INTRODUCTION

The OPADD Symposium was held March 9, 10 and 11 2009 in Richmond Hill, Ontario. The symposium provided a venue to highlight what OPADD has achieved, share success stories, hear from the experts, identify persisting roadblocks, engage the uninvolved and establish key priorities for the future. This important event brought together, members of the OPADD provincial table and regional committees, those involved in local projects, care-givers, academics, researchers, planners and policy-makers.

The Symposium Proceedings are presented in two parts:

II.   SUMMARY OF PLENARY AND CONCURRENT PRESENTATIONS

III.   SYMPOSIUM DIALOGUE

a.   Summary of background information and questions provided to delegates for each of the five dialogue topics; along with a frequency analysis of the ideas generated by each group during the first and second dialogue sessions.

b.   Observations and analysis pertaining to all of the ideas generated by delegates during the first and second dialogue sessions.

Action Plans developed by the five topic groups during the third of the three dialogue sessions during the symposium are not included in these proceedings.

The summaries of the plenary and concurrent sessions are based on the materials submitted by presenters. The summaries provide an overview of the important ideas that were received by delegates attending the symposium. They can also serve to identify any gaps in content or important themes that deserve to be reiterated in the planning of a future provincial symposium.

The PowerPoint presentations provided by speakers for the plenary and concurrent sessions offer a complementary source of information to the summaries provided here. Those Power Points provided by speakers are available on the OPADD website at www.opadd.on.ca

The summary and analysis of the symposium dialogue sessions is based on all of the ideas generated and documented by participants and facilitators. This includes notes generated by participants and index cards generated by the facilitators during the first and second of the three dialogue sessions.

The third dialogue session was dedicated to developing specific action plans for each topic area. These action plans are presented in the report as they were submitted by each group at the conclusion of the session. The reader will observe that plans vary in their level of completion and clarity. However, the idea behind the third dialogue session was for group participants to continue the development and implementation of their respective actions plans following the symposium. The draft documents presented here provide a point of departure for this continuing work.

I. **<u>SUMMARY OF PLENARY AND CONCURRENT PRESENTATIONS</u>**

PLENARY SESSIONS

<u>March 10 Opening Plenary</u>

Building Capacity as Inclusion Comes of Age
Dr. Lilian Thorpe MD, PhD, FRCP Professor of Psychiatry and Community Health and Epidemiology University of Saskatchewan

Dr. Thorpe's presentation focused on the years 1999 to 2009 and an overview of work that had taken place pertaining to aging in adults with intellectual/developmental disabilities. The growth in the number of older people with ID in the community has occurred because of: increased deinstitutionalization and increased life expectancy. The presentation provided data for life expectancy at birth as well as findings from research on mortality rates. Dr. Thorpe also highlighted health, mental health, co-morbidities related to some pathologies and dementia. Pressures associated with the aging of people with ID include the challenges faced by residential aged care facilities, the need for education and for strengthened service delivery capacity. Positive developments of the last ten years include: increased adaptation of community group homes for ID to the needs of the elderly; increased development of age appropriate day programs; opportunities for partial or full retirement; and adaptation of nursing homes to developmentally appropriate care for people with ID.

<u>March 10 Principal Speaker</u>

Best Practices in Aging and Developmental Disabilities
Dr. Tamar Heller, PhD

This presentation examined a model to support aging well. Key issues identified included: adapting to age-related changes in health; providing family support to aging caregivers; using person-centered approaches in planning for the future; getting adequate supports to "age in place"; the use of technology and making modifications to the environment. An agenda for care-givers was presented and included: the need to: address growing need to support age related health declines; provide opportunities for a productive and meaningful life; allow for retirement and leisure options; support older families, including siblings in care-giving and adults with ID in future planning; rethink concept of self-determination; provide compassionate end of life care; adapt the environment to changes in functioning; and address obstacles to community participation. The importance of equitable access to health care and future planning were stressed. Finally, strategies for collaboration between the DS and aging sectors were presented.

<u>March 10 Evening Program</u>

The Power of the Dream
Terry Kelly, Motivational Speaker and Entertainer

Terry Kelly brought his songs, stories and conversation to inform, entertain and inspire symposium delegates. The program offered opportunity for delegates to reaffirm their

personal purpose as well as their own values and strategies for living and working happily and healthily. Terry stressed the importance of communication; dreams; goals; choices and responsibilities; the celebration of differences; the importance of balance between one's work and personal life; and the value of enthusiasm.

March 11 Opening

Greetings and Opening Remarks
The Honourable Madeleine Meilleur, Minister of Community and Social Services and Minister Responsible for Francophone Affairs

The Honourable Madeleine Meilleur addressed the delegates, thanking them for the work done on behalf of older adults with developmental disabilities in Ontario. The Minister acknowledged the importance of the partnership between developmental services and long term care/seniors community programs and the achievements of the past several years. The Honourable Madeleine Meilleur underlined the commitment of the government of Ontario in its support of the Vision: That older adults with a developmental disability have the same rights to support and services as all older Ontarians.

March 11 Keynote

Quality of Life – What it is and how it can support people with developmental disabilities as they age
Dr. Roy I. Brown

This plenary provided an overview of the Quality of Life model including concepts and how it applies to the aging process. Some key descriptors of quality of life were described, including: relationship to the objective and subjective experiences of well-being; satisfaction of the individual; individual well-being; opportunity and choices; and its multidimensional nature involving well-being across life domains. The presentation posed and explored important questions related to implementing a Quality of Life model including: How do we define and apply a quality of life approach? How will we sensitize our services and revise our policies? What are we prepared to do socially and psychologically and economically? The stress experienced by aging family caregivers was also highlighted. The presentation also included an overview of additional QoL information provided by Dr. Brown as part of concurrent session B5.

CONCURRENT SESSIONS A

Session A 1

Central East Committee on Aging and Developmental Disabilities – Supporting Partnerships:
Lorraine Jelly, Judith Ludlow, Sandy Stemp

This presentation focused on the evolution and development of the Central East Region Committee. Delegates received information about the learning opportunities in a committee structure, the challenges faced by the committee, achievements and future direction. The presentation highlighted the benefits of the cross sector partnership

model and spoke to the committees continuing commitment to furthering cross sector education and training as well as providing leadership to the continuing work following wrap-up of the five year OPADD Trillium Project.

Session A 2

Relationship-Building:
Principles for Success, Cindy Stephens and James Sejjengo
And
How the Ottawa/Champlain Committee Partners with their LHIN, Mike Coxon

The Principles for Success presentation focused on how Cummer Lodge, a long term care home and Reena, a developmental services agency became acquainted through the need for cross sector information and understanding. The relationship has evolved to include several cross sector initiatives in which the partners have worked together. The partners have also set in place a process to monitor and review their relationship as a means top ensure it remains congruent with their aspirations for continuing cross sector planning and service delivery.

The presentation on how the Ottawa/Champlain Committee Partners with the LHIN provided an overview of the advantages of networks, principles and strategies for effective cross sector collaboration, different types of networks and a description of the concept of social capital   The presentation included information on how the Ottawa/Champlain Committee has become a sub-committee of the LHIN and the benefits that accrue from that relationship.

Session A 3

Collaborative Care - Aging and Dual Diagnosis:
Marc Simpson and AnnaLee King

This presentation provided an overview of the Collaborative Care: Aging and Dual Diagnosis Program operated in partnership by the Mental Health Centre Penetanguishene and the Bayview Dual Diagnosis Program. This partnership was inspired by the work of OPADD. The presentation included information on program inception, subspecialty populations, development of work group and model, progress, successes and future directions. The speakers also discussed research findings such as behaviour disorders occurring less often in older adults with developmental disabilities as compared to younger groups. Experience to date indicates the program is contributing to ppositive client outcomes.

Session A 4

Evidence-based Practice in Aging and Dual Diagnosis:
Dr. Kerry Boyd

This session focused on important medical issues facing people with intellectual disabilities including: dual diagnosis; aging; particular pathologies; and care considerations. Learning objectives included: aappreciation of multiple factors affecting the well being of aging individuals who have an I.D.; the impact of psychotropic

medications in the elderly; outline of an approach to treatment; and observations regarding aging and dementia in the Down Syndrome population. The presentation also highlighted issues such as the higher incidence of mental health problems among the population with intellectual disabilities; that problems may be multiple, even synergistic and contribute to distress or dysfunction; and that certain treatments may compound presenting problems.

Session A 5

Aging Population in MCSS Funded Accommodation in Central East – Results and Considerations of a Survey:
Susan Finnie and Beverly Vaillancourt

This presentation covered a study which gathered data from: DS agencies providing residential services; four intake points; five adult protective service programs; four behaviour management programs; and the Mental Health Centre Penetanguishene. Findings included: 37.6 % of adult group home beds are occupied by people 50 years of age and older; 35.7% of those are in Supported Independent Living Programs (SIL); 19.9% of those are in Family Homes; and 37.1% are in other programs such as innovation projects and treatment homes. Participating agencies identified 367 people currently in residential spaces require more supports due to their aging. The data also point to a large number of people 40-49 who will comprise the next "*wave*" requiring supports due to aging. The presentation highlighted that service providers need to become more informed about the phenomenon and implications of the aging population, enter into dialogue as a means to improve understanding and capacity and develop policies and strategies to meet the emerging pressure.

CONCURRENT SESSIONS B

Session B 1

Evidence-based Practice in Aging and Dual Diagnosis:
Dr. Kerry Boyd

This was a repeat of Session A 4

Session B 2

Building Bridges Between the Aging and Disability Communities in Nova Scotia:
Marlene MacLellan, BA, MAHE

This presentation described the work being carried out in Nova Scotia relative to aging and developmental disabilities. The issues being faced include: the growing numbers of aging individuals with developmental disabilities; the availability of little information or planning about retirement for this group; the mandate of social inclusion for all ages; the need for cross sector dialogue and collaboration between the aging and disability sectors. Some of the key messages coming from the Nova Scotia project include: the need for intentional processes to build bridges between the aging and disability sectors; that additional resources are required to support aging persons with developmental disabilities in retirement; that education is needed for all stakeholders; and that

communities must develop options for retirement activities. The underlying theme of the Nova Scotia experience is that new models of cross-collaboration are needed and can be realized by the aging and disability sectors working together.

Session B 3

Considerations and Issues in Aging and Developmental Disabilities:
Dr. Lilian Thorpe

The presentation expanded on material provided in Dr. Thorpe's plenary address.

Session B 4

Health Aging of Adults with Developmental Disabilities:
Dr. Tamar Heller

This presentation covered a wide range of topics including: factors affecting health status (biological, socioeconomic and environmental, behavioral and access to health care; the prevalence of dementia; earlier aging associated with some syndromes; health issues and the need for health promotion; problems associated with obesity; the importance of physical activity, good nutrition; dental hygiene and behaviour that supports health. A model health promotion program was described along with the benefits experienced by people with ID and care-giving staff. Guidance for the establishment of health promotion programs was provided.

Session B 5

Issues and Challenges in Quality of Life and Aging - Policy, Management and Application:
Dr. Roy I. Brown

This presentation provided an overview of concepts and practice related to use of a Quality of Life model in supporting older adults with ID. Topics included: a definition of aging; the aging process and associated challenges; the need for research data on which to base program development decisions; design, development and application of programmes; a description of the Quality of Life model and its implications for organization mandates, program design, policy and service coordination; methods of measuring for Quality of Life; concepts and implications of exclusion and inclusion; professional training requirements which reflect values congruent with QoL. The presentation also examined considerations of the variability among clients and the implications of different service delivery models.

CONCURRENT SESSIONS C

Session C1

Community Takes Action to Meet Aging Needs – The Wellington County Story:
Angel Cardinal-Milton

The presentation described the origins, activities and achievements of the Wellington Developmental Services Planning Group. The group evolved from interested service providers who recognized the pressures on the system including LTC beds related to an increase in numbers of older adults. The group received funding from MCSS to complete an assessment of the needs of the community of aging people with ID. A report completed in 2006 made 10 recommendations related to collaboration and best practice. A Wellington DS Planning Table was established to move forward on these recommendations.   Recommendations addressed the need for the DS sector to develop a strategy; engage in cross sector dialogue; establish a working relationship with MOHLTC and the CCAC; initiate a pilot project; work with LTC operators, clientele, families and the public; develop the capacity of the DS system including working more closely with the CCAC. The planning group's accomplishments were described. These included: participation at the OPADD provincial table; membership with Hamilton, Niagara Regional OPADD committee; a successful workshop in December 2008 with 100 attendees; and participation in the OPADD SHRTN SHOWCASE Project. The group sees its work continuing as it strives to build cross sector planning and service delivery capacity.

Session C2

Service Coordination in Long Term Care Homes:
Kathy Peters and Cia Addy

The Service Coordination Program of the Alice Saddy Association was presented including: the history of the program; services; how to sustain relationships and case scenarios. The program, which works with 14 LTC homes and 50 individuals, offers: education; support to families and individuals; referral to specialists; a Quality of Life component which provides for reconnection with community, family, friends, leisure activities; and connections to alternative transportation services. A case study was presented to illustrate how the service works. Testimonials from LTC staff, families and individual clientele provided evidence of program benefits. Session participants were also engaged in considering a number of scenarios that posed questions for how to develop appropriate transition planning support.

Session C3

Seniors in Crisis:
Sandra Scott and Toni Hill

The Community Network of Specialized Care: Crisis Response Network was described. The program Vision states, "Together we will build our capacity to make a positive difference for individuals in our communities with a developmental disability and mental health problems and/or challenging behaviours who need timely access to effective clinical services". Program goals include: the provision of timely, flexible and appropriate crisis response services to individuals, their families or care givers experiencing a psychosocial or situational crisis; and early intervention to provide urgent supports to stabilize the person or situation and to avoid the need for more intensive intervention. A description of the services provided and a number of case studies were presented to illustrate how the program intervenes with seniors in crisis.

Session C 4

Two Partnership Models Supporting Quality of Life:
Senior Link, Connie Dawson
and
Coleman Care Centre, Lorraine Jelly

The Senior Link presentation provided background on the cross sector partnership in Huron County. The dialogue at the table contributed to the advancement of several cross sector initiatives of which Senior Link was one. Wingham & District Community Living Association sought access to local Midwestern Adult Day Services. However, the Day Services had challenges based on space and staffing levels. Due to the commitment to the cross sector process among Huron County service providers, both service providers were enabled to explore how they could work together and older adults with developmental disabilities gained access to the adult day program. Subsequently the two service provider collaborated on development of a second integrated day program for people with symptoms of dementia.

The Coleman Care Centre has been committed for many years to a partnership with developmental service providers to support Individuals Living in a Long Term Care Home. The partnership was initiated in 1985 through the Tri-Ministry Project, which lead to 17 full time Developmental service Worker positions being made available to 72 people with a developmental disability living at Coleman Care Centre. The program has resulted in people returning to group living outside of Coleman Care. Currently, cross sector collaboration includes: LTC staff attending Simcoe Community Services internal training sessions; cross sector staff recognition and social events; DS representation on Coleman's Joint Health and Safety Committee; DS staff Involvement in Coleman Care Centre strategic planning, general staff meetings and interdisciplinary resident team meetings; and enhanced cross sector training opportunities. The presentation summarized several important strategies, which have strengthened the partnership's capacity to move forward.

Session C 5

Supported Empowerment of Individuals with Developmental Disabilities and Dementia: Shehenaz Manji, PhD

This presentation summarized a qualitative research project, which has contributed to more in-depth, diverse, and complex understanding of the living experiences of people with a dual disability. The research posed three key questions: (1.) What are the needs of consumers with a dual disability* residing in the home?; (2.) What adjustments have to be made in supporting their needs and what service barriers and successes are experienced?; and (3.) How is the specialized service model perceived by stakeholders involved in the support of the consumers participating in the study? Data gathering was carried out through: face-to-face interviews; participant observation; and a document review. Findings of the study include: the presence of two competing processes - marginalization & empowerment; new and urgent needs materialize with dementia; support adjustments address profound changes in physical and mental ability, grief with

death and dying, changing living conditions and shrinking social connections. Theory of supported empowerment and implications for practice were covered.

CONCURRENT SESSIONS D

Session D 1

Crossing the Sectors in Partnership Development! The South Central Region Story: Donna Marcaccio, Marcia Cramp, Anne Swift, Linda Smith and Deanna Finch-Smith

This presentation included information on three initiatives.

1. "Path to OPADD, a Brant Community Experience" chronicled the development of a cross sector dialogue. Brant DS and LTC providers became acquainted in 2008 when two older adults with developmental disabilities moved into a LTC Home. Problems with the placements precipitated problem-solving between DS and LTC stakeholders which has lead to: training for LTC staff; staffing resources from DS sector for transition; and assistance from DS specialized services providers. The group has expanded membership and engaged the LHIN in discussions about a joint proposal under the Aging at Home initiative.

2. "In My Own Home in My Own Way" presented a case story and the evolution of services provided by the Lawson Ministries Hamilton to ensure effective transition planning support as individuals age. Cross sector partnering, the use of OPADD resources such as the Transition Guide, access to training such as U-First! and the development of a new seniors apartment model have strengthened the capacity of Lawson Ministries Hamilton to ensure quality of life during the aging process.

3. "Aging and Developmental Disability – Just the Basics" described the cross sector experience in the Niagara region. The Niagara Network hosted a series of workshops to explore interest in a cross sector network. A cross sector group was established and now includes 6 LTC and 7 DS representatives. The presentation included a description of purposeful planning, the prevalence of dementia and the First Link Program, an active referral service to help support persons with dementia and their families. Key areas for continuing cross sector action include: training; development of collaborative service models; advocacy and planning.

Session D 2

Education Through Partnership, Two Models of Cross Sector Learning –
U-First! Cross Sector Training: Maureen O'Connell, Lisa Morasse, Jane Scott
and
Looking Ahead Project: Susan Wavell, Karen Dickhout, Vicki Barrow

The U-First presentation described the U-First! training program. Program goals are to develop a common knowledge base, a common language, common values, and a common approach to providing care for persons with Alzheimer Disease and related dementias. OPADD worked with U-First! to explore the feasibility of adapting it for use in the DS sector. Subsequently a cross sector training program was initiated and

continues with co-trainers in many regions of Ontario. The U-First curriculum provides a point of reference and a common language to look at a person's circumstances and its causes and identify changes, needs, supports & responses. The presentation closed with an invitation to participants to bring a U-First! training session to their respective community.

The Looking Ahead Project PowerPoint was not submitted to the symposium for inclusion in these proceedings. More information about Looking Ahead is available online. Search for "Haldimand Norfolk Seniors Partnership."

Session D 3

Human Face of Cross Sector Support – Two Models:
Mary Centre/Malton Village, Terry Elliott and Angela Archer
and
St Joseph's at Fleming, Vicki Barrow

The Mary Centre/Malton Village presentation chronicled the inception and development of a cross sector model which would ease the transition of people with developmental disabilities into long term care taking into account their unique needs and interest; and provide such support for 10 – 16 individuals to lead enriched and meaningful lives in LTC in partnership with their families and community. The evolving relationship between Malton Village and Mary Centre was described whereby Malton Village provides: medical and personal care; and Mary Centre provides support to: opportunities for integration and interaction with the other residents of Malton Village, family involvement, and inclusion in community activities. Successes, benefits and future directions were also highlighted.

The St Joseph's at Fleming presentation described the services and care at St. Joseph's at Fleming. Case studies illustrated the distinctive approach taken to support people with developmental disabilities. St Joseph's at Fleming, constructed on the grounds of Fleming College, is the result of a unique partnership among Marycrest Home for the Aged, Anson House and Fleming College. The partnership, which supports a rich learning environment for students on placements and staff also provides a model for future partnerships between Long-Term Care and Education. St Joseph's also completed research and development on a new therapeutic program for developmentally delayed and intellectually challenged residents.

Session D 4

Cross Sector Training – Two Approaches:
Journey of Collaboration, Donna Gordon and Sabrina Desranleau-Tyers
and
Walk in My Shoes Day, Cindy Stephens and James Sejjengo

The Journey of Collaboration presentation chronicled the planning, delivery and evaluation of the Marketplace Workshop hosted by the Simcoe Education Committee for Aging & Intellectual Disabilities (SECAID). SECAID's membership, terms of reference, and role were also described. The objectives of the Marketplace Workshop were to:

acquaint Simcoe County agencies with cross sector resources available to older adults with developmental disabilities; and create opportunities for cross sector networking, collaboration and understanding. The format included information from several speakers and opportunity for participants to solve case studies by "shopping" for services available at the onsite services marketplace and working in groups to develop a response for each case. Evaluation results indicated that participants rated the "marketplace shopping" as their most favourite part of the workshop.

Session D 5

Ageless – No Boundaries:
Donna Escott and Emily Romita

This presentation provided an overview of the history, mandate and philosophy of Villa Charities which has been delivering culturally sensitive programs to seniors, individuals with developmental disabilities and the general community via recreation and cultural arts programmes through a family of services: Villa Colombo Services for Seniors, VITA Community Living Services, Columbus Centre, and Villa Colombo Vaughan Di Poce Centre. The phenomenon of adults with developmental disabilities living longer and the need for effective transition planning was highlighted. Today, five members of the Vita Program have made the transition to Villa Colombo Vaughn.

II.   **SYMPOSIUM DIALOGUE**

DIALOGUE SESSIONS – FREQUENCY ANALYSIS OF IDEAS

The OPADD Symposium Dialogue Sessions were designed to engage delegates in cross sector dialogue. The sessions provided a vehicle for acknowledging what has been accomplished and identifying next steps in systemic capacity building. Delegates were invited to indicate their preference among the five topics and participate in three dialogue sessions devoted to exploring the topic area to which they were assigned. Each registered delegate received a brief background paper, which described five key dialogue topics. These topics included:

1. Achieving Inclusion.
2. Training and Education.
3. Cross Sector Service Delivery.
4. Planning and Coordination aka System Issues 1.
5. Policy Issues aka System Issues 2.

People were assigned to groups based both on their stated preference and to ensure as much cross sector participation as possible. A defined process guided sessions.

Participants in each topic group were assigned to a breakout room where they were grouped at discussion tables of about eight people. A room facilitator provided overall guidance to the process and answered any questions. Table facilitators provided guidance and facilitation at each of the discussion tables throughout the session.

The foci of the sessions were:

Session 1: What we have accomplished.
Session 2: Next steps for the subsequent eighteen months.
Session 3: Development of a detailed action plan.

At each of sessions 1 and 2, participants were invited to write as many ideas as possible on yellow post-it notes, one idea per note. The group then engaged in an exercise to share their ideas and post those with which there was general concurrence on a display board. Discussion could lead to adding or eliminating notes. As discussion continued, ideas with a common theme or focus were grouped together.

Session 2 took the exercise one step further. Table facilitators documented key and persisting ideas onto large index cards. This next level of documentation provided a more refined reflection of the group's identified priorities.

Session 3 was dedicated to each group formulating one key idea from the index cards into an action plan. Some groups included more than one idea in their plan. It is expected that these action plans will provide a point of departure for further work by delegates.

The analysis presented in this section focuses on the material produced during sessions 1 and 2.

<u>Sessions 1 and 2</u>

The post-it notes were collected and inserted into an envelope following sessions 1 and 2. These envelopes were identified by session topic but did not distinguish between session 1 and 2 for each topic.

A preliminary analysis of the post-it notes in each envelope and for each topic was carried out. This examination found that accomplishments were often identified in both sessions 1 and 2 for each topic. Moreover, accomplishments were generally much fewer in number than identified possible next steps. In addition, the post-it notes for the Training and Education Dialogue were contained in three different envelopes. Since there was no absolute way to distinguish session 1 notes from session 2 for all topic groups, since accomplishments were often present in both sessions and due to the anomaly of three envelopes for training and education notes, analysis did not focus on furthering any distinction between the data from sessions 1 and 2. Envelopes and their respective post-it notes were simply identified as A or B with the exception of training and education which also includes an envelope C. The information on each post-it note and each index card was then transcribed into Word software to facilitate organization and further analysis by topic.

A second review of the data was carried out to identify any obvious themes within each session and across topics. Once these themes were identified, analysis continued to determine their suitability in clarifying the data. As analysis continued the themes were modified as it became apparent that some ideas deserved to be separated into more

than one theme or in some instances grouped together into a single theme. This second examination identified seven broad themes as follows:

1. Transition Planning
2. Inclusion
3. Service delivery
4. Policy and planning
5. Training and education
6. Resources
7. Other

It is important to note that the ideas generated in dialogue sessions made very little distinction between intra sector and cross sector work. The predominant focus of ideas was clearly in support of cross sector work. Consequently, no distinction was made in the analysis between intra sector and cross sector ideas.

In a few instances post-it notes clearly described more than one idea. In these few cases each idea was treated individually and assigned to its appropriate theme.

Definitions of Themes

These themes were then defined. The themes and the five topics into which delegates were grouped were used to create a matrix to support further analysis. The resulting matrix, which is represented in Table 1 allows for a comparison of the themes present across discussion topics and provides a means to identify themes that predominate. In a few instances, where there was a clear indication that an idea could belong to more than one theme, it was catalogued accordingly to more than one theme.

The ideas documented by dialogue session participants are used throughout the report to illustrate each of the themes. Time and available resources did not permit a second independent review of all ideas, themes and illustrative statements to test for reliability of the themes and consequent assignment of ideas. While this poses a limitation on the reliability of the analysis and interpretation of ideas it does not obviate the rationality of the results. The frequency data analysis and illustrative statements provide a reasonable picture of the relative emphasis placed on various ideas by participants.

A definition of themes follows:

1. Transition Planning

    Includes reference to transition planning to older adulthood or between sectors and applicable to an individual client or the client population.

2. Inclusion

    Includes reference to accessibility or inclusion of clients in DS, LTC and other programs or in community activities or community life generally. Also includes reference to client involvement in personal planning processes.

3. Service delivery

   Includes references to identifiable programs, services or supports.

4. Policy and planning

   Includes references to policy and planning including local, regional and provincial cross sector dialogue or processes, collaborative planning among regional or other groups, Ministry planning activities and policy pertaining to cross sector work.

5. Training and education

   Includes reference to specific training and education topics, curricula development, general training and education processes and events, and information dissemination.

6. Resources

   Includes reference to resource issues, funding requirements, or other resource requirements including in-kind contributions.

7. Other

   Includes reference to a few items that could not be clearly aligned to any of the above system issues themes.

Table 1: Matrix of Discussion Topics and Identified Themes

Discussion Topics Themes	Achieving Inclusion	Training and Education	Cross Sector Svc Delivery	System Issues I	System Issues II
Transition Planning					
Inclusion					
Policy/ planning					
Service delivery					
Training/ education					
Resources					
Other					

The subsequent steps in the analysis included:

A review of the transcribed data from the post-it notes of sessions 1 and 2 and the index cards to identify:

1. The total number of ideas written onto notes or cards.
2. How each idea related to the identified themes.
3. Assignment of each idea to its appropriate theme and in a few cases assignment to more than one theme.
4. The frequency of each theme within topic groups and across all groups expressed both numerically and as a percentage.

Presentation of Data and Analysis

The data from dialogue sessions is presented and discussed in two parts:

1. Quantitative data is summarized and discussed briefly under each of the five topics to highlight the relative emphasis of themes within each topic group.

2. Qualitative data is discussed and analyzed using illustrative statements from all five topic groups. This discussion is organized by themes.

ACHIEVING INCLUSION – OPADD Dialogue Group A

Background Information and Questions Provided to Delegates

Delegates preparatory to the "Achieving Inclusion" dialogue session read the following information:

The foundation of the community living movement is inclusion. Inclusion is the model for building communities where people with a developmental disability grow, learn, work, play and retire alongside the general population. The rationale behind inclusion is to:

a. Ensure people with a developmental disability can enjoy a reasonable quality of life.
b. Reshape society as a reflection of all of its people and where complexity and diversity is understood as part of the human experience.

Inclusion has become an accepted model within the community living and other service systems. OPADD embraces the philosophy and the model of inclusion. This is reflected in the OPADD Vision: "That older adults with a developmental disability have the same rights to support and services as all older Ontarians."

The service system has no prior experience supporting older adults with developmental disabilities. We are now witnessing the first generation of people with developmental disability to live into the third age. As the aging boom advances, community living service providers struggle with how to maintain effective support through the aging process. This struggle is more difficult due to limited prior experience, training, education, research findings and systemic planning capacity. Moreover, the challenge is sometimes compounded when developmental service providers turn inward for solutions rather than access resources outside their traditional boundaries of practice.

The long term care/seniors community services sector also struggles with how to support a population with which they have limited prior experience and training. Service pressures, regulatory requirements and resource issues add to the challenges as the

seniors services sector considers how to support older adults with a developmental disability.

Question for Dialogue Session 1 - Tuesday March 10 2009 (3:30 PM) - What We Have Accomplished:

▪ What are the three most important things we have done to advance the model of inclusion for older adults with developmental disabilities?

Question for Dialogue Session 2 - Wednesday March 11 2009 (11:30 AM) – Next Steps:

▪ Where do we want to go in the next 18 months to further our Vision of inclusion for older adults with developmental disabilities?

<u>Frequency of Ideas from Achieving Inclusion Discussion Group</u>

The frequency of the ideas put forward by the "Achieving Inclusion" discussion group are summarized in Table 2.

Table 2: Frequency of Ideas - Achieving Inclusion Discussion Group

Group: Achieving Inclusion	Number				Percentage
	Envelope A	Envelope B	Index Cards	Total	Total
Transition Planning	2	6	3	11	7%
Inclusion	8	18	10	36	24%
Policy/ planning	23	10	6	39	26%
Service delivery	1	7	0	8	5%
Training/ education	18	15	8	41	27%
Resources	4	4	2	10	7%
Other	2	2	1	5	3%
Totals	58	62	30	150	99%*

* due to rounding

While inclusion figures highly in the "Achieving Inclusion" discussion group it is one of three predominant themes generated by participants. The inclusion, policy/planning and training /education themes account for 77% of the ideas put forward. This suggests that participants perceive policy/planning and training/education to be important adjuncts to realizing inclusion. It is also interesting that participants do not perceive resources as a pre-requisite or core requirement for achieving inclusion. Ideas related to transition planning and service delivery did not occur very often during these discussions.

TRAINING AND EDUCATION - OPADD Dialogue Group B

Background Information and Questions Provided to Delegates

The following information was read by delegates preparatory to the "Training and Education" dialogue session:

Ensuring quality of life for older adults with a developmental disability is a new challenge facing the developmental services and long term care/seniors community programs sectors. There is no body of knowledge or experience on which to draw since this is the first generation of people with a developmental disability to live into the third age.

The long term care/seniors community programs sector understands aging. The developmental services sector understands developmental disabilities. The Ontario partnership believes in pooling the knowledge of the long term care/seniors community programs and developmental services sectors to create new knowledge.

OPADD has encouraged cross sector training and education as the means to promote knowledge transfer and build new understanding of aging and developmental disabilities. Cross sector training offers several benefits:

a. Saves the cost of delivering training separately to each sector.
b. Makes use of local experts and existing knowledge.
c. Opens doors to cross sector dialogue, working relationships and problem-solving.

OPADD has tested the idea of cross sector training to support the exchange of ideas and knowledge. Generally, these initiatives demonstrate that it is possible to pool knowledge from each sector to arrive at new understanding of how to support people with developmental disabilities as they age. These cross sector training initiatives include such things as:

a. Regional and local cross sector workshops.
b. Staff exchange visits.
c. Cross sector training in U-First!
d. Cross sector assignment of staff for specific support needs of older adults with developmental disabilities.

Question for Dialogue Session 1 Tuesday March 10 2009 (3:30 PM) What We Have Accomplished

▪ What are the three most important things we have done to advance the practice of cross training of staff?

Question for Dialogue Session 2 Wednesday March 11 2009 (11:30 AM) – Next Steps

▪ Where do we want to go in the next 18 months to further our Vision of cross sector training?

Frequency of Ideas from Training and Education Discussion Group

Table 3: Frequency of Ideas - Training/Education Topic Group

Group: Training/Education	Number					**Percentage**
Theme	Envelope A	Envelope B	Envelope C	Index Cards	Total	Total
Transition Planning	2	2	5	2	11	7%
Inclusion	1	0	0	0	1	.1%
Policy/ planning	1	3	9	5	18	12%
Service delivery	3	2	6	1	12	8%
Training/ education	21	29	35	18	103	69%
Resources	0	0	2	2	4	3%
Other	0	1	0	0	1	.1%
Totals	28	37	57	28	150	99.2*

* due to rounding

Ideas related to training /education comprise 69% of the content for the training/education topic group. While the focus of participants did not encompass other themes to any significant level the data suggest that policy/planning may be a secondary factor in the dialogue on training/education.

CROSS SECTOR SERVICE DELIVERY - OPADD Dialogue Group C

Background Information and Questions Provided to Delegates

The following information was read by delegates preparatory to the "Cross Sector Service Delivery" dialogue session:

The Ontario Partnership on Aging and Developmental Disabilities believes that it is important to maintain traditional values of inclusion and individualized planning while supporting people during the aging process. The partners have discovered that, despite initial pre-conceived ideas about one another, we share a common imperative: supporting people to live in the community while maintaining quality of life.

This common ground provides a foundation on which we have tested models of cross sector service delivery. These models have helped us to explore possibilities for evolving the service system so it can adapt to the needs of older adults with developmental disabilities.

Cross sector service delivery models offer several benefits:

a. Support inclusion of people with developmental disabilities throughout their lives.
b. Build systemic capacity within existing resources.
c. Encourage innovation.
d. Advance the realization of a flexible and client-responsive service system.

There are cross sector service delivery projects now in place across Ontario. Many of these are being highlighted at various sessions during the OPADD Symposium. OPADD believes that the best solutions are found at the local level using the particular resources available. This avoids a cookie cutter approach that often does not work within the context of diverse communities, geography and local systems.

While the reliance on local players supports effective problem-solving within each community, OPADD also believes that there is a need to identify and build standard models of service to older Ontarians with a developmental disability.

Question for Dialogue Session 1 Tuesday March 10 2009 (3:30 PM) - What We Have Accomplished

▪ What are the three most important things we have done to advance the cross sector service delivery?

Question for Dialogue Session 2 Wednesday March 11 2009 (11:30 AM) – Next Steps

▪ Where do we want to go in the next 18 months to further our Vision of cross sector service delivery?

Frequency of Ideas from Cross Sector Service Delivery Discussion Group

Table 4: Frequency of Ideas - Cross Sector Service Delivery Topic Group

Group: Cross Sector SD	Number				Percentage
Theme	Envelope A	Envelope B	Index Cards	Total	Total
Transition Planning	4	8	1	13	7%
Inclusion	2	3	0	5	3%
Policy/ planning	31	23	10	64	36%
Service delivery	14	4	3	21	12%
Training/ education	27	21	10	58	33%
Resources	11	1	4	16	9%
Other	0	0	1	1	.1%
Totals	89	60	29	178	100.1%*

* due to rounding

The ideas generated in the dialogue on cross sector service delivery emphasize policy/planning and training/education as important variables. Resources also figure more highly in this dialogue than the achieving inclusion and training/education dialogue groups.

SYSTEM ISSUES 1 and 2 - OPADD Dialogue Groups D and E

The following information was read by delegates preparatory to the "System Issues 1 and 2" dialogue sessions:

The developmental services sector and long term care/seniors community programs sector have been developed within different frameworks of legislation, regulation and practice. While these frameworks are necessary to ensure coherence and integration, they also contribute to barriers as the two sectors move into partnership.

For example:

1. The two sectors each have their own mechanism for coordinating access to residential spaces. LTC uses the CCAC. Developmental Services use the MCSS Coordinated Access Programs.

2. Local Health Integration Networks (LHINs) have been mandated with responsibility for planning and funding of health care and long term care/seniors community services. Some developmental services providers have become active with their respective LHIN and are able to provide input to planning that has implications for all older adults.

OPADD has encouraged the involvement of all players in the dialogue. The uptake varies among jurisdictions. OPADD committees find that where there is participation of the academic community, researchers, clinicians, CCAC, MCSS Coordinated Access Program, Ministry of Community and Social Services (MCSS) and/or the Ministry of Health and Long Term Care (MOHLTC), the dialogue is more informed and solutions are found more easily

The work of OPADD partners at the provincial, regional and local levels is contributing to changes in planning and coordination. We are witnessing the OPADD perspective reflected in:

    a. MCSS Transformation documents.
    b. Long Term Care Home Access Protocol for Adults with a Developmental Disability.
    c. The activity of some regional committees in developing close working relationships among their respective planning and coordination bodies: Community Care Access Centre (CCAC); Local Health Integration Network (LHIN); and MCSS Coordinated Access Program.

Dialogue Session 1 Tuesday March 10 2009 (3:30 PM) - What We Have Accomplished

- What are the three most important system issues on which we have begun to work?

Question for Dialogue Session 2 Wednesday March 11 2009 (11:30 AM) – Next Steps

▪ In order to address each of the three most important system issues, what action needs to be taken locally and provincially?

Frequency of Ideas from System Issues I Discussion Group

Based on the frequency of each theme the dialogue group on System Issues 1 perceive that training/education and policy/planning are predominate. Transition planning, resources and service delivery considerations comprise a secondary group of themes. Frequencies for System Issues I are presented in Table 5.

Table 5: Frequency of Ideas - System Issues I Topic Group

Group: System Issues 1	Number				Percentage
Theme	Envelope A	Envelope B	Index Cards	Total	Total
Transition Planning	8	6	1	15	15%
Inclusion	2	0	1	3	3%
Policy/ planning	9	10	6	25	25%
Service delivery	4	3	2	9	9%
Training/ education	13	11	6	30	30%
Resources	2	8	2	12	12%
Other	3	1	1	5	5%
Totals	41	39	19	99	99%*

* due to rounding

Frequency of Ideas from System Issues 2 Discussion Group

Comparison of the frequencies for the two system issues groups indicates a noticeable parallel between the groups. Both groups perceive that training/education and policy/planning are predominate. The two policy issues groups differ only slightly on the emphasis they place on themes. Policy Issues Group 2 places somewhat less emphasis on service delivery but fairly similar emphasis on transition planning and resources. It is worth noting that despite the participants being sorted into two separate groups the emphasis of themes is perceptibly similar. This suggests a fair degree of similarity in how delegates perceive and priorize the issues. Frequencies for System Issues 2 are presented in Table 6.

Table 6: Frequency of Ideas - System Issues 2 Topic Group

Group: System Issues 2	Number				Percentage
Theme	Envelope A	Envelope B	Index Cards	Total	Total
Transition Planning	6	3	4	13	12%
Inclusion	0	3	0	3	3%
Policy/ planning	11	16	12	39	35%
Service delivery	3	0	1	4	4%
Training/ education	14	14	6	34	31%
Resources	3	8	2	13	12%
Other	1	1	2	4	4%
Totals	38	45	27	110	101%*

* due to rounding

Summary of Frequencies of Themes for all Topic Groups

An assessment of all group themes combined can help to underline those themes that figure most predominately among all dialogue participants. The frequency data for all themes and all topic groups are summarized in Table 7.

Table 7: Frequency of All Identified Themes by Discussion Group

Discussion Topics	Achieving Inclusion		Training and Education		Cross Sector Svc Delivery		System Issues I		System Issues II	
Themes	#	%	#	%	#	%	#	%	#	%
Transition Planning	11	7%	11	7%	13	7%	15	15%	13	12%
Inclusion	36	24%	1	.1%	5	3%	3	3%	3	3%
Policy/ planning	39	26%	18	12%	64	36%	25	25%	39	35%
Service delivery	8	5%	12	8%	21	12%	9	9%	4	4%
Training/ education	41	27%	103	69%	58	33%	30	30%	34	31%
Resources	10	7%	4	3%	16	9%	12	12%	13	12%
Other	5	3%	1	.1%	1	.1%	5	5%	4	4%
Totals	150	99%*	150	99.2*	178	100.1%	99	99%*	110	101%

* total percentages greater or less than 100% due to rounding

The data in Table 7 illustrate that:

- Training/education was the most predominant theme for the topic groups: Achieving Inclusion; Training and Education; and System Issues 1.
- Training/education was the second most predominant theme for the topic groups: Cross Sector Service Delivery and System Issues 2.
- Policy and planning was the most predominant theme for topic groups: Cross Sector Service Delivery and System Issues 2.
- Policy and planning was the second most predominant theme for topic groups: Achieving Inclusion; Training and Education; and System Issues 1.
- Ideas related to transition planning and resources are present in all topic groups at a fairly consistent but lower level than ideas about training/education and policy/planning.
- While inclusion was predominant in the Achieving Inclusion topic group it still came in third after training/education and policy/planning.

When frequencies for all topic groups are aggregated the data show that overall, training /education was the most predominant theme and policy/planning a strong second. It is interesting to note that the emphasis placed on training/education and policy/planning by delegates remains high across all groups despite the different topics on which they worked. This suggests that training/education and policy/planning are perceived to be a priority among those players attending the symposium dialogue sessions. The summary for all themes and all groups appears in Table 8.

Table 8: Total Frequencies of all Identified Themes

Themes	Totals for All Topic Groups	
	#	%
Transition Planning	63	9%
Inclusion	48	7%
Policy/ planning	185	27%
Service delivery	54	8%
Training/ education	266	39%
Resources	55	8%
Other	16	2%
Totals	687	100%

The data illustrate that despite the topic area to which delegates were assigned and participated and despite the variation in focus suggested by the background document provided to each participant, there is a perception that training/education and policy/planning are important variables in what has been achieved and what should be done in the next eighteen months. This does not indicate that transition planning,

inclusion and resources are not important or necessary but that the current primary focus with respect to achieving cross sector systemic capacity is on the two variables:

1. Training/education.
2. Policy/planning.

QUALITATIVE ANALYSIS OF THEMES

All of the ideas documented in dialogue sessions 1 and 2 were analysed and assigned to one of the themes. The frequency data provides a profile of the relative strength of each idea among dialogue group participants. However, an examination of the ideas themselves can inform understanding of what delegates were actually thinking and saying about each of these themes. Illustrative statements for each theme are presented below along with observations and analysis.

Transition Planning

Participants describe transition planning as a process, which begins before the onset of advanced age, extends over time and serves to orient and support the individual in the new setting.

> "Start planning for the client over the age 45 years."

> "Encourage early identification and proactive planning for good transitioning."

> "Individuals from institutions move into LTC with DD staff for few hours a week."

> "Move individuals who need more medical care into nursing home with long transition and ongoing involvement."

Participants perceive that effective transition planning will require tools, information, protocols, processes and facilitation.

> "Tools to support transition; OPADD website."

> "The development of OPADD's Transition Planning document."

> "At the local levels develop protocols with LTC facilities to support the transition process."

> "Provide a transitional process with a facilitator that works with LTC/DS when vacancies occur to ensure there is a positive transition."

> "Meet and dialogue and brainstorm care needs of proposed residents transition from DS to LTC; decide a plan to involve both staff, resident and family. DS sector coming with resident and

family; meeting all 3 shifts to explain who person is; staying involved with care planning visits."

"Development of protocols to ensure a smooth transition from developmental services/home to long term care, community care access centres and community services."

Inclusion

Inclusion is perceived to be a value and direction to be fostered throughout the aging process and that ensures access to opportunities and resources in the community such as recreation programs, places of worship, health care.

"Provide supports to ensure continual connection to the community."

"To promote inclusion in all aspects of services for DS individuals."

"Work to ensure seniors are included in community activities; i.e. Y. all programs in the community."

"…seniors included in places of worship; i.e. ramps are available, seating easily accessible."

"Equitable fair treatment; access to universal health care for aging DD."

"Develop networks/partnerships with community based senior services; e.g. foot care, recreation and leisure to support healthy aging."

"Encourage citizenship."

Inclusion is also perceived to require changes or adaptations to existing infrastructure.

"Adaptive equipment and changing physical environment to ensure inclusion."

"Provide transportation access that is accessible."

As well as changes to legislation and agency policy.

"Examine own agency vision and advocate for policies/programs that promote inclusion"

"Creation of legislation that moves forward inclusion on a general basis for people with DD."

Policy/Planning

Participants perceive that policy and planning initiatives should be focused on bringing the sectors together.

> "Establish working and planning relationships with support services for seniors in our community."

> "Establish working and planning partnerships."

> "More partnerships with LTC."

> "Collaboration of all agencies within community (working with all seniors); i.e. regional OPADD committees."

> "Partnerships across province to find ways to enable all DS agencies and LTC centres to work together: Planning; Envisioning…"

Collaborative arrangements such as the inclusion of representatives from one sector on planning bodies or networks of the other sector are perceived to be a means to bring players together.

> "Having DS representatives on seniors service committee; i.e. dementia network."

Participants perceive that it is important to include the LHINs in developing collaborative arrangements for policy and planning.

> "Having the LHINs recognize the importance of developmental disability in the seniors population."

> "Develop a sub-committee within the LHIN to address DS sector and LTC sector needs."

> "Use existing partnership to leverage LHINs…use group identity."

Participants perceive that collaborative planning must be strategic and made explicit.

> "Identify potential collaborative organizations and develop working agreements with them."

> "Cross committee and sector planning to develop inclusive integrated services based on identified needs."

> "Identify clear roles for support staff and the roles of nursing staff in the LTC facilities."

Participants also perceive that it is important to move beyond informal collaborative arrangements to define how players will work together at the system level and at the level of the individual agency.

> "Inter-sector protocols."

> "Policy - to create a joint policy with a language that is accepted by all sectors."

> "Ensure partnership is written into agency public statements."

It is also perceived to be important to formalize the work associated with aging and developmental disabilities in planning processes.

> "Centralization and coordination of services that facilitates appropriate supports and services to the person."

And government policy.

> "Inclusion of DD and aging in policy development of DS transformation."

Players perceive that it is necessary for the Ministries to be working together in policy development and planning as a pre-requisite to effective cross sector collaboration.

> "Request and encourage partnership and coordination at government department level."

> "MCSS and MOHLTC working collaboratively to align and develop common policies."

> "MCSS and MOHLTC understanding that policies/procedures alignment between MCSS and LTC; to enable DS/LTC to work more collaboratively together."

> "MCSS, MOHLTC and Seniors Secretariat are all engaged with OPADD -> opportunity to develop common understanding, principles and access to services."

Some discussion moved beyond the foundation on which collaborative policy and planning must be developed to identify specific planning initiatives.

> "Determine the size of the population in our area who would benefit from cross sector services/programs."

> "At regional levels develop a tool to capture baseline health related information for individuals once they turn 40 years of age. This will assist primary care access of monitoring as well as preventative/health promotion opportunities."

"Do survey of community of existing day services for DS and for seniors, survey of individual family wants/needs for day programs and look for opportunities to integrate day services for both sectors."

"Centralization and coordination of services that facilitates appropriate supports and services to the person."

Service Delivery

Participants perceive that effective service delivery requires tools with which to assess the needs of individuals.

"Common assessment of individuals and needs."

"Begin to develop common tools that can be used in both sectors."

There is also perception that the use of a common assessment tool must be supported with cross sector communication.

"Common assessment tools with common language and keeping each other informed."

Related to the need for appropriate assessment is the idea of ensuring a coordination process is in place.

"Some type of coordination for placement between CCAC & MCSS Coordinated Access Programs."

Ideas which pertain to service delivery also describe the importance of specialized services and planning which address specific needs of older adults with developmental disabilities.

"Co-evaluation with geriatric psychiatry staff person to determine dementia/health/ behavioural, environmental needs."

"Creation of specialized services for DD at local hospital that also delivers mental health, eating disorder and geriatric programs -> linkages now between all these programs (DS and health)."

"Increased/early recognition of residents of LTC having DD or dual diagnosis at admission and effort to partnership with DS sector for care planning."

And which support quality of life.

"Improvement in Quality of Life…"

Training/education

Participants perceive the need to base training and education on identified needs.

> "Guide education themes and topics based on needs assessments asking what caregivers want and need; identify the knowledge gaps and develop and deliver education based on these opportunities."

> "Develop an assessment tool for staff that measures learnings on an ongoing basis."

There is a marked emphasis among ideas put forward to use and strengthen the cross sector model for training.

> "Bringing sectors together for joint training workshops or educational opportunities that benefit both sectors jointly."

> "Staff exchange visits benefits both sectors."

> "Develop joint training of the 2 sectors at all personnel levels amongst agencies that are attempting or are partnering."

> "LTC Home and Community Living partner to provide education to each others staff."

> "Improved understanding of similarities and differences between LTC and ID sector by presenting of education/training by one sector to another."

There is a recognition of the need to broaden the range of staff able to access cross sector training.

> "Continuous and increased cross sector training with specialized and clerical and non-clinical providers."

And to increase access to training through promotion, greater frequency, more opportunities, more flexible scheduling and a bigger range of training modalities.

> "Advertising, promotion and communication of cross sector training and information sessions, offering in-house training opportunities between both."

> "More often."

> "Training needs to be flexible for professionals (times, dates, compensation through/concise learning)."

"Greater access and consideration for use of a variety of delivery formats (face to face, technology, knowledge transfer tools and resources); multi-prong approach."

"Online training opportunities for practitioners e.g. U-First; person-centred planning, individualized support."

Participants also perceive the need to formalize and standardize training programs including modifications to education curricula.

"Develop a cross sector/discipline training module for staff."

"Formal Education – formalizing across sector training/education program."

"Formalizing training: pre-service cross sector information and onsite training (shadowing), overview of different services, more regional workshops, formal education."

"More education/training in DSW curriculum re aging issues, dementia and gerontology."

"Education should be standardized and the same as LTC staff get."

"Offer a nutrition education curriculum in the local community college for leaders working with DD."

Colleges, universities and specialists are also perceived to be important players in moving training and education forward.

"Pre-service education – explore opportunity for pre-service cross sector education/training i.e. colleges/universities."

"More medical training from a doctor/nurse when training new staff."

"Use PRCs and geriatrics to do outreach education to LTC…"

"Communicate with the ministries colleges/universities on how training for Developmental/Health sectors can be achieved."

Partnership of colleges and universities with the Ministries and agencies is perceived to offer another means to formalize training and education offerings.

"A collaborative educational funded effort among the Ministries of health, social services and education with the ground work completed by agencies/universities and colleges to have qualified professional staff."

SHRTN is acknowledged as an important avenue to strengthen training capacity.

> "Continue to pilot sessions currently being offered through SHRTN's CoP DD"

> "Broadening access to information and education across both sectors including communities of practice (SHRTN)."

> "SHRTN's Community of Practice (continue and develop)."

LHINs are also perceived to be a resource to the development of training capability.

> "Creating training programs that are funded by LHINs and therefore free to professionals and service providers."

The perception of the need for additional help from educational institutions and other bodies in order to strengthen training and education is accompanied by perceptions of the need for support from agency administration as well as government Ministries.

> "Administration need to buy-in and support education of their staff."

> "Provincial government to provide funding to support education of DSW/PSW combined program."

One of the set of ideas transcribed to an index card during the training/education discussion helps to summarize a few key thoughts that participants identified through their post-it notes.

> "Education and Training:
> - Start with needs assessment.
> - Cross sector.
> - Consider a variety of delivery forms.
> - Community partnerships."

While the majority of ideas spoke to the need for strengthening of training capacity some identified specific training requirements.

> "Clarify/solidify the access to U-First training as a key example of a common language approach."

> "More education and training when it comes to medication and medical relations in regards to specific clients."

Resources

Participants perceive the need for funding and resources to support training.

> "Provide funding for training."

And improved assessment capacity.

> "Funding common assessment tools, performance indicators."

As well as service capacity.

> "Together we can request more funding supports from the government/fight to keep what we have been given…"

> "Keep all the Ministries involved – MOH, MCSS and aging to facilitate, fund innovative cross sector initiatives and provide sustainable funding."

> "Raising community profile with MOH to gain access for funding dollars."

> "Secure inter-ministerial collaborative funding sources to do the above and provide innovative services."

Other

The small number of ideas which were assigned to the "other" category provide little elucidation of their intent or context.

> "ASO"

> "Recruitment of passionate advocates from all sectors."

> "Advocate."

NEXT STEPS

The leadership for the sustainability of OPADD now falls to the regions. This message was repeated and discussed during the symposium. The Action Plans which were developed during the third dialogue session provide a point of departure for the next steps. Those champions who stepped forward to develop the plans and made a commitment to follow through on them following the symposium will create some of the next steps along with players across the province.