

# MINUTES: PPCBC & POTC JOINT COUNCIL MEETING

DATE: April 28, 2025

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**Chair: Ingrid Kusnierczyk (POTC)**

**Minutes: compiled by Susan Stacey (POTC)**

1. **In Attendance: PPCBC:** Estera Hazlewood, Kim Carter, Rowan Kimball, Tamiko Hirasawa, Judith Cameron. Carley Love, Robyn Holmgren, Kelly (manager for VPT). **POTC:** Mimi Simon, Ingrid Kusnierczyk (Co-Chair), Kathy Burton, Susan Stacey (Co-Chair), Mary Glasgow Brown, Anna Matthews, Shelly Boardman, Pat Hamilton. **MCFD:** Kathaleen Evans and Sarah Angus.
2. **Welcome and Land Acknowledgement.** Ingrid shared a land acknowledgement giving recognition of her privilege of working and living on traditional lands. Other representatives shared acknowledgements in the chat.
3. **Agenda.** Approved with the deletion of the presentation regarding Jordan's Principle. Given the recent Federal review and changes to Jordan's Principle, the presenters requested rescheduling their presentation to a later date when the details were better understood.
4. **MCFD update. Kate Evans, MCFD Manager, CYSN Policy.**
  - 1) At the last joint PT/OT Council meeting James Hutchinson provided an update regarding the evaluation of the Pilot CYSN Service Delivery Model. MNP and SPARC BC had been contracted to assess and report on the implementation and the emerging impacts of the CYSN services being piloted. The report is in the process of being finalized and will be available publicly soon. Over 2023 and 2024 data was collected via in-person discovery sessions, in-person and virtual interviews and focus groups, online surveys and community open houses. The engagement process was under the direction of Premier Eby to explore a better system for providing services for children and youth with support needs. Some key themes have been shared with MCFD ahead of the final report, including:
    - a) The service model improved access to services for children with support needs; however, workforce shortages, persistent wait times and lack of integrated mental health services hindered timely and adequate access.
    - b) Service users in pilot communities reported greater satisfaction in accessing CYSN services than non-pilot communities.
    - c) The service model showed progress in helping children and youth achieve their goals
    - d) The implementation of the service model was reported as the most challenging aspect of this new approach to services, with a lot of learnings on strengthening information and technology management, communications and change management.
  - 2) **Renewal of FCC contracts:** Current contracts are due for renewal starting in 2026 and have a one-year option to renew. Work is underway to better understanding next steps for the pilot model.
  - 3) **CYSN engagement:** from March 2023 to December 1, 2024 the Province heard from close to 2500 British Columbians, across various engagement avenues, including an online forum, sector-led engagements, invitation for submission of service model 'blue-prints', symposium speakers' series, and distinctions based on engagement

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with First Nations. A public report will be released soon that outlines the themes they heard throughout engagement:

- a) More funding is needed for all CYSN services
  - b) Access to diagnostic services, inclusive child care, and supports in school needs to be improved.
  - c) CYSN services should be separated from the ministry responsible for child protection
  - d) Services should be streamlined under one ministry – the Ministry of Health most often cited as ministry of choice
  - e) Silos between mental health and support needs services need to be addressed
  - f) The community-based service sector needs to be strengthened
- 4) Alignment of CYSN with the health continuum: MCFD was provided instructions by Premier Eby to *“Lead work with the Ministry of Health, and with Indigenous peoples, key stakeholders and people with lived experience, to realign and improve services for children and youth with support and mental health needs”*. Executive leadership in MCFD and MOH are working together to define what alignment of services look like and to determine next steps.

5. **At Home Program.** Sarah Angus provided an update.

- **Direct Admits.** They are exploring a direct admit process that is being used in the FCCs. For children under 3 there can be an attestation by a paediatrician and the AHP assessment will be completed when the child turns 3.  
**Feedback/ Discussion:** how will this information get out to paediatricians? The new form is not yet in the electronic medical records and agencies have to pay to change that bank. GMFCS level 3, 4 and 5 could be direct admit as those children would benefit from early provision of medical equipment. GMFCS level 2 children usually need AFOs and walking aids. Will this group be considered for direct admit?
- **Post-surgical.** In November there was also discussion regarding post-surgical equipment needs. The AHP does not appear to be approving modifications/ changes needed for the child to be seated in a wheelchair upon discharge from hospital. ‘Temporary’ could be up to a year, especially for spinal surgery, which could also change back height by several inches. Platforms to support leg casts after hip reconstruction surgery are not ‘modifications’ but are necessary for the child to be safe and comfortable. Post-op therapies are available through the AHP but not post-op seating. Sarah reported the MOU with Sunny Hill, which funds modifications up to \$500, is still in progress. Some seating needs are not considered ‘modifications’, e.g. if a new longer seatbelt is needed to accommodate a cast.
- **Discussion:** A member inquired about funding for installation of ceiling tracks when families move. It was reported that only the initial installation is funded by the AHP. A suggestion made was for families who may need to move to consider a portable floor lift. Feedback included that the bath transfer is typically the most difficult and that floor lifts do not work for bath transfers. Susan shared a resource for accessible housing grants:  
<https://www.bchousing.org/housing-assistance/BC-RAHA/program-overview>

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- **Equipment recycling.** Inquiry around recycling of equipment that was only partially funded by MCFD. Could that family recycle their equipment to another family directly? Sometimes equipment is listed as previously being provided to the client but that child no longer has the equipment. Suggestion to send an 'escalation email' to the AHP supervisor.  
[MCF.MedicalBenefitsSupervisor@gov.bc.ca](mailto:MCF.MedicalBenefitsSupervisor@gov.bc.ca)
6. **Autism Funding.** There is now a Centralized Intake process for the Autism Funding Unit in certain communities, including the Northern FCC pilot sites, Vancouver Island South, Vancouver Coastal and Abbotsford. Discussion: all children in BC should have equitable access to supports and services, when and where they need it, regardless of the community in which they reside. Therapists report that children with a range of support needs living outside the major urban centers often have considerably less access to many services than those living in urban centers. Many barriers to access exist, including geography, transportation, and availability of families to transport their child to therapy. There is also a wide disparity between communities for core programs and services, such as Early Intervention and School-Aged Therapy.
7. **Contracts/ Staffing.** Discussion regarding any changes in contracts/ staffing in various communities. In some communities there have been increases to specific therapy positions. Another reported an addition of a therapy assistant.
8. **Next meetings, Wrap-up and Adjourn**
- POTC meets next on June 16<sup>th</sup> and October 20<sup>th</sup> at 3:30.
  - PPCBC meets next on March 12<sup>th</sup> and October 8<sup>th</sup>, 2025 at 3:00.
  - Next joint PPCBC/ POTC meeting is in November, hosted by PPCBC and minutes by POTC.

<https://www.bcacdi.org/paediatriccouncilminutes>

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## Future of Pediatric Symposium Survey Summary (Spring 2024)

Discipline:	
OT	80 (50%)
PT	63 (39%)
SLP	16 (10%)
Unspecified	2 (1%)
Years in Practice	
<5 years	14 (9%)
5 - <10 years	22 (14%)
10 – <20 years	58 (37%)
20 - <30 years	43 (27%)
30+	21 (13%)
Setting	
Metro	74 (46%)
Urban	45 (28%)
Rural	29 (18%)
Remote	12 (8%)
Age of Clients	
Early Intervention	35 (22%)
School Age	47 (29%)
Both	78 (49%)
Attended Past Symposiums	
Never	64 (40%)
Once	33 (21%)
Twice	21 (13%)
3-5 times	32 (20%)
6 or more	10 (6%)
Should Symposium Continue	
Yes	137 (86%)
No	1 (0%)
Not sure	22 (14)
Preferred Format	
One day, hybrid	31 (20%)
One day, in person	24 (15%)
One day, virtual	13 (8%)
Two day, hybrid	50 (32%)

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Two day, in person	32 (20%)
Two day, virtual	8 (5%)
Cost	
Up to \$200 per day	131 (82%)
Up to \$300 per day	27 (17%)
Up to \$400 per day	1 (1%)
Offers to help organize	16

	Why Never Attended (n = 64)	Why didn't attend more often (n = 96)
Cost of registration	8 (13%)	20 (21%)
Cost of travel/hotel	16 (26%)	39 (41%)
Content not appealing	8 (13%)	23 (24%)
Not aware of conference	24 (38%)	21 (22%)
Other**	28 (44%)	26 (27%)

\*\* Examples: Content heavily favored PT/OT (from SLP); dates/conflicts in schedule; too busy; new to Peds; new to BC

Reasons to Attend in Future	Count
BC Practice Updates	51
Discipline Specific Sessions	130
General Topics	66
Networking	36
Vendors	7
Location – Vancouver	27
Location – Outside Vancouver	19
Virtual	48

Comments:

**Please provide any additional comments related to the future of the Symposium:**

Having free access would make this the most accessible to me and my organization.

It has been a very valuable symposium and educational opportunity. Relevant and well organized each year.

I do hope to see it continue. The biggest barrier is the cost of travel and accommodations, so perhaps a focus on virtual would be most realistic.

I would be interested in either and in person or virtual option, but access to both days in the same manor. A hybrid would be a challenge if traveling for the event. Prince George would be a good alternative to Vancouver for the event, but otherwise Vancouver is the second easiest to get to although cost of accommodation is very high. .

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Sometime it can be difficult to take 1-2 whole days off from work, but taking a few hours off still allows one to manage workload. So maybe consider part days spread over a few days?

If its one day, \$300 is reasonable, if two days, \$400 total. Is there an option to reduce catering to limit cost? I missed this year to conflict, but I missed it! Its always such a great way to connect through the province. If it doesn't continue as is, its important to have some sort of BC specific meeting/networking event, online or other. There is no other venue for a BC specific multi-disciplinary, paed's specific, cross jurisdiction meet up of therapist to share clinical and systems knowledge. Its invaluable.

It has been excellent information in the past.

I'm happy to volunteer, I did last year

I hope it continues and I'm thankful to the organizers each time!

I think it would be important to look at having variety on where the symposium is located i.e. in the north, interior, island, etc. vs. focusing solely on the mainland. I also believe that having it be in the spring / fall it may be better attended - June is already a fairly busy month for people re: holidays, trips, etc.

It's so rare to have a chance to meet with other pediatric therapists. I love the in-person component but understand that virtual is more possible for some. Hybrid could be a good compromise.

If there was vendors present, I wonder if the cost would come down to being \$100-\$150/day, having actual activities that help people mingle so there is intentional opportunities to network may be helpful. I do appreciate the efforts to run the symposium and I have found it helpful as I grew in my OT profession

I would want to content to be solidly evidence based as in the past presenters have not always presented vetted content and I think it send the wrong message about how OTs should be practicing in BC

when is the anticipated next symposium?

thank you for all of your hard work. As a therapist up North it was very useful to put faces to names at the conference.

Would pay more if we had big ticket speaker

I think for virtual the cost should be less than \$100/day

It is getting more and more difficult to pay- I know it is totally needed however now I am working less, I truly cannot afford it.

Networking or discussion round tables around specific school therapy province wide issues.

Look to BC-specific resources. For example, the talk on gender-affirming care from Ontario at the last symposium could have better served us if TransCare BC was brought in (as their resources are specific to our region and are more advanced).

The cost needs to be relative to the content (expert speakers etc.)

Better advertising, I seem to find out last minute.

I found this extremely valuable especially when I first started in peds. I really hope it continues and I would be happy to travel for it. Perhaps there could be a survey ahead of time of topics people would like more info about.

people need to be paid for the time they spend organizing a conference, it is a huge task and needs to be embedded into a job descriptions/expectation

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I recall in the past thinking that the majority of the sessions/topics were much more PT/OT focused, which likely impacted my interest in the conference

The pediatric symposium has always been on my to do list. I find these events so important for networking and sparking our need to continuous professional development. They help all of us pediatric therapists be better at our jobs. I really hope it is hosted again!

How is information about the symposium shared to professionals?

I think it is valuable to have a way for BC therapists to connect. I think specific updates about current practice trends are the most valuable part of the meeting to help ensure that all clients in BC have access to therapists with up to date knowledge.

I answered the format question but really any of those options are ok with me.

Funding and time off for educational opportunities are unrealistically poor at my worksite, so limited registration cost and virtual options are very helpful.

We have an obligation/requirement to continue to develop our knowledge and skills. It would be nice if there were workshops to get hands on experience. These opportunities are few and far between. Let's not take another learning opportunity away from BC!

I think the symposium is an opportunity to help create/maintain a sense of community for pediatric therapists. I am not very engaged with the facebook groups for BC so this seems more relevant to me.

to keep cost and organization down, would be okay not to have lunch included.

It would be great to amalgamate the content of the update symposium with the seating symposium