWDD, as social connectedness is a key factor in promoting inclusion, agency, and overall well-being. Further research and interventions aimed at strengthening these networks may be essential to improving the quality of life for PWDD.

	0% - 25%	26% - 50%	51% - 75%	76% - 100%
What proportion of PWDD:				
Q15 in your Community Inclusion Programs have a social network?	21.74%	21.74%	13.04%	43.48%
Q18 you serve have regular access to transportation?	26.09%	0%	26.09%	47.83%
Q19 Live independently	95.65%	0%	0%	4.35%
Q20 Live semi-Independently	65.22%	21.74%	8.70%	4.35%
Q21 Live Supported	30.43%	17.39%	34.78%	17.39%

Table 2: Social networks and living situations

As also shown in Table 2, the availability of transportation and the living situation of PWDD are critical factors influencing their ability to engage in community inclusion and develop social networks. In response to the question of regular access to transportation (Q18), 47.8% of participants reported that 76%-100% of the PWDD they serve had consistent transportation access, either through public transport, regular rides from family members, or owning a vehicle. This suggests that a significant portion of PWDD have the mobility needed to participate in community activities and social networks. However, 26.1% of participants indicated that only 51%-75% of PWDD had access to transportation, while another 26.1% reported that 0%-25% of PWDD had regular access to transportation, pointing to significant barriers for some individuals.

These findings highlight the importance of reliable transportation in facilitating social inclusion and community participation for PWDD. Without access to transportation, individuals may struggle to engage in social activities, work, or other aspects of community life that foster agency and inclusion.

Questions 19 to 21 focus on the living situations of PWDD (see Table 2). The findings show that 95% of participants reported that PWDD were not living independently (Q19), 22% of respondents stated that 51%-75% of PWDD lived semi-independently, while they receive some support from a service provider or caregiver (Q20), and 35% reported that 51%-75% of PWDD were living fully supported, either by carers, family members, or in staffed residential homes (Q21).

These living arrangements reflect the varying levels of support required by PWDD, with many still dependent on others for daily care and assistance. The lack of independent living for a significant proportion of PWDD may contribute to limitations on their autonomy and agency, underlining the importance of developing services and supports that foster greater independence and self-determination.

Participants' Feedback

In the final section of the survey, participants were asked to provide feedback on the primary barriers or challenges they encountered in promoting the inclusion and empowerment of PWDD. The most frequently cited obstacles were lack of funding and staffing, both identified by 65.2% of participants (see Figure 7). This suggests that insufficient financial and human resources are significant constraints in delivering community inclusion programs and services for PWDD. A lack of funding can hinder the expansion and enhancement of existing programs, while staffing shortages can limit the capacity to provide consistent, quality support to individuals.

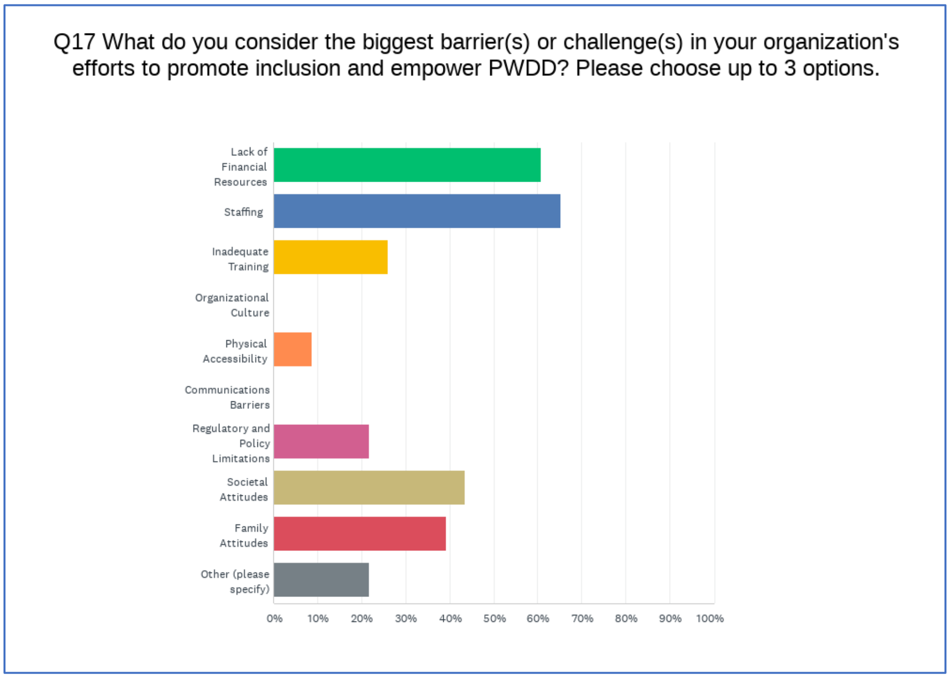

Figure 7: Barriers and challenges to promote PWDD inclusion

Other challenges identified by participants included societal attitudes, which were selected by 43.5% of respondents. This indicates that prevailing societal views towards disability, which may be stigmatizing or limiting, continue to pose barriers to full inclusion. Additionally, family attitudes were highlighted by 39% of participants, emphasizing the importance of family support and the potential challenges that arise when family members have limited understanding or differing views on community inclusion. Finally, regulatory and policy limitations were identified by 30% of participants, underscoring the role that external structures and policies play in shaping the ability of service providers to create inclusive, empowering environments for PWDD.

These findings illustrate that, while service providers are making strides in promoting inclusion, several systemic, social, and organizational challenges persist. Addressing these barriers will be crucial for enhancing the effectiveness of community inclusion efforts and ensuring that PWDD have the opportunity to live with greater agency and inclusion.

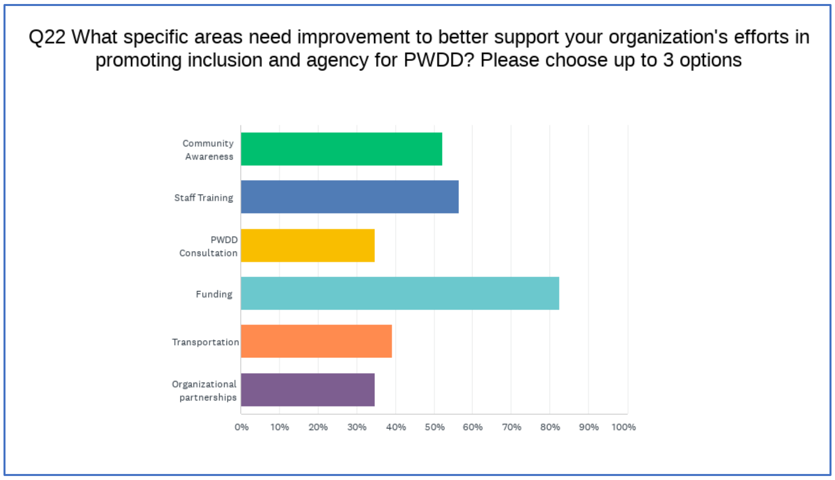

Figure 8: Areas of improvement to promote PWDD inclusion and agency

When participants were asked to identify specific areas requiring improvement to better support their organization's efforts in promoting the inclusion and empowerment of PWDD, the following key areas were highlighted: funding emerged as the most significant concern, with 82.6% of respondents selecting it as an area in need of improvement (see Figure 8). This indicates a clear recognition among service providers that adequate financial resources are crucial to effectively implement and sustain community inclusion programs for PWDD.

Staff training was also identified as an important area for improvement, with 56.5% of participants highlighting the need for better preparation of staff to support PWDD. This aligns with earlier findings that staff require ongoing professional development in areas such as critical thinking, mental health awareness, and emotional intelligence.

Another key area that emerged was community awareness, selected by 52.1% of respondents. This reflects the ongoing challenge of shifting societal attitudes towards disability and enhancing public understanding of the needs and potential of PWDD. Raising awareness within the broader community is critical for fostering inclusive social environments where PWDD can thrive.

Additionally, transportation was cited by 39.1% of participants as an area needing improvement. Lack of access to reliable transportation is a barrier to social participation and mobility for PWDD, which is essential for full inclusion in the community.

Further, PWDD consultation and organizational partnerships were both identified by 34.7% of participants. This suggests that involving PWDD more actively in the design and evaluation of services, as well as fostering stronger partnerships between organizations and other stakeholders, could enhance the overall effectiveness of inclusion efforts.

These responses underscore the complex, multi-dimensional nature of supporting the inclusion and empowerment of PWDD. Addressing these areas will be essential for overcoming barriers and ensuring that PWDD have greater access to opportunities for meaningful participation in society.

The final question on the survey asked participants to rate how satisfied they believed PWDD would be with their organization's programs aimed at promoting agency and community inclusion.

The average score for this question was 78 out of 100, indicating a relatively high level of confidence among service providers in the effectiveness of their programs. This score suggests that, while there is recognition of the positive impact of these programs, there may still be room for improvement in enhancing the satisfaction and experiences of PWDD within community inclusion initiatives.

Interview Findings

The results of the qualitative component of the research project are outlined below. The four participants who consented to participate in the informational interview phase provided informed consent prior to engaging in a structured 10-question interview with the researcher (see Appendix 1 for the interview protocol). The data gathered through this process have been organized into five secondary categories developed during the coding phase of analysis, namely: i) reflexive support; ii) cross-sector collaboration; iii) ongoing improvement; iv) resource enhancement, v) sector systemic views. These secondary categories serve as a foundation for the recommendations presented in Chapter 6. This structured approach ensures that the findings are systematically linked to actionable insights, enhancing the rigor and applicability of the study.

All findings from this project emerged organically from the data collected during the interviews, ensuring that the analysis was grounded in the participants' perspectives and experiences. The study employed an inductive approach to data analysis, allowing themes and patterns to arise naturally without being constrained by preexisting assumptions or the conceptual framework. While the conceptual framework provided a guiding structure for the research, the data were not manipulated or forced to fit within its parameters. Instead, the framework was used as a lens through which the interview findings were interpreted, ensuring that the voices of the participants remained central to the study. This approach aligns with qualitative research principles, emphasizing the importance of letting the data speak for itself and maintaining the integrity of the participants' contributions.

Reflexive Support

Participants in the interviews described a variety of experiences where the service provider had begun to change the way they operated their services to meet the specific needs of the PWDD they supported. Some service providers met with PWDD and their families earlier than in the past, and in some cases before the PWDD was even eligible for adult support services, in order to ease the transition from a Ministry of Children and Family Development (MCFD) funding model to a Community Living British Columbia (CLBC) funding model. For context, these models are different and can result in a decrease in the total amount of funding a PWDD receives when they turn 18, even though there is no change in the PWDD's behaviour or support needs. Facilitating the transition can mean supporting the PWDD's family to understand the difference in models and prepare for what life may look like in the future.

Another change described by the interview participants was the way in which community inclusion support was tailored to the precise needs of the PWDD receiving the service, in order to increase the chances of the support being successful and to support the development of inclusion. Participants have sometimes started and picked up support services at the PWDD's home. This is a complete change from traditional models of having a location where PWDD arrive at around the same time and leave at the same time. Participant 4, whose organization is located in a rural community, has staff travel 75 kilometers to pick up PWDD to access services.

> "So because people live out on rural remote reserves…75 kilometers from our office, and there is no public transportation. [We drive] 75 kilometers to pick somebody up, 75 kilometers into town, 75 kilometers to drop them off, and 75 kilometers back. We try to look for people who are really good at making those connections. [Our organization] tries to stay flexible and innovative. The space that we have here is a bit of a hangout space, so people do not need to be with their support worker when they're here. The services we offer are kind of jagged because they need to meet the needs of jagged people. We do some group work, but informally, it doesn't always work with multiple complex needs individuals to do the group work setting, because you never know what kind of day someone's going to have had. So they need their own accommodations to be in the space."

Additional adjustments to traditional programming to help service providers support community inclusion and agency is to allow PWDD to have as much choice and agency as the service provider can offer, and to choose which interest groups they want to be part of on a weekly basis, the idea being to do as much community inclusion as possible, so to be out in the community. In some organizations PWDD can also move between different services. They might have two days in one and three in another because there's a different priority or focus for each service or program. Participants who have moved programming away from the traditional Monday to Friday, nine to three, now work in the evenings and on weekends. This change is so that the service provider can meet people where their interests, passions and expectations are, which is a kind of highly individualized approach to service delivery for PWDD who may have more complex needs and do not enjoy being grouped together in a service. One participant calls this change "individualized service," and has 50 to 60 PWDD in community inclusion with 50 to 60 staff to support them. These staff to PWDD ratios are highly individualized and this process creates more work for the organization. It is more administrative, and more difficult to work with collective agreements. All participants acknowledged that in order to personalize these services, their staff need to be as flexible as possible.

Participants were also in agreement that to achieve a responsive program model that staff have to be able to offer many different forms of support that a specific individual may need for a time period or even a day. Participant 2 added this:

> "I'd say our programs are designed in that they are individually constructed and then we act as whatever is needed, whether that's skill development, whether that's sort of moral support and

> encouragement, if that's just keeping tabs [on the client], then crisis management when it comes up, and then included in that is a lot of advocacy and education with the community that we're working [in] as well, so we can be the communicators on both sides if that's a barrier that the individual is facing."

Many of the participants reported that offering many different and responsive types of support increased the agency of PWDD in their programs. Many PWDD struggled to fit into traditional models and didn't want to be tied to hours of service and dates and times because that's not how PWDD live their lives. The service provider showed a dynamic responsiveness in the service so that PWDD could plan their hours each week, could change if they needed to, and they didn't have to be the same number of hours each week.

Participants indicated that responsive programming could help PWDD in the service achieve agency by giving them more choice. Many current programs can result in PWDD or staff becoming somewhat focused or entrenched in a particular program and paralyzed in service delivery. Regular evaluation is essential to determine whether a program is effectively meeting individual goals or if adjustments—such as exploring alternative approaches or modifying service delivery hours—are needed to ensure continued progress and prevent stagnation. Given the evolving nature of support, adaptability remains crucial. This strategy avoids a PWDD being in the same program for years, surrounded by the same people, where traditionally not much agency is developed. Participants pointed out that in the past, a service provider could have a service supporting a 60-year-old and a 19-year-old at the same time, but their lives are in completely different places and they may want completely different outcomes. One participant felt that past programming models "[s]howed a benign indifference to the aspirations of disabled people, as if it is all about having them, supporting them, programming them, containing them, controlling them, housing them". This view places less emphasis on agency, empowerment, risk and choice.

Participant 2 made an interesting point about how much we tailor things to people with disabilities. The participant pointed out that service providers have been so busy in the sector promoting the rights of individuals, but there is often a lack of recognition that rights must be accompanied by corresponding responsibilities to fully participate in the community. Individuals have the right to develop friendships, engage in social activities, and access community spaces. However, these rights are inherently linked to the responsibility of being a good friend and contributing to reciprocal social relationships. Similarly, every individual has the right to employment, meaningful engagement, and fair compensation. Yet, this right is accompanied by the responsibility to contribute meaningfully to the workplace and fulfill the expectations of their role within the organization.

> "Can some businesses be fairly narrow minded about what a meaningful contribution is? Yes, but my experience is that there's actually quite a bit of willingness on the part of the community employers to welcome individuals who are diverse, but the expectations of the individuals trying to access that are, frankly, not realistic to how that might play out, and so that limits them, because

> they only want to work on Tuesday afternoons, between two and four, but only two and 330 in the winter because it gets dark early or, [they have] difficulty keeping friends, because their expectations of friendship are actually only the people that are paid supports. So that's not a really balanced relationship. It's still going to be a one give and one take. Generally speaking, the right to access the community is paired with a responsibility to keep community members safe. So if an individual can be quite loud and frightening when they're really upset and then suddenly the public is not responding to them in a welcoming way. There is an aspect of what is your responsibility as a community member, and sometimes I wonder if supports have actually set up our individuals poorly, because their expectations of what it takes to exist in the community."

This was a surprise to the researcher as this viewpoint is rarely expressed in the sector. Participant 2 raises an interesting question: "are we, the service providers, creating a false environment and inhibiting true independence and agency with so much support?"

Cross-Sector Collaboration

All participants indicated that collaboration with other agencies within the community living sector and the wider social services sector was key to increasing independence and promoting agency for people with disabilities. Some of the collaborations mentioned were with the government funder, CLBC, and were characterized as CLBC being helpful by 'getting out of the way' and not imposing some of their perceived arbitrary structures for determining outcomes. Participants had dynamic relationships with their CLBC liaison analysts, and this allowed them to take risks. Participants made it clear that having a dynamic relationship with the CLBC analyst did not mean that they were in any way not transparent with the system, but that this had allowed them to be creative in service delivery and to try new approaches with a particular PWDD that might be beneficial. It was also found that when CLBC analysts work with the service provider to be more responsive to situations that arise in terms of changing needs, such as PWDD moving from contract to contract over the course of a year, it allows the service provider to be more flexible with the type of support. All parties are then more responsive to the actual needs of the PWDD they are all there to support.

Working with other social service agencies that work with different populations was also beneficial for many of the participants. A participant mentioned that they were referred to PWDD who were street-involved or had active addictions, and that working with a local organization that had more experience of working with these populations was a great advantage in providing better support.

Some participants mentioned they don't try to collaborate with an agency or organization, but look for allies within those organizations, that they can build a relationship with. Participant 4 gave an example:

> "……the person that books the appointments at the hospital clinic, she's amazing with our individuals. When they're phoning for an

> appointment, she'll say to them, “so what day, Honey, do you have a worker? Because that's the day you'll be able to come”. She understands. So maybe the hospital as a whole does not understand, but we just try and look for the allies and build the trust” ….Our individuals often don't look like they have a disability, which at time I think is almost a disadvantage, because people have different expectations.”

The statement from Participant 4 highlights a broader systemic challenge faced by both service providers and PWDD in fostering community inclusion and enhancing personal agency. A key barrier is that not all organizations, nor the individuals working within them, have experience or feel confident interacting with PWDD. This lack of familiarity does not necessarily stem from ill intent but rather from limited exposure and understanding. Additionally, because many developmental disabilities are not always visibly apparent, societal expectations regarding behaviour in institutional settings—such as hospitals or clinics—may not always align with the needs or capabilities of PWDD. In situations where PWDD are unable to conform to these expectations, they may face additional barriers to receiving equitable and appropriate care. The challenge described by Participant 4 underscores the ongoing work required from service providers to support PWDD in overcoming these societal and structural hurdles, ultimately fostering greater autonomy, inclusion, and self-determination in their daily lives

Ongoing Improvement

Ongoing impact measurement was another common theme raised by participants. Starting with the intake of a PWDD into the program, service providers have various assessments to try and learn as much as possible about the PWDD coming into the service, which helps staff to set an achievable goal for that person. As mentioned above, the Include Me! Survey, the quality of life domains created by Dr Robert Schalock are a helpful measure for a comprehensive look at a PWDD's quality of life, and some participants have taken this framework and adapted it slightly to fit the goals of their respective agency's programs. One participant's organization has 14 categories that measure a PWDD's life, looking at categories such as: goals, community access, budgeting, housing, household support, social skills, mental health support, physical health support and fitness. The organization will then review these categories later in the year to compare whether the person has improved, maintained or declined in the categories and what factors may have contributed to this over the year. The participant can then summarize the data in an annual report.

Another form of measurement mentioned is quality improvement. All participants completed annual surveys, which are distributed to families, carers and other stakeholders, and conducted either face-to-face or in a survey format with PWDD accessing the programs. The annual surveys gather information about the service provider's performance, satisfaction with the program, what is going well and what could be improved. The feedback from these annual surveys is reviewed and can lead to program adjustments to better meet the needs and wishes of PWDD. Some participants also mentioned that they have a "very open door" culture, so that at any time a care provider, family member, stakeholder or PWDD can share a positive or negative experience, and the participant will accept this feedback and try to implement some changes for better support.

Resource Enhancement

Individual Empowerment

When discussing how to support independence and promote agency for PWDD in community inclusion programs, participants repeatedly pointed to efforts to empower the PWDD they support in order to promote the growth of agency. Some participants placed a strong emphasis on PWDD gaining employment as a means to greater independence, power and control over their lives. The PWDD now has the means to make decisions in their lives by having the resources and financial capacity. Other participants work with various agencies that provide employment services, such as WorkBC, to try to help PWDD see the value that can come from being employed.

Apart from employment, there are other ways in which participants have tried to make PWDD in their programs feel empowered. For example, one participant's programs allow the PWDD using the service to know exactly what the expectations are in terms of behaviour. If the PWDD has a bad day, that is accepted, but they cannot shout or be extremely disruptive in the program space. It is not right to remove them from the program space, but there are limits and rules to protect other program users in the space. This participant mentioned that the use of the term 'safe space' has been effective in reminding PWDD that they are empowered to feel as they wish in the moment, but it cannot cross a certain threshold in interactions with program users. This participant supports many PWDD who have Indigenous heritage and live on reserves. The participant described that many in their community inclusion program live in a residence with several other family members and some like to come to the program to get some space from everyone who lives in their home. Participant 4 gave a valuable synapsis of how supporting and not judging PWDD benefits to empower them:

> “[We try] to empower people with multiple complex needs who have experienced a lot of the things that the individuals we support have experienced. We also believe that the behaviors that we see are normal [because of] everything people have been through. We have no judgment around that. We accept them for who they are. We just try to be curious and look for triggers and watch for patterns. I think that's really important, because I think the multiple complex needs population is often a population that does not receive the supports that they need when they're because of outbursts and behavior.”

It is not always easy for PWDD to find a space where they feel comfortable and finding that space can be empowering. In some cases, participants mentioned that PWDD have been in their programs for many years, which can create a level of trust with the service provider that PWDD may not have with other organizations. This participant's organization had even had PWDD who had moved to another community, but who contacted them when they were in crisis and needed support, because of the developed trust and long-standing relationship.

Staff Knowledge Base

The suitability of the staff supporting PWDD in community inclusion programs was mentioned by all participants. In all cases, the participant mentioned that their organization's approaches were all person-first and person-centered. One participant discussed that over the years their organization has moved away from the belief that the organization can be all things to all people and more towards the organization and its staff being an empowering vehicle to support PWDD to find their rightful and comfortable place in the community. Some saw working with staff not as training them, but rather as creating and giving them access to resources that would enable them to do their jobs better. Participants also spoke about the variety of skills that staff in community inclusion programs need to have, with some having to be employment counsellors, community support workers, life skills workers and simply counsellors all at the same time. Counselling was an issue mentioned by all participants as many PWDD also show signs of anxiety, depression, social isolation and all of this combined with the pressure to live up to the expectations of other family members can be a lot to cope with. Developing interpersonal skills, practicing life skills and finding ways to manage mental health issues were the most valued skills for staff.

Most participants observed that their goal as leaders in their respective organizations is to support and nurture staff to keep them engaged and inspired, and if these goals are achieved, then typical leadership tasks such as setting standards for work do not need to be discussed because the inspired staff will already go far beyond the typical standards expected. One participant explained this as "prioritizing the carrot over the stick". The group of participants were unanimous in describing how they and the staff are not in this line of work for financial gain, and if the leaders and the staff can build trust that they all have the same motivation for high quality work, then they see a great deal of care and effort being put into the PWDD who use the services.

Recruitment practices were also frequently mentioned, as some participants sought staff who may have different educational or professional experiences, but who could still add value in supporting PWDs to achieve their goals in the community. Participant 4 stated:

> "…..maybe about 10 years ago, we just changed all of our hiring practices and we made a real effort to look at hiring Indigenous people, because almost all of our individuals are Indigenous. And what does that look like? It's been amazing changes in the last decade, I am now officially the only non-Indigenous person that works here. All of my seven staff are Indigenous, and so we look to hire local and build capacity. And I have found that it just really has snowballed so often people in the community recommend who would be a great fit….. We just looked at changing all those hiring practices to be more inclusive, and that has also increased our cultural competency".

Participants also reflected on the importance of the staff supporting PWDD in community inclusion programs, emphasizing the critical role that staff training, interpersonal skills, and recruitment practices play in fostering an inclusive and supportive environment. A key theme that emerged was the emphasis on person-centered, person-first approaches, where the staff serve as enablers, providing the resources and guidance necessary for PWDD to find their rightful place in the community. This shift in perspective, from the organization being all things to all people to focusing on empowering staff to support PWDD effectively, underscores a broader cultural shift within community inclusion programs towards a more collaborative and resource-oriented approach.

The discussion on staff roles revealed the multifaceted nature of working in community inclusion programs, with staff members needing to balance various responsibilities—ranging from employment counseling and life skills training to providing mental health support. This complexity highlights the importance of developing well-rounded staff who can handle the diverse challenges faced by PWDD, including issues related to anxiety, depression, and social isolation. The emphasis on counseling and life skills development, along with the need for staff to manage these challenges, reflects the integral role that staff play not only in facilitating community inclusion but also in supporting the overall well-being of PWDD.

Participants also discussed the leadership strategies used within their organizations to nurture and inspire staff. Many leaders see their role as providing support and fostering an environment of trust, engagement, and motivation. As one participant described "prioritizing the carrot over the stick," it was evident that fostering intrinsic motivation among staff—rather than relying on external pressures or punitive measures—was viewed as essential for ensuring high-quality care and support. This approach to leadership reinforces the idea that when staff are inspired and supported, they will naturally go beyond the minimum standards of care, contributing to better outcomes for PWDD.

Recruitment practices were also highlighted as crucial for ensuring that staff bring diverse perspectives and experiences to the work. The example shared by one participant about changing hiring practices to prioritize Indigenous staff—reflecting the community's cultural makeup—demonstrates the importance of cultural competency in providing effective support. This shift in recruitment strategies not only enhanced the organization's cultural understanding but also fostered a sense of community ownership and connection, contributing to a more inclusive and supportive environment for PWDD.

In sum, this section underscores the central role of staff in community inclusion programs, emphasizing the need for well-trained, motivated, and culturally competent individuals who can adapt to the diverse needs of PWDD. By investing in staff development and fostering inclusive recruitment practices, organizations can create environments where PWDD are more likely to thrive and achieve greater agency in their community involvement.

Sector Systemic Views

Criticism of the system was not only directed at CLBC, but also at the overall siloed system of social services, where Health, Education and Community Living do not understand each other's goals and priorities. This lack of understanding can cause great confusion not only for service providers and government staff, but also for the families and carers of people with disabilities. One participant highlighted that the education system in BC is unfamiliar with the Community Living sector's goals of increasing inclusion and agency for PWDD. The two sectors do not communicate about a PWDD until the PWDD turns 19 and moves from one sector to another, and the inability to plan with the PWDD and perhaps their family is another great disservice. The lack of communication between sector's was highlighted by Participant 2:

> "…..I blame it on Island Health, although that might be my perspective, we often get feedback from Island Health. As soon as they see the word CLBC on a patient's file, they will say, "Oh, great, CLBC can look after them". When we have [PWDD] who have, say, have health issues due to diabetes. Island Health claims the issues are not related to diabetes and they are related to the disability. Island health is kind of washing their hands and saying, No, thank you. We don't want to look after them because they are a CLBC client…… CLBC's stance is, "We are not mandated to do medical care. We are here to support disabilities". [Our organization] has had individuals really caught in that gap in a terrible way, not being placed into assisted living, for example, because Island health thinks they should be in a group home, but their level of support need isn't anywhere near what would make them eligible for a CLBC group home. So, the [PWDD] just waits in the hospital for months because they won't be discharged……there's nowhere for them to go. [Our organization] has done quite a bit of advocacy work. We work deeply with CLBC about specific individuals, and we have reached out to the Provincial Ombudsperson requesting sort of a systemic investigation of these situations. CLBC [has a] team right now that's working to liaise between health authorities and CLBC to better define policies and mandates for each organization".

Just as the participant above highlighted some of the work of the CLBC team, another participant spoke of their work with CLBC to look at some of the current systems in BC and for CLBC to review their contracting practices. This participant was also very optimistic, based on their work with CLBC, that the structure of the current system is slowly changing, and that CLBC themselves have really improved their work over the last 3 years, especially in how they deal with Indigenous PWDD, as CLBC did not offer supports on reserves until 2015. The participant also discussed how CLBC had become more culturally competent in some of their practices, citing a past example where a CLBC staff member was looking for a particular PWDD and was driving a marked government vehicle around the reserve during the search. The government vehicle caused a great deal of anxiety in the Indigenous community on the reserve, and the organization received many calls from parents who were apprehensive about this government presence on the reserve.

A strong sense of moving away from the current system that does not encourage or support independence for PWDD was reported by all participants. Trying to get families, carers and other stakeholders to move away from a focus on hours of service provision and where they are provided to a focus on what the PWDD wants their life to be like in the future. Participants detailed discussions with parents and carers about how they wanted the PWDD to be in a particular program, for a certain number of days and hours per week, and the whole conversation focused on how much service was being received rather than the intended outcomes of the service. The loss of focus on the final outcome for the person with learning disabilities ultimately leads to a kind of compromise or a kind of patent indifference that the person with learning disabilities should take what they can get, even if it does not fully meet their needs.

Other systemic issues raised were that many organizations in this community living sector have employees who are unionized. One participant shared that the collective agreement with the unionized employees makes it difficult for the service provider to always do what is best for the PWDD in a timely and efficient manner, as the unionized employee also has certain rights. A typical example given by all participants is when an organization has a staff member who is not really working in a certain program. The staff member just does not seem to have discovered an appreciation for the people they are supporting, and the organization would like to move the staff member to where their talents might be better suited. This move cannot be made without proper notice to the staff member, and if the staff member disagrees with the organization's assessment, they may grieve the move, which could lead to a lengthy negotiation process. The interests of the PWDD cannot be at the forefront of all decisions in this system. Funding was another part of the system structure that participants identified as a challenge. Aspects of contracts such as transport costs, which are not always 100% funded, leave the service provider to fill the gaps and this can create further gaps in meeting the needs of PWDD in the program.

One participant gave a very interesting response in a discussion about system structures and whether people with disabilities feel they have the freedom to do what they want. The participant brought up that we all have responsibilities to society and to ourselves and that no one really has complete freedom to do what they want because of the limitations of earning a living, functioning in the community and taking care of their body and treating other people around me decently. These responsibilities limit their freedom. The participant then mentioned that sometimes there is a perception that people with disabilities have limited access to things, but this perception is not based on reality. It is based on a narrative or a story that PWDD have been told. The participant drew a parallel with her own experience of the feminist movement. The participant had not personally experienced a lot of the limitations that women have faced in a sort of generational way, but stated that it was a story in their head that they were seen as less of a person by society, because that's the narrative they have been told as they age. The participant then questioned whether this was true as they felt they had lived a privileged life. The participant used this comparison to show how they approach supporting a PWDD in their organization's community inclusion programs. They try to identify internal barriers of the PWDD, as they felt that these barriers are harder to overcome than any external systemic barriers that exist.

At the conclusion of the survey and interview phases of this project, a notable convergence emerged between the responses collected from both methods. Across both the surveys and interviews, service providers consistently expressed confidence in their perceived success in fostering community inclusion for PWDD. In particular, both data collection approaches highlighted the significant role that collaborations and partnerships play in facilitating such inclusion. Participants in both the surveys and informational interviews emphasized the positive impact of inter-agency cooperation, suggesting that these collaborative efforts contribute to more effective outcomes for PWDD. Additionally, both sets of responses underscored the importance of staff training and preparedness as crucial elements in enhancing community inclusion and promoting agency for PWDD. Service providers noted that well-trained staff members are better equipped to address the diverse needs of PWDD, thereby improving the overall effectiveness of community-based initiatives. These findings indicate that a holistic approach—combining collaboration, staff training, and preparedness—is essential for advancing community inclusion and ensuring greater autonomy for PWDD.

Chapter 5. Analysis and Discussion

The results of this project have shown that service providers in British Columbia recognize that community inclusion programming increases the amount of agency in the lives of PWDD. However, it is not without considerable effort on the part of service providers to facilitate opportunities for PWDD to increase their sense of agency in their own lives. The increase in agency is benefiting some PWDD, but the extent of change is not as widespread as CLBC had hoped, and this is a direct result of the structures in place in the community living sector which inhibit progress in a variety of ways.

The data suggests that, from a service provider perspective, some PWDD have far more choices and opportunities than ever before and can use the opportunities created by community inclusion programs to have more control over their lives. This control can lead to higher levels of satisfaction for PWDD in these programs. The shift in focus towards Community Inclusion programming would not achieve the current results without a great deal of effort on the part of service providers, who face many structural challenges in providing these services.

Several themes emerged from the literature review that helped developed the conceptual framework guiding the analysis and its interpretation, namely: Interpersonal Relationships, Community Participation, Family vs. PWDD Perspectives and Agency. This section will interpret and show how the findings of the study align with or challenge these themes and how they connect with the theoretical framework. This section will also demonstrate how the researcher has refined the original conceptual framework in response to the empirical findings obtained from the survey and interviews.

Community Inclusion

Interpersonal Relations

The findings show some consistency in interpersonal relationships with Merrells et al.'s studies as the community inclusion programs give PWDD the opportunity to increase their social networks by meeting similar others in the community, which helps them to feel safe and more accepted (2019). Merrells' study found that many of the people interviewed enjoyed the programs as it improved the significant issue of boredom and limited activity, with little variation in their weekly schedule, which was evident in the project (Merrells et al, 2019). This alignment is evident in the findings section where service providers discuss adjustments to traditional segregated programming, moving programming out into the community and attempting to provide as much variety as possible. This change allows PWDDD to have more choice and agency in choosing the groups and individuals in those groups with whom they interact on a weekly basis. Some service providers also make it easier for PWDD to move through different programs and services based on their priority needs. Programs have also moved outside the traditional daytime hours to evenings and weekends, which has further increased the opportunities for PWDD to expand their social network.

The idea behind changing these programs also reflects the aims of Bhattacharyya's community development theory as described in Wittuk et al. (2007). The first goal of community development is to build a shared identity that guides the creation of norms for healthy living. The second goal is to increase people's capacity to make decisions, grow and live their lives as they wish (Wittuk et al., 2007). By allowing PWDD to choose the programs and groups they want to be a part of, it increases the agency within the PWDD and allows them to find commonality and shared identity with other PWDD in those programs, or even community members who interact with the PWDD in those programs. 70% of respondents believe that their programs achieve this goal.

The data collected also shows a discrepancy in interpersonal relationships from that described by Werner and Hochman (2017), who argued that relationships that were formed during the time in the program did not continue after the PWDD left the program. In this study, however, the data shows that 57% of program respondents reported that over 75% of the PWDD supported by their community inclusion programs had social networks outside of the programs. This would suggest that community inclusion programs help to expand the social networks of the PWDD supported in them. The argument against this disagreement is that the program mentioned in Werner and Hochman's project involved PWDD and people without developmental disabilities and was time sensitive in terms of how long a person was allowed to be in the program. In the community inclusion programs described by the author, PWDD can be in these programs for long periods of time and have other PWDD to meet and interact with.

Overall, the theme of interpersonal relationships from the literature review is consistent with community inclusion programs creating opportunities for PWDD to expand, increase or improve their social networks, while also creating a shared identity between PWDD that can lead to the formation of friendships.

Community Participation

The theme of community participation from the literature review was also a major theme in the data from this project. The sector's move towards community inclusion-based programs has also removed the segregated nature of programs discussed by other researchers, such as Simplican et al. (2015). This has led to a greater number of PWDD having a social network. Employment was identified by several sources in the literature review as an important part of community participation. A focus on employment support was identified by several interviewees as an important factor in creating the conditions for PWDD to have more agency in their lives. Agency was created by allowing PWDD to have the resources and financial capacity to exercise control over their decisions, as they are not so dependent on a service provider to find solutions to potential financial shortfalls. Employment also offers PWDD access to a variety of people and personalities who will come and go, compared to PWDD who are in segregated programs with the same people every day for years.

The study also does not support the position of authors Cummins et al. (2003) and Merrells et al. (2019) that community participation does not always improve community inclusion. The data suggests that service providers did not perceive a lack of opportunities for PWDD in community inclusion programs. Participants discussed that the organization has a lot of social capital in the community, which has led to partnerships and collaborations, which then help to increase the acceptance of PWDD in programs. The participants who mentioned this were also from smaller communities which seemed to be more accepting of the inclusion of PWDD. The transition of moving programs out of segregation seems to be making small but steady strides in enriching the lives of PWDD.

Feelings Regarding Inclusion

Differing views between PWDD and their families or carers about what a PWDD wants in terms of goals was a theme that emerged in the literature review, and also emerged during the research phase of the project. Families of PWDD may have a broader view of successful community inclusion than those without developmental disabilities, with common goals being the development of a social network and regular employment (DuBoise et al., 2019). While some goals may align, other goals may look different for PWDD, as many additionally seek independence from their family or carers (DuBois et al, 2019). However, the data suggests that these types of outcomes are currently rare, with 4% of respondents reporting that PWDD in their community inclusion programs were in the high independence category (76%-100%). In comparison, 65% of respondents indicated that PWDD in their community inclusion programs were in the low independence category (0% - 25%).

The different perspectives on outcomes for PWDD also emerged in the interview part of the project, particularly when discussing the structures of the current community living system. One participant mentioned that, in their experience, some carers and family members who have been supporting PWDD in the sector for many years are not as interested in the overall outcome goals of the PWDD as they are simply having the PWDD in the program so that they can have a break from supporting the individual. This has led in the past to PWDD being placed in programs that may not have been as beneficial to the individual as they should have been. More attention has been paid to keeping a PWDD supported, programmed and contained than to focusing on what the PWDD wants for themselves. The tension of the PWDD feeling that they are not being treated as an adult by families and carers can also lead to tension between the service provider and families and carers, as the philosophy of the service is to be 'person centered' and to focus on what the PWDD wants from the service rather than what the family or carers want (DuBois et al, 2020).

Agency

Strategic Learning

As noted above, PWDD have historically not felt that they have the ability to create, change or influence the events or actions in their own lives, depending on the actions they choose to take (Clifton et al, 2013). PWDD who feel that their community life is influenced by the structure of their family relationships and other support structures lack the agency that so many would like to have in their lives (Dubois et al, 2020). This was mentioned several times by participants; that is, many service providers work very hard to make their community inclusion programs as person-centered as possible in order to try and elicit more strategic learning opportunities that can improve agency for the PWDD. 65% of respondents felt that they adapt their programs to a large extent to meet the needs of producing agency for PWDD. A further 70% responded that they felt their programs were effective in promoting inclusion and agency.

Unique Social Actions

The dynamic responsiveness that service providers have done to change services in a responsive way and to schedule PWDDs' hours so that they can change weekly and not have to receive programming in traditional timeframes, at the same time, on the same days, while also allowing PWDDs to move between services so that their needs and goal outcomes are met, creates more opportunities for inclusion and choice produces more agency. These actions by service providers accumulate over time and begin to replace older structures, as mentioned by Suzuki (2017). The new program structures have created opportunities for more autonomy and agency for PWDDs and prevent PWDDs from becoming static in their goals and outcomes, as could happen in the past if a PWDD was in the same program with the same people for several years.

Change in Identities

The work of service providers on program change continues to enable PWDD to change their circumstances through structural learning, which can then lead to the reformulation of identities and interests and promote strategic calculations about roles in the current structure (McAnulla, 2002). The study shows a correlation with this point by McAnulla and the current state of programming, as one respondent described that PWDD know what the parameters of the program are and what they can and can't do when they access services. If the PWDD is having a bad day, they are allowed to have a bad day, but they are not allowed to shout or be aggressive in the program room. This doesn't mean that the PWDD has to leave, just that they have to adjust their behaviour. The service provider uses the term 'safe space' and the PWDD can then choose to stay and adjust or leave and move on. This opportunity gives the PWDDD a chance for strategic learning, which can then benefit them when they are faced with this situation in the community. This interviewee has many PWDD of Indigenous descent who live on the reserve in situations where many people live in one dwelling and the program space is used as a relief from their living situation. By allowing the PWDD to learn in a non-authoritative way and to make this choice, trust can be built with the service provider and structural learning can take place.

The data collected in this study did not align completely with every primary and secondary theme from the literature review, but there were many examples of the research supporting the themes and ideas of previous researchers. More examples of alignment than not lead the author to believe that there is a positive movement in the community living sector in BC. Change is happening slowly, but change of this magnitude is never quick. If service providers can continue to create the opportunities mentioned in the findings section of this study, then PWDD will continue to have a greater sense of agency in their lives.

Revisiting the Conceptual Framework: Key Themes and Insights

The literature review aided the researcher in identifying Community Inclusion and Agency as the central concepts driving the conceptual framework for the project. These overarching concepts were further dissected into secondary themes: interpersonal relations, community participation, and feelings regarding inclusion within the framework of community inclusion, and strategic learning, unique social actions, and changes in identities within the concept of agency. Together, these themes provide a comprehensive lens for exploring how community-based programming supports the empowerment of PWDD.

This conceptual framework has proven instrumental in guiding the analysis and interpretation of data collected in this study. The emergent themes align closely with the framework, confirming its relevance in understanding the experiences of PWDD within community inclusion programs. By examining community inclusion and agency as interconnected yet distinct constructs, the framework underscores the need for a holistic approach that addresses both structural barriers and individual capacities.

Further, the six analytical constructs provide actionable insights for service providers, policymakers, and other stakeholders. For instance, promoting interpersonal relationships and supporting unique social actions could be prioritized to enhance community inclusion and agency. Similarly, addressing systemic issues, such as funding and staff training, is critical for fostering environments where PWDD can thrive both socially and personally. The conceptual framework provided a robust foundation for exploring the nuanced interplay of inclusion and agency in the lives of PWDD.

Upon completing the data collection phase of the project, the conceptual framework underwent critical reflection, leading to proposed adjustments intended to refine its utility for future research on Community Inclusion and Agency. These revisions aim to better account for the pivotal role of service providers in facilitating the realization of inclusion and agency for PWDD.

To address this, the researcher suggests incorporating a new dimension titled *Facilitation* under each primary concept: Community Inclusion and Agency. The Facilitation dimension acknowledges that service providers play a central role in enabling the elements associated with each concept, often to a greater extent than originally anticipated. This dimension is further subdivided into three constructs that emerged from the primary data collected in this study: Reflexive Support, Resource Enhancement, and Sector Systemic Views.

Reflexive Support

This theme highlights the dynamic and adaptive strategies that service providers employ to ensure support services align with the unique needs, preferences, and aspirations of persons with developmental disabilities (PWDD). A critical aspect of this is the promotion of employment opportunities, which not only enhance social integration but also foster personal autonomy. Additionally, service providers focus on supporting PWDD in exploring, understanding, and expressing their sense of identity, helping individuals develop a deeper understanding of themselves.

Another key consideration is the identification and encouragement of activities that resonate with the personal interests of PWDD, ensuring meaningful engagement in their daily lives. The theme also emphasizes the importance of tailoring support to reflect each individual’s perspective on inclusion, recognizing that the concept of inclusion may vary greatly from person to person. Finally, it underscores the necessity of aligning programs and services with the explicit wants and needs of PWDD, ensuring that their voices guide the design and delivery of supports. Collectively, these efforts reflect a commitment to person-centered practices that prioritize individuality and empowerment, fostering a more inclusive and responsive service environment.

Resource Enhancement

Resource enhancement is centered on optimizing the tools, knowledge, and opportunities available to PWDD and their support networks. A key component of this approach is the reconceptualization of success, particularly within inclusive settings, as it challenges traditional definitions and emphasizes personalized achievements for PWDD. In addition, resource enhancement involves the development of adaptive support models that remain flexible and responsive to the changing needs and circumstances of PWDD, ensuring that support systems evolve alongside individual growth.

Geographic and environmental factors are also integral to this theme, as they can significantly impact the level of inclusion experienced by PWDD. Addressing these factors involves creating strategies that reduce barriers related to location, making inclusion more accessible regardless of external constraints. Furthermore, resource enhancement considers the personal views of PWDD within their communities, focusing on how individuals perceive their roles and navigate social environments. This perspective highlights the importance of empowering PWDD to define and shape their own sense of belonging and participation within their communities, fostering a more inclusive and supportive environment.

Sector Systemic Views

This theme reflects the broader systemic and structural factors that influence service delivery and efforts toward inclusion. A central aspect of this theme is the understanding and enhancement of social networks for PWDD, recognizing the critical role these connections play in fostering a sense of belonging and community. Integral to this is the acknowledgment of the diverse roles that PWDD occupy within their relationships, as each individual may contribute in unique ways to their social networks.

Another important consideration is the assessment of feelings of inclusion, evaluating whether PWDD feel truly welcomed and valued within their communities. This element focuses on understanding the extent to which community settings create an environment where PWDD experience a sense of acceptance and participation. Additionally, this theme emphasizes the importance of capturing the lived experiences of PWDD, as these personal narratives provide invaluable insights that can inform the development of more effective programming and advocacy efforts. By incorporating the voices of PWDD, this approach ensures that services and policies are responsive to their real-world experiences and needs, promoting deeper inclusion and empowerment.

By integrating these themes into the conceptual framework, the revised model not only reaffirms the importance of Community Inclusion and Agency but also highlights the critical role of service providers as facilitators. This refinement underscores the need for intentional, resource-informed, and systemic approaches to foster meaningful inclusion and agency for PWDD.

Chapter 6. Recommendations

The findings of this study indicate that service providers perceive community inclusion programs in British Columbia as instrumental in enhancing both agency and community inclusion for PWDD. Participants also reported that while certain structures within the community living sector are evolving to support these objectives, significant systemic changes are still needed. Moreover, service providers observed tangible benefits resulting from the shift toward inclusion-focused programming, suggesting that such initiatives are having a positive impact on PWDD.

Future research should aim to broaden the scope of the participant group, incorporating a more diverse range of stakeholders, including PWDD, family members, caregivers, and representatives from Community Living British Columbia (CLBC). Expanding the range of perspectives would offer a more comprehensive understanding of the dynamics within the community living sector and provide deeper insights into the perceived successes and ongoing challenges of inclusion programming.

Additionally, the study identified three key themes from the perspective of service providers that warrant further exploration: 1) flexibility and adaptability in service delivery, 2) shared vision for service delivery between staff and service providers, and 3) extending and improving collaborations and partnerships. Investigating these themes in greater depth could inform strategies for accelerating structural changes and improving the delivery of services aimed at increasing agency for PWDD. Addressing these areas could contribute to the development of more effective, person-centered approaches to community inclusion.

Flexibility and adaptability in service delivery

The shift toward a reflexive programming model has demonstrated significant benefits for PWDD in fostering greater agency and independence. This approach, which emphasizes person-centered practices, enables PWDD to engage in strategic learning, focus on their personal goals, and achieve meaningful growth across various dimensions of their lives. By prioritizing individualized support, reflexive programming also strengthens the trust and structure within the relationship between PWDD and service providers, thereby enhancing the quality of care and collaboration.

Additionally, the flexibility inherent in reflexive programming facilitates more effective cross-sectoral collaboration, which is crucial in navigating today's increasingly complex social service landscape. Such collaboration often leads to a more integrated network of support, providing PWDD with access to a broader range of resources and opportunities. Moreover, reflexive programming's adaptability ensures that services remain responsive to the evolving needs of PWDD, further reinforcing its value as a model for empowering individuals and promoting their full inclusion in the community.

In practice, this approach would differ from the traditional, rigidly scheduled support model, which typically follows a fixed timetable (e.g., Monday, Wednesday, and Friday from noon to 2 p.m.). Instead, support services would need to adopt a more flexible and responsive framework, adapting to the evolving necessities and circumstances of the PWDD at any given time. This could involve providing assistance during daytime or evening hours, depending on when support is most beneficial. For instance, support may take the form of accompanying an individual for a walk or coffee to offer emotional support, assisting with accessing medical care, or helping to complete essential forms and paperwork. These examples illustrate the diverse ways in which support can be tailored to meet the immediate and varying needs of PWDD. The key principle underlying this model is its adaptability, recognizing that effective support is not static but must evolve in response to the individual's changing goals, challenges, and life circumstances

Shared vision for service delivery: alignment between staff and service providers

The enhancement of agency for PWDD can be directly attributed to the shift toward a community inclusion model. The implementation of this model relies heavily on the competence and dedication of staff who deliver the support services. For this approach to succeed, service providers must ensure that staff are adequately resourced and thoroughly educated on the objectives and intended outcomes of community inclusion programs.

The findings of this study emphasize the critical need for alignment between staff and service providers in their vision for service delivery. Divergent perspectives can hinder the effectiveness of programs, ultimately limiting the ability of PWDD to develop agency. To maximize the benefits of community inclusion programming, service providers require dynamic and adaptable staff capable of fostering social networks and empowering PWDD to engage meaningfully with these programs. Moreover, staff must embrace the complexities and individuality of the PWDD they support, creating environments where participants feel safe, respected, and valued. This alignment and adaptability are essential to achieving the program's person-centered goals.

In practice, this approach would require a comprehensive and structured onboarding process for staff entering a community inclusion program. Given the complexity of the role, the initial learning curve would be steep, necessitating thorough training in areas such as mental health, addiction awareness, and an in-depth understanding of the PWDD they will be supporting. Beyond foundational training, staff would also play a crucial role in facilitating social inclusion by identifying the interests and passions of PWDD and using this knowledge to connect them with others who share similar interests. By fostering these connections, staff can help expand the social networks of PWDD, potentially leading to the development of natural supports. Natural supports refer to social and community-based relationships that are not reliant on formal service provision but instead emerge organically through shared experiences and mutual interests. Additionally, resource enhancement is a key component of this process, requiring staff to develop a strong understanding of the local community and available opportunities. By leveraging these resources, staff can better integrate PWDD into community settings, promoting meaningful participation, autonomy, and long-term social inclusion.

Extending and improving collaborations and partnerships

The findings of this study reveal that while systemic views within the community living sector are gradually evolving, significant barriers remain that hinder the full realization of person-centered programming. Service providers face a range of challenges in shifting their programs to better support the agency of PWDD. Among these challenges are entrenched structures such as collective agreements, funding bureaucracies, and the diverse perspectives of families and carers regarding the types of support provided.

These longstanding systemic factors continue to limit the fluidity needed to adapt and implement changes effectively. The study highlights that, despite progress in programming, these external influences create a complex and often rigid landscape for service providers to navigate. Until these systemic elements become as adaptable as the programming itself, the pace of meaningful change within the community living sector is likely to remain slow. Addressing these systemic issues is essential to fostering a truly inclusive environment that prioritizes the agency and autonomy of PWDD.

For service providers, improving flexibility in service delivery may require engagement with local union representatives to address workplace policies and collective agreements that can create barriers to adjusting staff shifts in ways that better align with the individualized needs of PWDD. Discussions with unions could focus on developing strategies to resolve local issues that impede adaptive scheduling, ensuring that staffing structures remain responsive to the needs of those receiving support. Additionally, service providers could advocate for broader systemic changes by supporting provincial organizations such as the Community Social Services Employers' Association in collective bargaining negotiations. A key area of focus could be revising collective agreement language to allow staff with specialized training and relevant experience to transition into roles within community inclusion programs without seniority acting as a primary determining factor in the hiring process.

Furthermore, policies established by Community Living British Columbia (CLBC) regarding contracting and service categories could benefit from increased flexibility. If these policies were adapted to allow for more fluidity in service provision, agencies would be better positioned to tailor supports to the evolving needs of PWDD.

Beyond structural and policy-related considerations, shifting perspectives within the broader system—including those of caregivers, family members, and frontline staff—is equally critical. In some cases, PWDD are placed in programs based on the convenience of their caregivers' or family members' schedules rather than on their individual preferences and needs. This misalignment can limit opportunities for meaningful community participation. For example, community inclusion programming may be most effective when support is provided during evenings or weekends, yet transportation or logistical concerns may create resistance from caregivers. Encouraging a shift in mindset—one that prioritizes the autonomy and well-being of PWDD over the convenience of others—can foster a more person-centered approach to service delivery. Similarly, some staff members may be reluctant to engage in certain activities based on personal preferences rather than the needs and interests of the individuals they support. To create a truly inclusive and responsive system, it is essential that service provision be guided by the goals and aspirations of PWDD, rather than being constrained by the preferences or limitations of those providing support

Conclusion

This study examined the effectiveness of community inclusion programming in enhancing the agency of people with developmental disabilities (PWDD). The findings suggest that service providers generally perceive these programs as effective in fostering agency, as they adapt to meet the evolving needs of PWDD in a complex and ever-changing sector. Community participation emerged as a significant factor, consistent with themes identified in the literature review. Notably, employment, highlighted by Merrells et al. and Lysaght (2019), was recognized as a key element of inclusion by service providers. However, there was a divergence in responses regarding the structural changes needed to further enhance agency, reflecting varying stakeholder perspectives on system requirements. This aligns with McAnulla's (2002) observation that shifts toward new norms are often gradual. These findings underscore that, while progress has been made, structural improvements within the sector remain necessary to fully support inclusion and agency for PWDD.

Service providers in the study emphasized that the shift toward community inclusion programming is yielding tangible benefits for PWDD across British Columbia. Respondents highlighted the resourcefulness and adaptability of service providers in delivering services tailored to diverse community contexts, including urban and rural settings. The study revealed that while CLBC can introduce new service frameworks, it is ultimately the service providers who must exhibit ingenuity and creativity to implement these services effectively. This includes navigating systemic barriers and, at times, employing innovative contractual arrangements to ensure person-centered approaches.

The insights shared by service providers contributed to identifying themes that warrant further investigation, including reflexive support, resource enhancement, and systemic challenges within the sector. Exploring these themes in greater depth could provide valuable guidance for achieving more effective and timely outcomes in community living services.

While this study successfully addressed its research questions, it also raised additional areas for exploration. Future research should aim to include a larger and more diverse sample of service providers, as well as other key stakeholders, to gain a more comprehensive understanding of perspectives on community inclusion and agency development for PWDD . It would be highly beneficial for the sector if PWDD were directly surveyed and interviewed. Obtaining firsthand perspectives from those receiving services would provide valuable insights into their experiences, needs, and satisfaction with current programming. This approach would enable service providers and CLBC to assess the effectiveness of existing programs and determine whether they align with the intended objectives. Additionally, incorporating the voices of PWDD into the evaluation process would support a more person-centered approach to service delivery, ensuring that programming is responsive to their preferences and promotes meaningful community inclusion. Furthermore, examining how CLBC supports service providers in developing flexible contracting mechanisms could offer valuable insights into fostering adaptive responses to PWDD needs. Although significant progress has been made in providing tailored and effective services across the province, continued efforts are required to ensure that PWDD can live with the dignity, autonomy, and agency that should be afforded to all members of society.

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Appendix 1

Survey Questions

1. I consent to participating in this research project
2. How many Persons with Developmental Disabilities (PWDD) currently participate in Community Inclusion programs offered by your organization?
3. What is your Organization's annual operating budget?
4. Approximately, what percentage of your annual operating budget is devoted to Community Inclusion programs?
5. What services does you organization provide to PWDD? Check all that apply.
6. In your opinion, how effective are the current programs or services in promoting the inclusion and agency of PWDD?
7. To what extent does your organization customize its support to meet the individual needs and goals of PWDD?
8. In your opinion, how successful is your organization in fostering community integration for PWDD through its programs?
9. How accessible are your Community Inclusion programs to individuals with various types of disabilities?
10. In general, how would you rate the effectiveness of collaborations and partnerships in place to enhance the inclusion and agency of PWDD?
11. Which partners has your organization collaborated with to provide services/programs to PWDD in the last 12 months? Please check all that apply.
12. To what extent are your staff prepared to effectively support PWDD, based on their training and professional development?
13. In what areas do you believe support staff need to improve? Please check all that apply.
14. How does your organization currently gather feedback from PWDD regarding the effectiveness of your programs?

15. What proportion of PWDD in your Community Inclusion Programs have a social network?*Social Network is defined as a group made up of family members, friends and any other person included in the individual's lives*

16. How successful is your organization in measuring the impact of its programs on the inclusion and agency of PWDD?

17. What do you consider the biggest barrier(s) or challenge(s) in your organization's efforts to promote inclusion and empower PWDD? Please choose up to 3 options.

18. On average, how many of the PWDD you serve have regular access to transportation? For example, through public transit, regular rides from family members, or owning a vehicle.

19. How many PWDD in your programs live independently (with no support from a service provider with any life skills)

20. How many PWDD in your programs live semi-independently (with some support provided by a service provider with life skills)

21. How many PWDD in your programs live supported (completely supported by service provider in a home with all day and all night staff support.)

22. What specific areas need improvement to better support your organization's efforts in promoting inclusion and agency for PWDD? Please choose up to 3 options

23. On a scale from 1 to 100, where 0 represents complete dissatisfaction, how satisfied do you think PWDD are with your organization's programs that promote community inclusion and agency?

24. Would you be willing to further participate in this project with a follow up interview that will be audio recorded?

Appendix 2

Informational Interview Questions

Philosophy and Approach:

1. Can you describe your organization's philosophy and approach to supporting people with disabilities in gaining inclusion and agency?

Program Design:

2. How are your agencies CI programs designed to enhance the inclusion and agency of individuals with disabilities?

Accessibility and Accommodations:

3. How do you ensure that your programs are accessible to individuals with different types of disabilities?

Collaboration and Partnerships:

4. Are there any partnerships or collaborations with other stakeholders, such as disability advocacy groups or government agencies that have been particularly successful in achieving inclusion and agency?

Measuring Impact:

5. How does your organization measure the impact of your programs on the inclusion and agency of individuals with disabilities?

Training and Professional Development:

6. What training and professional development opportunities do you provide for your staff to ensure they are well-equipped to support PWDD in Community Inclusion?

Feedback and Continuous Improvement:

7. How actively does your organization seek to improve and refine its programs based on feedback, changing needs, and emerging best practices?

Community Integration:

8. Are there specific strategies or initiatives in place to promote social inclusion and participation?

Challenges and Solutions:

9. What challenges have you encountered in promoting inclusion and agency for people with disabilities, and how have you addressed them?

Perceptions:

10. Do you perceive that participants feel they have the freedom to do what they like?