



COMMUNITY
SERVICES

see what's possible...

Community Living BC Annual Program Report 2025-2026

1. About Us

The Adult Services program, formally known as Folkstone, was developed in 2000 to provide an alternative to institutional care for adults who can no longer live independently. The program model builds on PLEA's established experience delivering care within family-based community settings.

PLEA's CLBC-focused team supports and coordinates CLBC referrals, working in close partnership with CLBC and other key stakeholders. This includes collaboration with health authorities, forensic mental health services, DDMHS, and other provincial resources to ensure coordinated, responsive, and comprehensive supports for participants.

As the program has evolved, we have supported individuals with increasingly complex and diverse needs, including significant physical and mental health challenges, acquired brain injuries, dementia, mental health and substance use concerns, autism, dual diagnoses, developmental disabilities, forensic community reintegration, and FASD. In response to this breadth and complexity, the program has adapted to deliver services through three distinct but complementary models: CLBC, CLBC Forensic, and a newly developed Complex Care stream.

Across all models, services are delivered through a highly individualized, person-centered, strengths-based, and trauma-informed approach that is responsive to each participant's unique abilities, needs, circumstances, and preferences, with supports that can be adjusted as needs evolve.

Central to the program is a strong commitment to participant autonomy, rights, and dignity. Participants are supported to make informed choices about their lives, exercise self-determination, and actively participate in decisions that affect their care and living environments.

All participants are provided with a safe, stable, and nurturing home environment through contracted Home Share Providers, supported by skilled staff teams and tailored services. The program focuses on promoting self-confidence, increasing independence, and building resilience in daily life.

Individualized program plans are developed collaboratively with each participant, incorporating their strengths, goals, interests, cultural identity, and lived experiences. PLEA works closely with Home Share Providers, recognizing and supporting their critical role in meeting the day-to-day needs of participants. Efforts are made to connect participants with appropriate community resources and service providers, fostering meaningful and effective partnerships.

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PLEA's CLBC team operates in accordance with the organization's code of ethics and receives comprehensive training to ensure high-quality care. Ongoing program development is informed by participant feedback and evolving best practices, reinforcing a commitment to safe, ethical, and effective service delivery.

2. Who we served...

CLBC Portfolio

Profile	2025-26	2024-25	2023-24	2022-23	2021-22
# of cases	37	31	35	40	40
# of participants	32	31	35	38	40
% women	16	13	20	21	23
% men	84	87	80	79	77
% self-identified as transgender	0	0	0	0	0
% self-identified as Indigenous	43	39	42	42	38
Average age when cases were opened	31	30	30 ¹	30 ²	29 ³

3. How we did...service delivery

PLEA's CLBC-focused services continued to support adults in living in their communities through a person-centered Home Share model. In 2025–26, we served 32 participants across the CLBC portfolio, including 25 individuals in the core CLBC stream, 5 individuals supported through CLBC Forensics, and 7 individuals supported through the newer Complex Care stream.

Over the past year, the program has continued to adapt to the changing needs of the individuals referred to our services. Many participants come with more complex and layered support needs, which has led us to further develop how we deliver care. This includes the introduction of a Complex Care stream, designed to provide more structured, hands-on support and closer coordination with partners for individuals who require a higher level of day-to-day assistance.

Across both streams, there has been an increased focus on providing consistent, stable placements and ensuring that support is well-matched to each participant. This approach often means participants remain in their placements longer, with more time spent building routines, relationships, and trust. As a result, while the total number of individuals served over the year is slightly lower than in previous years, the level of support provided within each placement has increased.

The program continues to emphasize quality of care, stability, and meaningful day-to-day support across all eight domains of the Quality of Life Framework. It promotes Personal Development and Self-Determination by supporting individual choice, skill-building, and autonomy, while also strengthening Interpersonal Relationships and Social Inclusion through opportunities for connection and community participation. At the same time, the program upholds Rights by ensuring respect, equity, and access to services, and supports overall well-being by enhancing Emotional Well-being, Physical Well-being, and Material Well-being. Through a focus on stronger placements and more

¹ Previous reports suggested a different age for this year; this discrepancy has now been resolved after identifying and correcting inaccuracies in the underlying data.

² Previous reports suggested a different age for this year; this discrepancy has now been resolved after identifying and correcting inaccuracies in the underlying data.

³ Previous reports suggested a different age for this year; this discrepancy has now been resolved after identifying and correcting inaccuracies in the underlying data.

intensive supports where needed, participants are supported in ways that reflect their individual needs, preferences, and goals, while maintaining their autonomy and dignity across all areas of life.

4. How we did...against the goals we set ourselves

To implement outcomes measurement tools.

Status: In Progress

PLEA's CLBC-focused team continues to work toward strengthening outcomes measurement across the program. Tools have been identified through this process; however, they have not yet been fully implemented, as further work is required to ensure they are appropriate for the breadth and complexity of needs supported within the CLBC portfolio.

A key consideration in this work is that the program serves individuals with a wide range of support needs and levels of complexity. As a result, current efforts are focused on identifying a more universal, best-practice-informed tool that can be applied consistently across CLBC's diverse participant needs while still capturing meaningful information about outcomes and service impact.

In the interim, the program has continued to refine how existing information is captured within current systems to improve consistency and usability of data. This has supported a clearer understanding of service trends and participant needs without requiring additional or duplicative tracking processes. This work remains ongoing, with continued emphasis on identifying an outcomes measurement approach that is practical, adaptable, and reflective of the diversity of individuals supported within the program.

To work with our funding partners to improve our individual progress plans and to align with evolving best practices. This will help us more effectively capture and respond to participant needs, reflect on our supports, and more intensely identify and facilitate person-centred service.

Status: In Progress

PLEA's CLBC-focused team continues to work closely with Community Living BC to strengthen Individual Program Plans and ensure they align with evolving best practices and participant needs.

Plans are actively developed and maintained for all participants, providing a consistent framework for service delivery while supporting more responsive, detailed coordination than standard documentation. Ongoing review ensures plans remain person-centred, adaptable, and reflective of changing goals and needs, while also strengthening alignment across PLEA, CLBC, Home Share Providers, and other supports.

PLEA has also prioritized updating internal policies to reflect best practices, including enhancements to privacy impact assessments, safety planning, restrictive practices, advance care planning, and the delegation of medical tasks. These updates are integrated directly into Individual Program Plans, ensuring they remain comprehensive, current, and effective in guiding individualized, high-quality support.

5. Selected accomplishments...

1. Introduction of Complex Care model through enhanced service approaches

The CLBC program developed and started the Complex Care stream through the exploration and trialing of additional support tailored to participant needs. This includes the introduction of Services Coordinators, Addiction and Adult Support Worker involvement depending on the needs of the participant. The program has also trialed additional support for individuals such as medical and cultural supports. These additional approaches are currently being evaluated and their subsequent impact on the population, while further implementation can be considered in consultation with stakeholders and ongoing negotiations.

2. Navigating complex Support and Assistance planning in high-acuity contexts

The program has been actively engaged with stakeholders in navigating complex “Support and Assistance” planning in what has been unprecedented contexts, where participants present with significant and intersecting needs. This has included balancing the requirements of supporting individuals through the PG&T process while also upholding participant autonomy, rights, and an advocacy-informed approach. This work has required close coordination with CLBC and other system partners to ensure legal obligations, safety considerations, and person-centred values are appropriately balanced in practice.

6. Selected stories...

Marina's Story:

Marina has been supported through the CLBC program since 2019 and moved into a new Home Share placement in September 2023. She is a young woman who has historically been highly vulnerable, with patterns of isolation, frequenting the downtown eastside, and significant substance use. In the past, Marina also regularly declined medical supports and chose not to engage with prescribed medication.

In collaboration with CLBC and through the introduction of more focused and intensified supports, Marina's circumstances have shifted significantly. She is currently seven months into her sobriety journey and has begun to recognize the importance of her care team and prescribed medications in supporting her stability and well-being.

There have been meaningful improvements in Marina's day-to-day life and safety. Previously, she would frequently go missing from her placement on a weekly basis; this behavior has now stopped. Marina has also begun to re-engage in positive community and social experiences. She recently enjoyed a camping trip with her Home Share Provider and attended a Vancouver Canucks game, both of which were significant milestones in building routine, connection, and enjoyment in her life.

In addition, Marina has strengthened her relationship with her family and has participated in volunteering opportunities alongside her care team. We have worked closely with her family to identify and build on protective factors, with a continued focus on strengthening her connection to natural support networks, recognizing the deep, immeasurable, and irreplaceable bond between a person in our care and their family. While she tends to be quiet and reserved by nature, those who support her have observed positive changes in her engagement and overall outlook. At one point, Marina shared, “I'm really happy,” reflecting her growing sense of stability and satisfaction with the changes in her life.

Marina's journey reflects the importance of consistent, relationship-based support, collaboration with CLBC, and a flexible, person-centred approach that adapts to meet individuals where they are.

Liam's Story:

Liam is an Indigenous man who has experienced long-term displacement from his home community and has lived in the Lower Mainland for many years. Over the course of his life, he has had repeated interactions with hospital systems and requires a high level of support due to a complex combination of health and social needs.

His care involves coordination across multiple partners to support his safety, stability, and well-being. Liam has lived in the same Home Share placement since 2021 through PLEA, where he has maintained stable residency and developed a consistent routine with his Home Share Provider. Over time, Liam and his Home Share Provider often spoke about his hope of eventually relocating closer to his home community in the interior, with a focus on reconnecting with his cultural roots, family, and sense of belonging.

This past year, and in consultation with funders and key stakeholders, a transition plan was developed to support this goal. Following these discussions, a property in a small interior community was secured by the Home Share Provider, enabling Liam to move closer to his home community and cultural connections. To maintain continuity of care and the established relationship, the Home Share Provider transitioned to a neighbouring agency to continue supporting Liam as part of his ongoing journey. This transition reflects a collaborative, person-centred approach that prioritizes cultural connection, stability, and long-term quality of life, while ensuring coordinated support across service systems.

7. Biggest challenges...

1. Recruitment of diverse Family Caregivers throughout the Lower Mainland. This challenge remains pertinent across the Adult Services program is engaging with our Communications team as well as the Community Assessment Team to be creative and proactive in our recruitment process. This issue is intensified by the real estate market in the Lower Mainland and associated economic forces. For example, some potential Family Caregivers are drawn to becoming landlords to persons not supported by PLEA as the potential income generated through a typical market rental of their space is increasingly competitive with our per diems offered. This is particularly true in the Metro Vancouver area. The Adult Services program is necessarily looking further east into the Fraser Valley to recruit new Family Caregivers, which puts an increased strain and demand on our limited options in the Vancouver area.
2. The program continues to operate within a broader context of economic and political uncertainty, which is expected to impact the non-profit sector for the foreseeable future. In particular, increased public scrutiny and recent reviews of the home share model have had a direct effect on front-line service delivery, contributing to more risk-averse practices and a heightened focus on accountability. These dynamics have reinforced the need for robust risk management planning and thoughtful oversight, while also placing additional demands on caregivers and support teams. In response, we are working proactively with funding partners to maintain sustainable and responsive models of care that continue to meet the needs of participants. This includes strengthening internal

processes and risk management frameworks, while ensuring that quality of support, autonomy, and person-centered care are not compromised. Ongoing collaboration with funders remains essential to ensure that the level of oversight and planning required is adequately resourced.

At the same time, our work toward outcomes measurement is helping to build a clearer understanding of service impact and identify areas for continuous improvement. This will support more informed decision-making and ongoing refinement of how supports are delivered over time, particularly within an increasingly complex and evolving service landscape.

3. A proportion of participants supported through the program are currently in a more high-needs phase of their journey, requiring increased coordination and responsiveness across multiple service systems. As access to health care continues to expand across the province through broader provincial initiatives, this does not always translate into timely or appropriate access for individuals with complex support needs. Wait times, temporary readiness to engage, and fluctuating willingness to attend appointments can all impact a participant's ability to access medical services when needed. In addition, fear or mistrust of hospitals and health systems—often rooted in past experiences—can further create barriers that are not typically experienced by the general population. These factors require ongoing collaboration with health partners and a flexible, relationship-based approach to support engagement, ensure continuity of care, and reduce barriers to accessing appropriate health services.

8. Our team...personnel



9. Our team...learning undertaken

Our Adult Services teams participated in a wide range of learning opportunities and professional development activities over the past year, reflecting both the specialized needs of their program areas and broader competencies that support work across Adult Services and PLEA. Staff and caregivers were provided with meaningful opportunities to strengthen their knowledge, enhance practical skills, and deepen their capacity to respond to the complex needs of the individuals we serve. Examples of training opportunities accessed this year include:

1. Ethics & Ethical Dilemmas- Dr. Bashir Jiwani
2. Introduction to AI - Bryan Robinson
3. Understanding Addiction and the Brain- Dr. Gabor Mate
4. Harm Reduction Training – Vancouver Coastal Health

Adult Services remains committed to fostering a culture of continuous learning, ensuring that staff and caregivers are supported to grow in ways that strengthen the quality, responsiveness, and effectiveness of our programs and services.

10. Our team... relationships

PLEA's CLBC-focused team works within a collaborative network of provincial and community partners to support coordinated, person-centered service delivery, including connections with Fraser Health, Vancouver Coastal Health, Health Services for Community Living (HSCL), Developmental Disabilities Mental Health Services (DDMHS), Mental Health and Substance Use (MHSU), and BC Legal Aid to ensure the unique needs of participants are met through coordinated, wrap-around supports. This is particularly important in relation to complex health and mental health needs, access to services, and continuity of care.

11. Next year's goals...

1. PLEA's CLBC-focused team will continue to work with system partners to identify and implement more flexible and responsive approaches to healthcare engagement. This includes exploring relationship-based and community-informed strategies, or internal resources that have the capacity to support participants unwilling or unable to access traditional health services, while maintaining their rights, autonomy, and informed choice.
2. PLEA's CLBC-focused team will strengthen continuity of care by enhancing collaboration across internal programs and external partners to support seamless transitions for participants. This includes coordinating early with relevant teams and services to minimize disruptions, as demonstrated in a recent case where cross-program collaboration ensured consistent support for a young person transitioning into CLBC services. This approach prioritizes stability, relationship continuity, and participant-centred planning throughout periods of change.

12. For more information...

Contact Bryan Robinson, Program Director, at 604-218-6473 or email brobinson@plea.bc.ca

Appendix 1 – CLBC by Portfolio

CLBC

Profile	2025-26	2024-25	2023-24	2022-23	2021-22
# of cases	25	27	29	31	31
# of participants	25	27	29	31	31
% women	16	15	24	26	26
% men	84	85	76	74	74
% self-identified as transgender	0	0	0	0	0
% self-identified as Indigenous	44	41	41	42	38
Average age when cases were opened	28	28	28	28	28

CLBC – Complex Care

Profile	2025-26	2024-25	2023-24	2022-23	2021-22
# of cases	7				
# of participants	7				
% women	29				
% men	71				
% self-identified as transgender	0				
% self-identified as Indigenous	43				
Average age when cases were opened	27				

CLBC – Forensics

Profile	2025-26	2024-25	2023-24	2022-23	2021-22
# of cases	5	4	4	2	2
# of participants	5	4	4	2	2
% women	0	0	0	0	0
% men	100	100	100	100	100
% self-identified as transgender	0	0	0	0	0
% self-identified as Indigenous	40	25	25	50	50
Average age when cases were opened	49.8	48.5	48.5	46.5	46.5



COMMUNITY
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Adult Services NWT Annual Program Report 2025-2026

1. About Us

The Adult Services program, formerly known as Folkstone, was established in 2000 as a community-based alternative to institutional care for adults who are no longer able to live independently. It draws on PLEA's long-standing success in supporting young people in family care homes, adapting that model to meet the needs of adults. Since its inception, the program has grown to encompass a broad spectrum of supports, including specialized care for adults with complex physical and mental health needs, as well as those living with mental health concerns, addictions, autism, dual diagnoses, developmental disabilities, and FASD.

The Adult Service NWT program is designed to be highly individualized, person-centered, strengths-based, and trauma-informed. Services are flexible and can be tailored, expanded, or scaled back to reflect each participant's strengths, abilities, needs, circumstances, and preferences. While participants come into the program for many different reasons, each person is offered a safe, stable, and caring family environment, supported by our staff and complemented by other services they require. Our overarching aim is to promote positive change by helping participants rebuild self-confidence, increase independence, and strengthen resilience in their day-to-day lives.

Together with each participant, we create and carry out a detailed, individualized plan that reflects their strengths, ideas, interests, culture, and life experiences. We maintain close partnerships with our contracted Family Caregivers and recognize the substantial commitment they make in meeting participants' daily needs. We also work to identify resources and service providers that participants feel comfortable with and that are best equipped to support their specific needs, building collaborative and coordinated networks of care.

Our Family Caregivers are located across Metro Vancouver and the Fraser Valley. Using an outreach model, we prioritize direct contact with participants and consistent support to Caregivers. Our teams are based in Vancouver and Abbotsford and provide services throughout the Lower Mainland.

Referrals to the Adult Services NWT program come through the Authority of Health and Social Services of the Government of the Northwest Territories (GNWT). We maintain close collaboration with our referring authority to ensure care that is person-centered, safe, and well-coordinated.

Our team adheres to PLEA's code of ethics and receives comprehensive training to deliver high-quality support. By actively incorporating participant feedback and perspectives, we continually refine our services. A strong commitment to individualized, effective, and safe care remains at the core of everything we do.

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2. Who we served...

Our participants are Indigenous adults aged 24 and older from the Northwest Territories (NWT) who have needs that cannot be met within their communities, including psychiatric, psychological, medical conditions, and disabilities.

These communities include Yellowknife, Inuvik, Tuktoyaktuk, Tsiigehtchic, Gamètì (Tłı̄chǫ), Colville Lake, Norman Wells, Whati, Fort Good Hope, Délı̄nǫ, Fort Smith, Behchokò, and Hay River.

Profile	2025-26	2024-25	2023-24	2022-23	2021-22
# of cases	37	38	40	40	39
# of participants	37	38	40	40	39
% women	11	11	13	13	13
% men	84	84	82	82	87
% self-identified as transgender and/or gender diverse	5	5	5	5	0
% self-identified as Indigenous	100	100	100	100	100
Average age when cases were opened	24	24	24	24	24

3. How we did...service delivery

During this reporting period, the AS-NWT program expanded its service delivery by implementing a staffing model that provides support seven days a week, including evening shifts. This adjustment has significantly enhanced our capacity to meet the needs of our participants.

The program successfully facilitated a visit and audit conducted by our funder, who assessed various aspects of our operations, including:

- **Building and Environmental Standards:** This encompassed the review of building licenses and our Business Continuity and Emergency Response Plans.
- **Cleaning and Laundry Protocols:** To ensure a hygienic environment for our participants.
- **Personal Choices:** Supporting participants in making informed decisions regarding their care.

- **Medications and Assessments:** We ensured adherence to our medication administration policies and procedures, including a Suicide Risk Assessment Policy and proper storage protocols for medications.
- **Referral and Access to Care:** Streamlining the process for participants to access necessary services.
- **Social and Leisure Activities:** Facilitating opportunities for engagement and recreation.
- **Diet and Nutrition:** Monitoring and supporting nutritional needs for our participants.
- **Safety and Incident Management:** Including our Managing Behaviors policy, the reporting of safety incidents, abuse prevention measures, privacy and confidentiality policies, and training requirements.
- **Feedback and Complaints Mechanisms:** Establishing robust processes to address participant and caregiver concerns.

During the audit, team members observed caregiver homes, engaged with participants, and reviewed our operational processes. The feedback received was overwhelmingly positive, aligning with the results from our partner and stakeholder satisfaction surveys conducted in the winter of 2025. These surveys highlighted satisfaction across all areas, reflecting the positive experiences shared by caregivers, participants, and stakeholders.

To further enhance cultural supports, participant engagement, and overall team capacity, the NWT program added a third manager. This addition has significantly improved our ability to recruit new staff, manage increasingly complex cases, and drive excellence in participant events. Moreover, it has bolstered our commitment to upholding high standards for quality assurance, ensuring that our participants receive the best possible care and support.

4. How we did...against the goals we set ourselves

To Indigenize office spaces and participant homes to ensure our self-identifying Indigenous participants feel more welcome and represented. This is further connected to our efforts towards reconciliation and enhancing our allyship with Indigenous communities.

Status: In progress, continuing.

The Counselling Room has also been enhanced through the introduction of a growing selection of Indigenous books available for reference and borrowing. Traditional medicines are stored in this space to support cultural and healing needs when required.

Additional cultural supports have been incorporated within the office building, including cedar and tobacco bundles placed above door frames for cleansing and energy balancing. A talking stick and eagle feather have also been provided for use in ceremonies, smudging, and healing circles.

Cultural safety initiatives have been strengthened through ongoing engagement with caregivers in the home setting and through structured training opportunities aimed at promoting Indigenous presence and knowledge. Earlier workshops introduced caregivers to traditional medicines and holistic healing practices, with participants receiving traditional medicine boxes to encourage continued learning and integration of these practices into everyday caregiving environments.

To support those unable to attend in-person sessions, follow-up home visits were conducted. These visits provided individualized opportunities to share the purpose and cultural significance of traditional medicines within the caregiving context.

A new workshop *Cultivating Cultural Safety and Humility* was developed by the knowledge keeper, Ernie Cardinal to strengthen caregiver training and enhance Indigenous cultural presence within service delivery. The workshop emphasizes the creation of inclusive, respectful, and anti-racist environments, while supporting ongoing reflection and learning. Using Medicine Wheel teachings, healing circles, and psycho-educational group practice.

Caregivers received key learning resources, including *Truth and Reconciliation calls to Action*, *21 Things You May Not Know About the Indian Act* and *52 Ways to Reconcile: How to Walk with Indigenous Peoples on the Path to Healing*, to further support understanding of the Indian Act, its ongoing impacts, and the broader reconciliation process.

To implement outcomes measurement tools. The Adult Services program, and PLEA, will continue to explore and implement the tools, training, and resources needed to clearly demonstrate the value of our work.

Status: In progress, continuing.

The Adult Services NWT program continues to develop and implement tools, training, and resources to more clearly demonstrate the impact of its work with Indigenous participants in culturally safe, respectful, and self-determined ways. The program is actively exploring outcomes measurement tools that reflect Indigenous-informed priorities, including cultural safety, connection to culture and community, participant voice, autonomy, and overall quality of life.

This work is guided by Indigenous perspectives on wellness and recognizes the importance of identity, relationships, and lived experience alongside clinical and social stability. Several potential tools have been identified, and the program is working toward establishing a shared approach that is grounded in best practices, aligned with Indigenous values, and responsive to participant needs. Once finalized, these tools will support more consistent, culturally informed implementation and reporting of outcomes across the program.

To improve our individual program plans and to align with evolving best practices. This will help us more effectively capture and respond to participant needs, reflect on our supports, and more intensely identify and facilitate person-centred service.

Status: In progress, continuing.

Adult Services continued work with our teams to strengthen Individual Program Plans to improve the quality, consistency, and responsiveness of support provided to participants. All participants have actively maintained plans that guide service delivery and enable more coordinated, individualized responses to changing needs and goals.

Regular review of plans has supported greater alignment across PLEA, CLBC, Homeshare Providers, and other service partners, resulting in clearer roles, improved communication, and more effective coordination of care.

Adult Services has also prioritized updates to internal program policies—such as privacy impact assessments, safety planning, restrictive practices, delegation of medical tasks, and advance care planning—which have strengthened accountability and quality assurance. Integrating these updates directly into Individual Program Plans has ensured supports remain current, comprehensive, and grounded in best practices. This work also supports broader efforts related to outcomes measurement.

5. Selected accomplishments...

1. Canoe Program – Skipper Training and Capacity Building

Four additional skippers were successfully trained to strengthen program capacity and ensure appropriate supervision ratios are consistently maintained. This enhancement reduces reliance on a limited number of qualified staff and helps minimize service disruptions related to absences, scheduling conflicts, or staff turnover.

The increased number of trained skippers has significantly strengthened overall risk management on the water. Multiple staff members are now competent in key areas including navigation, water safety procedures, emergency response, and participant supervision, ensuring a higher and more consistent standard of safety and preparedness during all canoe outings.

In addition, this expanded internal capacity supports the continued growth of the canoe program, enabling it to accommodate more participants while maintaining high-quality care and engagement. It also promotes continuity in programming that integrates cultural, recreational, and skill-building components, ensuring participants can consistently benefit from the program without interruption.

2. Participant Programming – Creative Expression and Engagement Initiatives

New programming initiatives were developed to actively support and encourage participants to showcase their skills through meaningful and creative opportunities. A key highlight was the successful expansion of participation in the Art Gallery event, which featured a diverse range of participant-created works, including soapstone carvings, paintings, and original music videos. These contributions provided a strong platform for self-expression, cultural pride, and artistic development, while allowing participants to share their talents with the broader community in a recognized and celebrated space.

Additionally, the introduction of a photo scavenger hunt further enhanced participant engagement by promoting photography skills through an interactive and enjoyable experience. Participants were encouraged to explore their surroundings, observe details more intentionally, and creatively capture images that reflected their individual perspectives and lived experiences.

Together, these initiatives strengthened engagement, fostered creativity, and built participant confidence by creating meaningful opportunities for achievement, recognition, and skill development.

6. Selected stories...

Monfwi Story

Monfwi has been part of our program since 2015 and is originally from a small community in the Northwest Territories. When he first joined, he faced several barriers and challenges that required time, patience, and consistent support to overcome. Now, over a decade later, Monfwi reflects on his journey and shares that without the wraparound supports, the involvement of his caregivers, and the strong relationships he built with his support workers, he is unsure where he would be today.

Monfwi is kind-hearted, empathetic, self-aware, and naturally private. Over the past year in particular, we have seen a remarkable shift—his dedication, drive, and passion have truly taken the lead in his life. A major milestone in his journey has been receiving a full pardon through Pardons Canada, removing significant barriers and allowing him to pursue meaningful career opportunities without the stigma of a criminal record.

He has also been working diligently toward independently managing his medication, with the long-term goal of transitioning back home and securing stable employment to support his mother as she gets older. Monfwi now requires minimal prompting and has developed a strong understanding of the importance of maintaining his daily routine.

Another significant achievement is that Monfwi has been smoke-free for over a year. This accomplishment has positively impacted both his physical and mental health, allowing him to engage more in activities such as hiking and long walks, while also improving his overall well-being.

Monfwi has a strong passion for learning and continuously seeks out opportunities to grow. He enjoys enrolling in programs and certifications to build his resume and expand his knowledge. Recently, he completed several Excel courses with minimal support from his U-Learn Instructor. He takes a hands-on approach to his service plan, demonstrating initiative and a commitment to self-improvement.

For over a year, Monfwi has maintained employment at two car wash locations. His employers recently recognized his strong performance by asking him to help train new staff—an achievement that speaks volumes about his reliability, work ethic, and leadership potential.

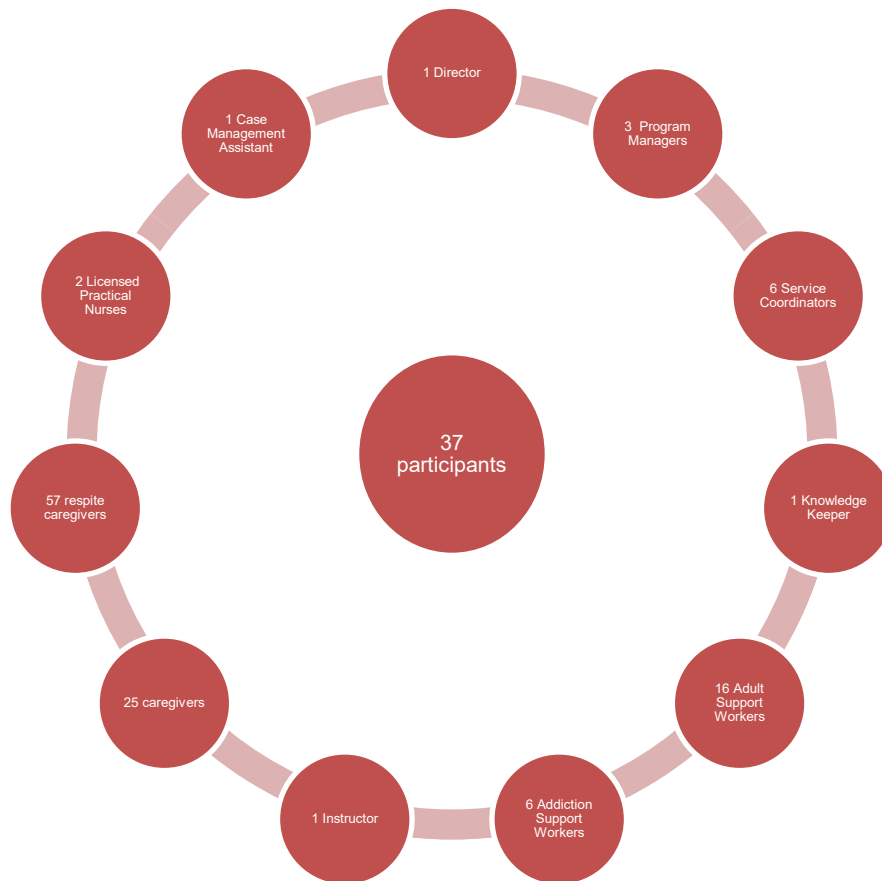
As a care team, we are continually inspired by the person Monfwi has become. He consistently shows kindness and thoughtfulness, often checking in on others and remembering small personal details, making those around him feel valued and appreciated.

As Monfwi continues working toward full independence, he remains humble, often acknowledging that his successes are shared with those who have supported him along the way. It has been an honour to be part of his journey, and we look forward to seeing all that he continues to accomplish.

7. Biggest challenges...

A key and ongoing challenge carried forward from the previous year is the strain within an overwhelmed healthcare system, which continues to have a disproportionate impact on Indigenous participants in accessing timely and appropriate care. Participants face persistent barriers in connecting with external health services that are outside of our scope, particularly in securing and maintaining family physicians and general practitioners. Some providers continue to be reluctant to accept participants, further limiting equitable access to primary care. In addition, there have been instances where medical care is refused or limited for participants receiving services outside their home jurisdiction (NWT), creating further gaps in continuity of care and access to essential health support.

8. Our team...staffing



9. Our team...learning undertaken

Our Adult Services NWT team participated in a wide range of learning opportunities and professional development activities over the past year, reflecting both the specialized needs of their program area and broader competencies that support work across Adult Services and PLEA. Staff and caregivers were provided with meaningful opportunities to strengthen their knowledge, enhance practical skills, and deepen their capacity to respond to the complex needs of the individuals we serve. Examples of training opportunities accessed this year include:

1. Ethics & Ethical Dilemmas- Dr. Bashir
2. Introduction to AI - Bryan Robinson
3. Applied Suicide Intervention Skills Training (2 days certificate) -Crisis Centre

4. WiseGuyz Training: Two adult support workers and one Knowledge Keeper completed WiseGuyz training through the Centre for Sexuality. WiseGuyz is a structured, evidence-based program that supports young men to build the knowledge and skills needed for healthy relationships. In a safe and guided setting, participants explore how gender norms and stereotypes influence behaviour and relationships. The program helps strengthen understanding of respectful relationships and sexuality, while also encouraging participants to challenge beliefs that contribute to homophobia and gender-based violence.
5. Indigenous gender diversity – TransCare BC.
6. Naloxone Training- all Adult Services NWT Service Coordinators undertook training to become Naloxone Trainers.
7. Trauma Informed Practice – all Adult Services NWT Caregivers completed Trauma Informed Practice training.
8. Indigenous Trauma and Equity-Informed Practice – Len Pierre Consulting
9. Voices and Vision – Leading change in social services conference

Adult Services remains committed to fostering a culture of continuous learning, ensuring that staff and caregivers are supported to grow in ways that strengthen the quality, responsiveness, and effectiveness of our programs and services.

10. Our team... relationships

Our program is built upon a rich network of connections that enhance our ability to support adults with mental health diagnoses and addiction issues. Our referrals primarily come from the Health and Social Services of the Government of the Northwest Territories (GNWT), and we strive to provide comprehensive support through our partnerships with local elders and organizations.

- **Wes Nahanee**, Cultural Ambassador of the Squamish First Nation, was instrumental in the ceremonial process of putting our canoe to sleep, infusing the experience with cultural significance and tradition.
- **Donna Lee Duncan**, founder of Bannock Queen food company, has catered for various events, including our Changing Seasons celebrations, Hand Games, and the Naka Festival, bringing community together through shared meals that celebrate Indigenous culinary traditions.
- **Lynn Heyes**, an Inuit soapstone carver, contributed to our Changing of the Seasons event, allowing participants to engage in traditional crafts and fostering a deeper connection to their cultural roots.
- **Elder Sam George Jr.** participated in one of our canoe days, sharing traditional dance and storytelling, which enriched the experience for all participants and emphasized the importance of cultural expression.
- **Jonathon Lafferty**, a Dene Knowledge Keeper, was actively involved in our Naka Festival and Hand Games events, where he shared his knowledge and cultural teachings, helping to empower participants through cultural activities.

In addition to our cultural connections, we collaborate closely with local mental health service providers across British Columbia's Lower Mainland. These partnerships ensure that our participants have access to comprehensive mental health care tailored to their individual needs, creating a seamless continuum of care that combines cultural competency with professional support.

Moreover, we engage with local businesses and community donors who align with our mission. Their contributions support our program's sustainability and enhance the resources available to our participants,

enabling us to provide workshops, activities, and support systems that promote healing and cultural reclamation.

As we grow, our connections serve as both a foundation for our program and a testament to the power of community collaboration in addressing the mental health and addiction challenges our participants face. Together, we strive to create a welcoming environment that honors Indigenous cultures and nurtures individual healing journeys.

11. Next year's goals...

1. Establish a permanent Territorial Acknowledgement

This goal embodies our commitment to indigenizing our office spaces. By designing and installing a visible display within the PLEA Abbotsford office, we are intentionally recognizing the traditional lands and the Indigenous peoples who have cared for them. This acknowledgment not only honors the heritage of the land but also fosters an inclusive and welcoming atmosphere for both participants and staff. It places participant voice at the forefront by educating all who enter the space about the significance of the lands they occupy, enhancing our collective understanding of Indigenous histories and contributions.

2. Develop and create a culturally meaningful mural

This supports our strategic focus on creating workspaces that are inclusive and representative of Indigenous culture. By featuring cultural symbols and art/stories in the mural, we are taking intentional steps to amplify participant voices and lived experiences. This mural will transform our office environment into a culturally enriched space that encourages dialogue, learning, and engagement with Indigenous perspectives. It enhances our knowledge and fluency in sociological and historical components of our work, ensuring that we remain humble and receptive to the teachings of Indigenous communities.

3. Enhance the Utilization of the Snoezelen Room as a Key Component of Our Wraparound Services

This goal aligns with our strategic plan by prioritizing the development/enhancement of our wraparound services we offer to participants. The Snoezelen room will serve as an essential therapeutic resource that fosters healing and well-being through immersive sensory experiences. This space will encourage participants to engage with their emotions in a safe and supportive environment, promoting relaxation while also facilitating connections to their cultural identities through sensory elements that reflect Indigenous traditions.

This initiative underscores our commitment to delivering culturally informed care that empowers Indigenous adults, enhancing their emotional and mental well-being during this critical phase of their journey.

Ultimately, enhancing the utilization of the Snoezelen room will strengthen our capacity to support skill development and overall recovery, creating an enriching atmosphere for our participants as they navigate new challenges and opportunities.

4. The Spirit of the North canoe family will take part in a one-day segment of the 2026 Pulling Together Canoe Journey.

5. All NWT staff will receive FASD and mental health First Aid training.

For more information...

Contact Bryan Robinson, Program Director, at 604-218-6473 or email brobinson@plea.bc.ca



COMMUNITY
SERVICES

see what's possible...

Adult Services Health Annual Program Report Year 2025-2026

1. About Us

The Adult Services Health Program was established in 2000 to provide community-based, health-focused alternatives to institutional care for adults with complex and evolving medical needs. Building on PLEA's experience in family-based care, the program has developed into a comprehensive health support model for individuals requiring coordinated, ongoing care to safely live in the community.

The Adult Services Health Programs serves adults with a wide range of health conditions, including acquired brain injuries, dementia, chronic and acute medical issues, mental health challenges and substance use. Many participants present with high medical acuity and require consistent monitoring, proactive health management, and multidisciplinary coordination.

Services are delivered through a highly individualized, person-centered, strength-based, and trauma-informed approach. Participants are supported in safe, stable home environments, where care is tailored to their evolving health and support needs. The program emphasizes improving quality of life through stability, health management, and increased independence.

Individualized program plans are developed collaboratively with each participant, incorporating their goals, preferences, and cultural considerations. A strong focus is placed on health coordination, including collaboration with physicians, nurses, and other external service providers. Family Caregivers play a central role in supporting day-to-day health needs, with ongoing guidance and oversight from program staff.

Services are delivered across Metro Vancouver and the Fraser Valley through a model that prioritizes direct engagement with participants and support to caregivers. Participants are referred through key healthcare and funding partners, including Vancouver Coastal Health, Fraser Health, Interior Health, WorkSafeBC, and the BC Crime Victims Assistance Program.

Through strong partnerships, continuous quality improvement, and adherence to PLEA's Code of Ethics, the program remains committed to delivering safe, responsive, and health-focused care that supports participants to live successfully in their communities

2. Who we served...

Profile	2025-26	2024-25	2023-24	2022-23	2021-22
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www.plea.ca

Charitable Registration
10781 0467 RR0001
bcgeu

# of cases ¹	62	66	75	85	82
% women	19	21	22	25	17
% men	81	79	78	75	83
% self-identified as transgender	0	0	0	0	0
% self-identified as Indigenous	10	10	15	15	16
Average age when cases were opened	46	48	49	50	50

The Adult Services Health program continued to help participants lead fulfilling lives in their chosen communities through our supportive family care home model. The 2025–2026 data reflects a program operating with a high degree of stability and sustained placements. While the total number of new referrals remained low, this corresponds with minimal discharge activity and longer participant stays, particularly within higher-complexity program areas. Several service streams demonstrated little to no turnover, indicating strong alignment between participant needs and caregiver capacity. Appendix 1 breaks down this information further.

Over the past five years, the complexity of referrals to our program has increased significantly, alongside a shift toward younger participants, with the average age at intake decreasing from 50 to 46. While the program historically supported older adults with more stable rehabilitation needs, we are now seeing more referrals involving acquired brain injuries, often accompanied by mental health, substance use, and complex medical challenges. These changes require greater coordination across systems, enhanced clinical and behavioral supports, and a stronger focus on life skills development and community integration. Overall, this trend reflects a growing prevalence of concurrent conditions and the need for a more holistic, flexible, and interdisciplinary approach to care.

Discharges were primarily concentrated within specific program areas and are likely reflective of increasing care needs and transitions to more appropriate care settings. Overall, these trends suggest a shift away from higher-turnover service models toward more stable, long-term support. The program continues to serve a predominantly male population, consistent with referral patterns, and remains committed to inclusive and culturally responsive care, with Indigenous participants representing nearly 10% of those served.

Within our Fraser Health programs, many participant discharges were related to increasing care needs and complexity, with individuals more appropriately supported in alternative settings such as long-term care or palliative services. Referral rates have also declined, which may reflect the broader range of resources now available across the Fraser Health region compared to previous years. Additionally, the program's aging demographic has contributed to a higher-than-usual discharge rate, as long-standing participants transition to care environments more well equipped to support their evolving needs. Maintaining strong alignment between participant needs and caregiver capacity remains a priority, ensuring quality, safety, and sustainability within the Family Caregiver Model.

As discussed later in this report, it is essential that our performance measures remain aligned with best practices and organizational values. This includes ensuring that data is interpreted thoughtfully and disaggregated where appropriate, allowing for a more accurate understanding of program impact beyond surface-level metrics.

Finally, the program's ability to support new participants remains closely linked to the recruitment and retention of qualified staff and caregivers with the capacity to meet complex health needs. Despite fluctuations in service volume, participant feedback and partner input continue to reflect strong satisfaction and positive outcomes. The program's emphasis on clinical coordination, relationships, and quality care positions it well to sustain and strengthen its role within the broader healthcare system and strengthen its partnerships with funders and community stakeholders.

¹ # of cases is less due to separating out the funders within the Adult Services Program (excluding CLBC & the Northwest Territories)

3. How we did...service delivery

Adult Services Health Program continued to deliver comprehensive supported housing services through the family care home model, providing participants with safe, stable, and supportive living environments. Services include safe and stable accommodation with daily living supports, 24/7 supportive home environment, individualized program planning, health coordination with medical professionals, and assistance with life skills, social engagement, and community integration. Transportation support for medical needs was also provided, ensuring participants' access to essential health services.

The programs supported quality service delivery by providing dementia training for caregivers, strengthening their capacity to respond to the evolving cognitive and behavioural needs of participants. This training enhanced caregivers' knowledge, confidence, and ability to deliver person-centered care in a safe and supportive environment. In addition, trauma-informed practice training was implemented for caregivers. This approach strengthened caregivers' understanding of trauma and its impacts, enhancing their ability to provide safe, respectful, and person-centered care.

One hundred percent of service level hours were provided during the reporting period, ensuring consistent and reliable delivery of support to participants in alignment with contractual expectations.

The programs maintained effective access and flow by responding to referrals in a timely and coordinated manner, ensuring appropriate placement and continuity of care for participants. The program worked collaboratively with funders and partners to assess referrals, support smooth transitions, and optimize service availability.

The Health Program maintained strong operational and reporting practices by successfully completing and submitting all occupancy data reports and participant progress reports within the reporting period. This consistency supported program stability, strengthened accountability to funders, and enabled ongoing monitoring of participant outcomes and service effectiveness.

4. How we did...against the goals we set ourselves

1. **To implement outcomes measurement tools. The Adult Services program, and PLEA, will continue to explore and implement the tools, training, and resources needed to clearly demonstrate the value of our work.**

Status: In progress.

The programs are currently exploring outcomes measurement tools that are appropriate and relevant to the Health Programs, with a focus on capturing health outcomes, stability, and quality of life for participants with complex needs. Several measurement tools have been identified, and the program is working towards establishing a universal tool that is rooted in best practices and aligned with program needs. Once developed, the program will move toward implementation to support consistent measurement and reporting of outcomes.

2. **To work with our funding partners to improve our individual progress plans and to align with evolving best practices. This will help us more effectively capture and respond to participant needs, reflect on our supports, and more intensely identify and facilitate person-centred services.**

Status: In progress.

Wellness Plans have been implemented in the Fraser Health program to align with the expectations from our funder and align with contract obligations. The Wellness Plans have been enhanced to ensure we continue to monitor the Quality and Appropriateness of Service Delivery. The programs continue to collaborate closely with funding partners to strengthen individual progress planning processes and ensure alignment with evolving

best practices, particularly within a health-focused context. Ongoing discussions and feedback from funders are helping to inform improvements in how participant needs, health outcomes, and service effectiveness are captured. The development and refinement of outcomes measurement tools is supporting a more structured and consistent approach to evaluating participant progress and program impact. This work will continue to enhance person-centred planning, ensuring services remain responsive to the complex and changing needs of participants.

5. Selected accomplishments...

1. The health programs have consistently demonstrated a strong commitment to negotiating and advancing sustainable models of care, ensuring the long-term stability, effectiveness, and quality of services provided to participants. Through ongoing collaboration and strategic planning, these efforts have supported the development of strong program structures that can adapt to evolving community needs and system pressures. As a result, our programs are better positioned not only to maintain high standards of care, but also to expand service delivery, increase accessibility, and respond more effectively to the growing number of individuals requiring support.
2. The program strengthened its capacity to support participants with increasingly complex health needs through the hiring and integration of a Licensed Practical Nurse (LPN). This role has enhanced clinical oversight across the Health Programs by supporting comprehensive health assessments, monitoring changes in participant condition, and contributing to more proactive and responsive care planning. The LPN plays a key role in coordinating with healthcare providers, supporting medication management practices, and providing education and guidance to staff, family caregivers and participants. This addition has improved the program's ability to identify and respond to health-related risks, promote preventative care, and ensure that participants receive safe, consistent, and high-quality support within their home environments.
3. We successfully implemented a structured staff development approach to prepare team members to provide Program Manager coverage as well as Coordinator coverage, strengthening overall program resilience and operational flexibility. This approach has enhanced our ability to maintain stability during periods of transition, staff turnover, and planned absences, while also reducing burnout by ensuring adequate coverage during vacations and high-demand periods. Focusing on staff development helps us maintain quality assurance in our caregiver homes. In addition, this work has supported professional growth by expanding staff skill sets, increasing confidence in leadership responsibilities, and creating meaningful development opportunities.

6. Selected stories...

Alex's Story:

Alex was admitted to Adult Services in early 2004 with a diagnosis of Acquired Brain Injury. He was one of the first participants in the program. At the time of entry, and as it is today, his goal was to maintain his current level of independence in the home and community.

Alex's ABI significantly impacts his ability to effectively manage many aspects of his day-to-day living. Organization and planning outside of set routines can prove challenging for him, and communication – specifically, difficulties with rapid/disorganized speech – are an ongoing reality. Because of these barriers (and Alex's insight into his difficulties), Alex tends to limit social interactions to the point of being reclusive – preferring his own company to the unpredictability of personal encounters (especially unfamiliar persons).

Caregivers and staff have worked to create an environment that combines the opportunities for engagement while facilitating privacy. They check in regularly throughout the day to provide meals and medication maintenance, while also encouraging Alex to maintain his current level of physical activity and pursuance of

his interests. Structure and predictability are important in this realm, and they have developed a level of familiarity and rapport (coupled with consistent use of calendars) that engenders effective communication.

Alex has been in his current home for almost ten years. Both he and the caregivers express strong mutual respect and happiness with the placement.

Alex's perseverance and dedication to his routines during his time with the program have been, and remain, impressive. Generally, he goes into the community at least twice a day, weather permitting. In the morning, he'll get a coffee and complete any errands that need tending to, before returning home for lunch. In the afternoon, he almost always takes transit to the main Vancouver Public Library. An avid reader, Alex will routinely take out books (and DVD's) to pursue in the home. He is a familiar (and welcomed) figure for library staff.

In addition to social/cognitive engagement, Alex's accessing the library – and comorbid extensive walking in the community - has almost certainly resulted in health benefits. While technically a senior citizen, he has no outstanding health issues beyond his ABI and is generally considered (by his General Practitioner and supports) to be in great physical condition for a man of his age. He literally goes through a pair of walking shoes every six to eight months (Seriously. Every six to eight months. It's awesome).

When you get past Alex's hesitance to engage, he can express a wide range of thoughts and experience (often laced through a wry and enjoyable sense of humour). A paramedic for many years in the lower mainland prior to his injury, Alex has many opinions on the state of healthcare (and government in general) in particular, but will generally discuss whatever he is currently reading with some vigour (leading to wide variation in types of conversations during visits – slave revolts in the 1700's one week, the best European luxury cars the next). Travel was also a passion for him in much of his earlier life, and though his injury itself occurred while in Asia, he continues to express a general interest in visiting Japan and the Philippines with the caregivers (should the opportunity arise).

Caregivers and the staff are proud of the stability Alex has achieved in the program.

7. Biggest challenges...

Increasing complexity of health and clinical needs

The program continues to see a rise in participants presenting with complex and concurrent health conditions, including acquired brain injuries, mental health challenges, and substance use. These needs are often dynamic and require enhanced clinical oversight, coordinated care planning, and ongoing monitoring. Supporting participants with fluctuating medical and behavioural needs places increased demands on staff and caregivers, and requires continued adaptation of service models to ensure safe, responsive, and person-centered care.

Workforce capacity to meet specialized health needs

As participant acuity increases, there is a growing need for staff and caregivers with specialized clinical knowledge and skills. Recruiting and retaining qualified personnel in a competitive labour market remains a challenge, particularly for roles requiring experience in complex health, behavioural support, and trauma-informed care. Ongoing investment in training, clinical support, and workforce development is essential to maintain quality of care and program stability.

System pressures impacting continuity of care

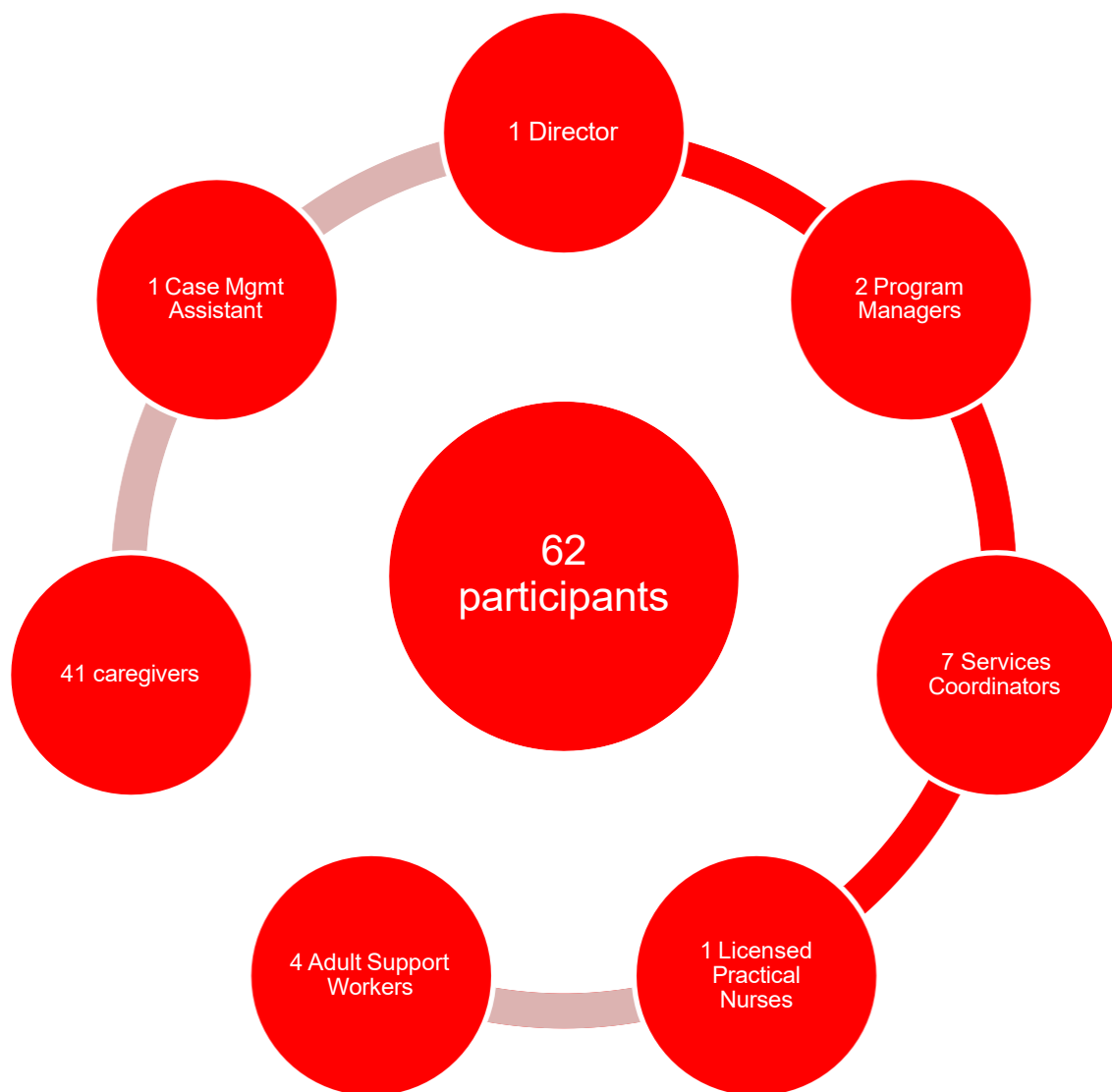
Ongoing pressures within the healthcare system continue to impact participant health outcomes and service delivery. Participants often face barriers in accessing primary care, specialist services, and timely follow-up, which can lead to unmet health needs and increased risk of deterioration. In some cases, individuals are discharged from hospital before full stabilization, requiring programs to manage more complex care needs

within community settings. This places additional responsibility for caregivers and staff to coordinate care and bridge system gaps.

Referral variability and alignment with program capacity

The program has experienced variability in referral volumes across some funding streams, alongside a shift toward more complex health profiles. While demand for services remains high, aligning referrals with program capacity and available supports can be challenging. Continued collaboration with funders and healthcare partners is needed to ensure appropriate matching, maintain occupancy, and support effective flow through the system

8. Our team...personnel



9. Our team...learning undertaken

Our Adult Services teams participated in a wide range of learning opportunities and professional development activities over the past year, reflecting both the specialized needs of their program areas and broader competencies that support work across Adult Services and PLEA. Staff and caregivers were provided with meaningful opportunities to strengthen their knowledge, enhance practical skills, and deepen their capacity to respond to the complex needs of the individuals we serve. Examples of training opportunities accessed this year include:

1. Ethics & Ethical Dilemmas- Dr. Bashir Jiwani
2. Introduction to AI - Bryan Robinson
3. Understanding Addiction and the Brain- Dr. Gabor Mate
4. Harm Reduction Training – Vancouver Coastal Health

Adult Services remains committed to fostering a culture of continuous learning, ensuring that staff and caregivers are supported to grow in ways that strengthen the quality, responsiveness, and effectiveness of our programs and services.

10. Our team... relationships

Adult Services Health Programs maintain strong and collaborative relationships with a range of partners to support the health, stability, and overall wellbeing of the individuals we serve. We work closely with Home Health teams to facilitate safe and effective transitions from hospital to home, ensuring continuity of care and appropriate medical follow-up. Collaboration with Mental Health and Substance Use services is also essential, particularly in supporting participants during periods of extended leave or increased need. Our partnerships with funders enable access to critical allied health services, including occupational therapy, speech and language pathology, and physiotherapy, which are integral to maintaining participants' functional abilities and quality of life within the home environment. PLEA meets with Vancouver Coastal Health (VCH) through semi-annual partnership meetings to strengthen collaboration, address emerging issues, and support ongoing alignment in service delivery.

In addition, we access specialized training and resources through Fraser Health's ABI programming (FHABI), supporting staff to deliver informed and responsive care. Some participants also benefit from external programming, such as Strive's Headway Program, which provides additional structure, rehabilitation, and community connection for individuals with acquired brain injuries. Our team is further strengthened by staff who maintain active registration with professional regulatory bodies, including Colleges for Licensed Practical Nurses and Social Workers, ensuring adherence to professional standards, accountability, and ongoing competency development. Together, these relationships enhance our capacity to deliver comprehensive, coordinated, and high-quality services.

11. Next year's goals...

Goal: Advancing Outcomes Measurement and Data-Informed Practice

Adult Services will focus on strengthening outcomes measurement by establishing and applying standardized tools across health programs. This will support a more consistent and meaningful understanding of participant outcomes, including quality of life, health stability, and independence, while informing continuous improvement and service delivery.

Goal: Strengthen Advanced Care Planning, End-of-Life Preparedness and Capturing Participant Voice

To ensure all participants have comprehensive, current, and person-centred advanced care plans in place, including documented MOST (Medical Orders for Scope of Treatment) status, identified substitute decision-makers (e.g., Power of Attorney or legal representative), and at least one designated emergency or support contact (family member or trusted individual).

This goal prioritizes the meaningful inclusion and documentation of each participant's voice, values, wishes, and lived experience throughout the care planning process. Participants will be actively supported to express their preferences regarding health care, quality of life, cultural considerations, and end-of-life decisions, ensuring these are clearly reflected in their care plans.

Staff will play a key role in advocating for participants' rights, autonomy, and dignity, particularly when individuals may face barriers to communication, capacity, or system navigation. This includes ensuring that participants are informed of their rights, supported in decision-making to the greatest extent possible, and that their expressed wishes are upheld and respected across all care settings.

Additionally, this goal includes enhancing staff capacity through targeted training on advanced care planning, end-of-life considerations, participant rights, and ethical decision-making. This reflects the aging population within the program and the increasing complexity of care needs, and reinforces a commitment to trauma-informed, rights-based, and person-centred practice.

Goal: Enhancing Individualized Planning and Person-Centered Care

Adult Services Health Programs will continue to work collaboratively with funding partners to strengthen individual progress plans and align with evolving best practices. This ongoing effort will support more effective identification and response to participant needs, enhance reflection on service delivery, and further promote person-centered supports.

In alignment with the Adult Services Strategic Plan, the program will continue to advance the implementation of its Group Social and Therapeutic Activity Initiative. This includes developing and delivering structured, health-focused group activities aimed at enhancing social connection, mental well-being, and overall quality of life - particularly for participants at risk of isolation. This initiative supports a holistic approach to care by complementing individualized planning with opportunities for community engagement, skill development, and therapeutic benefit.

Goal: Fall Prevention Training Pilot

To enhance participant safety and support aging in place, the program will explore implementing a fall prevention training pilot for a cohort of select staff. This initiative will focus on building knowledge and practical skills in identifying and mitigating fall risks, recognizing that falls among older adults are influenced by a range of physical, behavioural, environmental, and social factors. Participants will be supported to access evidence-based training opportunities and apply their learning through fall risk assessments and prevention strategies within their home environments.

12. For more information...

Contact Bryan Robinson, Program Director, at 604-218-6473 or email brobinson@plea.bc.ca

Appendix 1 – Adult Services by Funder²

Adult Services – Fraser Health Authority

Profile	2025-26	2024-25	2023-24	2022-23	2021-22	2020-21
# of cases	28	31	38	41	38	41
# of participants	28	30	38	41	38	41
% women	21	20	21	27	16	12
% men	79	80	79	73	84	88
% self-identified as transgender	0	0	0	0	0	0
% self-identified as Indigenous	3	3	11	7	11	7
Average age when cases were opened	50	50	49	51	52	51

Adult Services – Interior Health Authority

Profile	2025-26	2024-25	2023-24	2022-23	2021-22	2020-21
# of cases	7	7	7	8	8	6
# of participants	7	7	7	8	8	6
% women	0	0	0	12	0	17
% men	100	100	100	88	100	83
% self-identified as transgender and/or gender diverse	0	0	0	0	0	0
% self-identified as Indigenous	29	29	29	25	25	50
Average age when cases were opened	54	54	54	56	55	51

Adult Services – Other

Profile	2025-26	2024-25	2023-24	2022-23	2021-22	2020-21
# of cases	8	9	8	10	9	9
# of participants	8	9	8	8	9	9
% women	25	33	37	30	22	22
% men	75	67	63	70	78	78
% self-identified as transgender and/or gender diverse	0	0	0	0	0	0
% self-identified as Indigenous	25	22	25	30	33	33
Average age when cases were opened	49	49	47	46	47	47

² # of cases may be higher than # of participants due to participants being re-referred or dual funded.

Adult Services – Vancouver Coastal

Profile	2025-26	2024-25	2023-24	2022-23	2021-22	2020-21
# of cases	19	19	22	26	27	27
# of participants	19	19	21	26	26	27
% women	16	16	19	19	19	22
% men	84	84	81	81	81	78
% self-identified as transgender and/or gender diverse	0	0	0	0	0	0
% self-identified as Indigenous	11	11	14	19	15	7
Average age when cases were opened	44	44	44	48	52	52