

Human Rights Remedy Evaluation Framework

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Introduction

What is the Human Rights Remedy?

The Human Rights Remedy (also called the Remedy) is a five-year plan to address systemic discrimination against people with disabilities in Nova Scotia. It is the result of a human rights complaint filed in 2014 by three individuals (Beth MacLean, Sheila Livingstone, Joseph Delaney) and the Disability Rights Coalition (DRC) against the Province of Nova Scotia.

The Remedy Report identifies six Key Directions to address the systemic discrimination identified in the court decision:

1. A new system of individual planning and support coordination to drive more person-directed and local community-based supports and services
2. Closing institutional facilities
3. Building a broader system of community-based supports and services
4. A province-wide multidisciplinary support program with regional hubs, including other clinical supports to support local options
5. Individualized funding as the basis of the transformed system with “backbone” support functions
6. Strengthening the whole disability system capacity to enable transformation to a human rights approach

The Department of Opportunities and Social Development (OSD) is responsible for leading implementation of the Human Rights Remedy.

An Evaluation Plan for the Human Rights Remedy

Ongoing evaluation and monitoring is a critical aspect of implementing the Remedy that is discussed in both the Remedy Report (under Key Direction 6) and the Interim Consent Order from the Nova Scotia Human Rights Commission. OSD has engaged Research Power Inc. (RPI) as the external evaluator, in partnership with Cape Breton University (CBU), to design and conduct a comprehensive evaluation of the changes implemented as recommended by the Human Rights Remedy.

The evaluation is expected to include the following tasks:

- Developing a detailed evaluation plan for the Remedy (this document).

- Conducting evaluation activities as described in the evaluation plan each year and analyzing all data.
- Completing annual technical evaluation reports in 2027 and 2028, and a final summative report in 2029, with each report building on the previous year's findings. Plain language versions of each report will also be developed, along with other tools and resources to support translation and dissemination of evaluation findings.

This document describes the evaluation plan for the Remedy over the next few years and includes a theory of change, a detailed logic model, evaluation questions, indicators and data sources for the indicators that will ‘answer’ the evaluation questions, and a detailed implementation plan for the evaluation in 2026/27 that also addresses collaborative analysis of the findings.

Evaluation Framework

Guiding Principles for the Evaluation

The following principles and concepts will guide the evaluation team's work.

Participatory

People who are affected by the Remedy are actively involved in planning, doing, and reviewing the evaluation. Their voices matter and help shape decisions.

Inclusive and participatory approaches are critical to effective evaluation. These approaches work to build collaboration and trust and help to involve all those who have an interest in the outcome in the process of taking action and effecting change. Participatory approaches build on strengths and value the contributions of everyone involved.

Collaborative

The people involved in the evaluation work together. This means sharing ideas, listening to each other, and making decisions as a team. This includes the main evaluation team members from RPI and CBU, the staff from OSD that are supporting the evaluation, and the members of the Evaluation Advisory Committee (EAC) that are helping to guide the work.

The collaborative process allows participants to recognize shared interests, which helps to ensure that the evaluation framework and evaluation findings are meaningful and reflect the needs and priorities of the communities involved in the work.

Inclusive and Accessible

Everyone can take part in the evaluation, no matter their abilities or background. Activities and materials will be easy to understand and use.

Equity and accessibility will be critical considerations throughout the evaluation. This means attending to how implementation of the Remedy and evaluation activities may impact individuals with different experiences and backgrounds (e.g., disability, location, race, ethnicity, religion, gender identity, age, socioeconomic status, sexual orientation). We will acknowledge and address the needs that specific communities that are under-represented and/or under-served may have to participate in the evaluation (e.g., Indigenous or African Nova Scotian communities).

Trauma-informed

We will design the evaluation in ways that avoid causing harm and helps people feel safe and respected.

The evaluation will acknowledge past and current experiences of trauma, and design evaluative approaches that avoid retraumatizing people (be trauma-aware), build on strengths, and enable choice, collaboration, and trustworthiness.

Humility

During the evaluation, we will listen and learn with open minds.

Evaluators will approach the evaluation with humility and as learners, striving to be aware of personal and systemic biases and aiming to build relationships of trust.

Systems Thinking

We will look at how different parts of the Remedy and other systems connect and influence each other.

The evaluators will bring systems thinking to the evaluation activities, considering more than just events or patterns of behaviour and reflecting on the systems and structures that underlie these patterns. The evaluation will attend to connections between systems/elements of a system and will use a multi-perspective, participatory and iterative approach to support systems thinking.

Evaluation Advisory Committee

The RPI/CBU evaluation team is guided by an Evaluation Advisory Committee (EAC) that will provide critical advice and input throughout the evaluation in the following ways:

- Inform evaluation planning. This includes reviewing and providing input on:
 - Theory of change
 - Evaluation questions
 - Data to be collected and how it should be collected (evaluation indicators, data sources, and methods)
 - Evaluation implementation plan (timeline, responsibilities, and required resources for evaluation tasks)
- Review and provide feedback on data collection tools (e.g., surveys, focus group guides)
- Provide guidance for evaluation implementation (brainstorm solutions to challenges, connect evaluators with others who might participate in the evaluation, share findings with key audiences)
- Help to interpret evaluation findings (reviewing evaluation findings and helping to decide what they mean, providing input to inform recommendations)

The EAC includes 8-12 people and has representation from:

- First Voice people (at least two participants)
- Family/supporters (at least two participants)
- The independent evaluation team (RPI and CBU)
- Community service providers (Disability Support Program)
- Organizations that advocate for/serve people with disabilities (Disability Rights Coalition or others)
- Department of Opportunities and Social Development

Evaluation Design

The implementation of the Remedy is following the plan laid out in the Human Rights Remedy report. This process is ongoing, iterative, and complex. While the work is led by OSD, many systems, organizations, and individuals are involved in the work. There are also external factors that influence the work such as shifting priorities and changes in the political environment.

Evaluating in complex environments can be more challenging, as progress may not be predictable, controllable, or linear. To respond to this complexity and integrate it into the evaluation approach and how evaluation findings inform the Team's work, the evaluation plan for the Remedy has three main areas of focus:

- Understand how the work of the Remedy is **developing** and adapting to changing context;
- Identify opportunities to **improve** the implementation of the Remedy; and
- Understand the **changes or outcomes** resulting from the Remedy.

Each purpose requires a different evaluation approach, so the plan combines elements of formative, outcome, and developmental evaluation:

- **Developmental evaluation (DE)** is focused on understanding the development of a project or initiative. It combines the rigorous and evidence-focused nature of traditional evaluation with an ongoing and iterative approach to collecting, analyzing, and reporting evaluation data that is more responsive and flexible, and supports adaptive development and innovation. It can help to identify any unintended consequences and emergent developments that will impact the work. Developmental evaluation is conducted in an ongoing and iterative manner and is based on current priorities and needs. It supports building a culture of learning and improvement. We anticipate that DE findings will be shared quarterly.
- **Formative evaluation** focuses on understanding the work completed to date and identifying opportunities for improvement. It may also include measuring progress towards desired outcomes if appropriate. Formative evaluation will be completed at least annually in 2027 and 2028.

- **Outcome (or summative) evaluation** is intended to provide a final or end-point assessment of the work to determine the extent to which identified outcomes have been achieved and any other impacts or changes that occurred as a result of the work. The final summative evaluation report will be completed in 2029.

This document outlines a proposed approach to conducting the evaluation. However, given that the evaluation is being conducted over several years, it is critical that the approach is flexible and adapts to changes in the work and priorities as they occur. This evaluation plan will be reviewed at least annually (and more frequently if needed) and adjustments will be made as required to capture system dynamics, changes in the environment and context, and emergent priorities, themes and connections.

First Voice Co-Evaluators

The evaluation team is committed to taking a participatory and collaborative approach to the evaluation that involves and engages First Voice participants. First Voice participants are included as members of the Evaluation Advisory Committee to help plan, guide, and understand the evaluation work. In addition, First Voice participants will be engaged as co-evaluators and participate in the collection and analysis of evaluation findings. The evaluators will hire and train First Voice participants who are interested in assisting with or leading some of the data collection with their peers. This could include people with disabilities and/or family members/supports. The evaluators will work with the EAC, OSD staff, and others involved in Remedy activities to identify individuals who may be interested in participating in the data collection and analysis.

Training will be provided to all First Voice co-evaluators and they will be paid for their time conducting evaluation activities at a standard rate of pay.

Logic Model and Theory of Change

Logic models and theories of change are evaluation planning and design tools that provide an overall representation of an initiative/program/area of work. They help to provide a broad overview by illustrating relationships between the activities, outputs, and expected outcomes. They help program implementers and evaluators think through the connections and assumptions involved in the work, and support evaluation planning and implementation.

Activities, outputs, outcomes, facilitators, and guiding principles are included in the logic model and theory of change and are defined as follows:

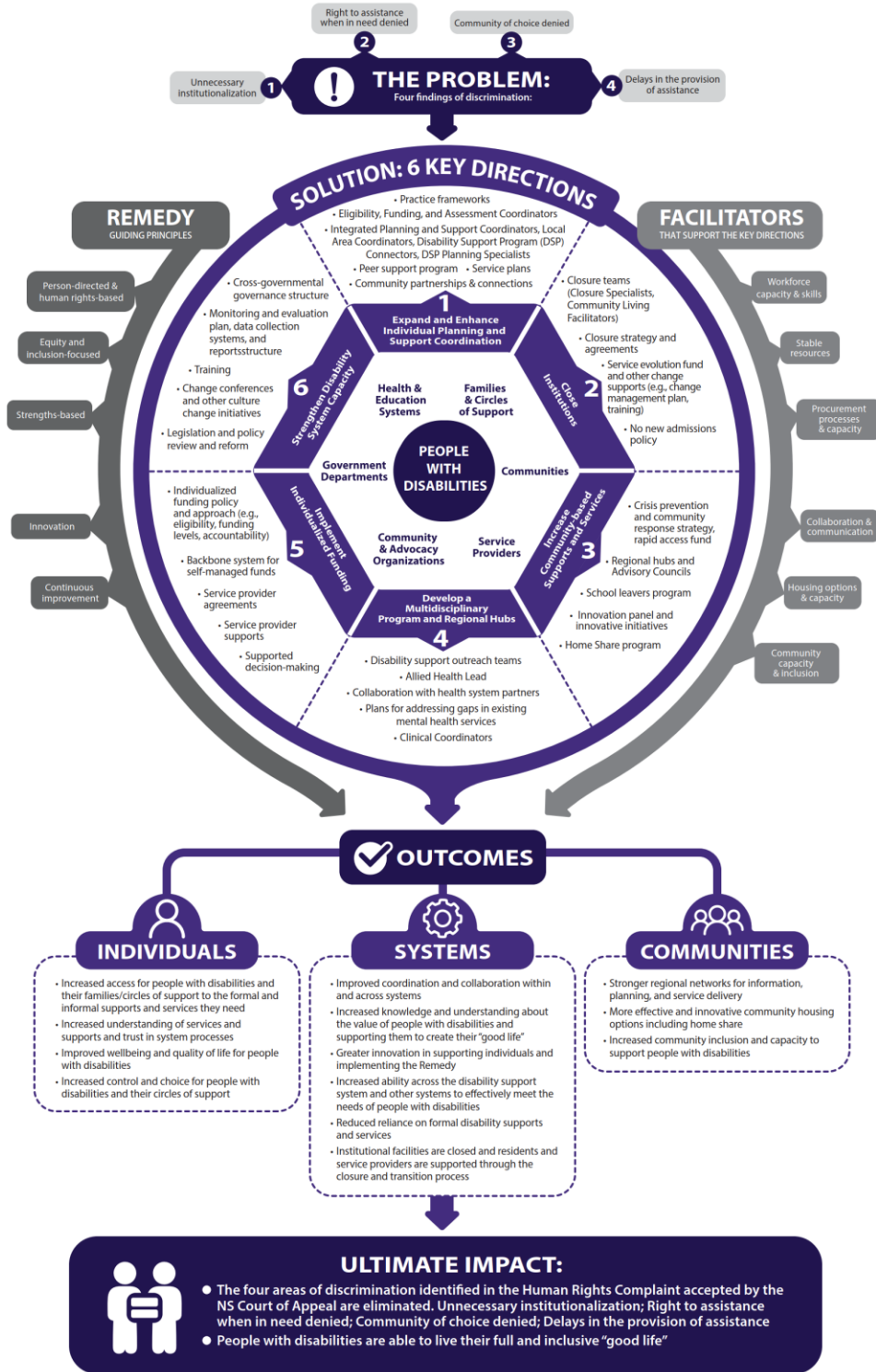
- **Activities:** The main actions that are planned or happening, what is being or will be done.

- **Outputs:** The direct products of the activities. Outputs are the most immediate result of the activities.
- **Outcomes:** The changes expected to happen because of the activities and outputs.
- **Enablers:** The conditions that need to be in place for the work to be successful.
- **Guiding Principles:** The approaches that need to be used for the work to be successful.

A logic model organizes an initiative's activities according to broad 'components' (groups of related activities). The outcomes in the logic model may be linked to one or more specific components or be the result of all activities across components. The detailed logic model for the Remedy is organized according to the six key directions of the Remedy. For each key direction, activities, outputs, and outcomes are identified. There are also cross-cutting outcomes that all six key directions contribute to achieving. This detailed logic model is found in [Appendix A](#) (p. 20).

In addition to the logic model, a theory of change was also developed. The theory of change provides a visual representation of the information in the detailed logic model, including the key enablers and guiding principles that are needed to make the work successful (the assumptions about the work). It is based on the more detailed information in the logic model. The theory of change is provided on the next page. A simplified version of the theory of change was also created.

Theory of Change - Human Rights Remedy Evaluation



Evaluation and Learning Questions

Evaluation questions help to focus and guide monitoring and evaluation activities. These are the high-level questions that the evaluation framework is intended to answer.

Overall Questions Across Key Directions	
<ul style="list-style-type: none"> • Have the activities in each key direction been completed as planned? Why or why not? • What is working well about implementing the Remedy? • Where do gaps and barriers still exist? What are the opportunities for improvement? • How effectively is the work in each key direction connecting to and supporting other key directions? 	
Key Direction of the Remedy	Evaluation Questions
1. Expand and enhance individual planning & support coordination	<ul style="list-style-type: none"> • What are we learning about how to effectively work with people to plan and coordinate supports they need to live their good life? • How well are new planning and coordination services working for DSP participants, other people with disabilities, and families/supporters?
2. Close institutions	<ul style="list-style-type: none"> • How well is the closure process working for people with disabilities, families/supporters, service providers, and OSD staff? • What factors have the greatest impact on successful transitions from institutional to community settings?
3. Increase community-based supports and services	<ul style="list-style-type: none"> • How effective are new programs and services (home share, school leavers, etc.)?
4. Develop a multi-disciplinary program and regional hubs	<ul style="list-style-type: none"> • Do people with disabilities have access to the multidisciplinary and clinical supports they need in community? Why or why not?
5. Implement individualized funding	<ul style="list-style-type: none"> • How well is the individualized funding model working for people with disabilities, families/supporters, service providers, and OSD staff?
6. Strengthen disability system capacity	<ul style="list-style-type: none"> • What are we learning about how to effectively implement the Remedy across systems?

Guiding Principles and Facilitators		Evaluation Questions
Facilitators: <ul style="list-style-type: none"> • Collaboration & communication • Housing options & capacity • Community capacity & inclusion • Workforce capacity & skills • Stable resources • Procurement processes & capacity 		<ul style="list-style-type: none"> • How are the facilitators impacting the Remedy work and timeline? How could any challenges be addressed?
Guiding Principles: <ul style="list-style-type: none"> • Person-directed and human rights-based • Strengths-based • Equity and inclusion-focused • Innovation • Continuous improvement 		<ul style="list-style-type: none"> • What are we learning about how the guiding principles are incorporated in the day-to-day work of the Remedy and to what extent are they being implemented? • Are there barriers to following the guiding principles? If so, how can they be addressed?
Outcome Questions		
<ul style="list-style-type: none"> • How is understanding of and equitable access to services and supports for people with disabilities changing? • How have experiences, wellbeing, and quality of life changed for people with disabilities accessing DSP services/supports? How, if at all, do these changes vary based on other intersectional factors (e.g., type of disability, income, employment, housing, ethnicity, sexual or gender identity)? • How have processes, services, policies, knowledge/understanding, and culture changed across systems to better meet the needs of people with disabilities? What factors have contributed to these changes? • How have communities changed to better support, include, and value people with disabilities? • What unintended outcomes/consequences have occurred because of the Remedy? • Have the four areas of discrimination been addressed/remedied? Why or why not? 		

Areas of Focus

The Remedy is a large and complex initiative with many different aspects. In 2026-27, the evaluation will focus on these key areas:

- Planning and support coordination (KD 1)
- Deinstitutionalization (KD 2)
- Home share (KD 3), primarily initial implementation and lessons learned (not outcomes)
- Individualized funding (KD 5)

Areas of focus for subsequent years will be determined as evaluation activities progress.

Remedy and System Information to Inform Evaluation Planning

Evaluation planning is based on the following considerations and planning parameters (all numbers/information accurate as of February 2026):

- 136 OSD staff: 4 Connectors; 49 LACs; 37 IPSCs; 19 EFACs; 14 Team Leads; 5 Managers; 4 Closure Specialists; 4 Community Living Facilitators
- 126 DSP service providers
- 129 residential facilities to be closed: 6 ARCs; 4 RRCs; 20 RCFs; 57 DRs; 42 GHs
- 5,908 DSP participants (1,076 participants in institutional facilities that will be closing), including 60% with intellectual disability, 29% with long term mental illness, and 11% with physical disability as their primary diagnosis
- 1,240 participants on the service request list, 83% of which receive some DSP supports already

Data Collection Methods for 2026-27

This evaluation includes data from multiple sources. The evaluation plan attempts to balance the importance of gathering data with the burden of data collection on participants. Mixed methods are included to provide multiple opportunities for input and allow for triangulation of findings, strengthening the evidence from monitoring and evaluation activities.

The following data collection methods are expected to be used during the 2026-27 evaluation year. Each year the methods will be reviewed to determine if they should be continued to the following year or if changes are needed. New methods may also

be added in future years (e.g., other narrative methods like story sharing or most significant change, arts-based methods like photo voice).

- **Longitudinal Case Studies and Cross Case Analysis:** The purpose of these longitudinal case studies is to develop a rich and detailed understanding of the experiences and outcomes of deinstitutionalization for DSP participants, families, service providers, and the disability support system. By gathering detailed information from each site, the case studies will generate ongoing learning (formative evaluation) as well as assessing whether and why the implementation of the Remedy was successful (summative evaluation). The case studies will take a “case within a case” approach, collecting data at the site level, and also at the individual level for a small number of DSP participants at each site. In 2026/27, four case study sites will be selected. The same sites will be followed longitudinally over the course of the evaluation, with the intention to collect data at the same sites over three years (for up to 12 months after a facility closes). Please see [Appendix B](#) (p. 28) for more information on how the case studies will be implemented.
 - Data collection will include DSP participants, families/supporters, service providers, and OSD staff. Data will primarily be collected through focus groups and interviews, as well as a review of participant data for selected participants.
- **Surveys:** The evaluation team will develop draft survey(s). Surveys can include skip patterns where appropriate, e.g., to have different questions for different types of respondents. Surveys will first be drafted in Word before being programmed online using the Hosted in Canada Surveys platform. Draft surveys will be pilot tested for face and content validity. A small sample of 10 to 20 individuals reflecting the intended audience for the survey will be recruited to complete the survey and provide feedback on the survey (e.g., survey questions that were unclear or confusing, technological or accessibility barriers). Surveys are expected to be anonymous and use convenience sampling. Alternative methods for completing the surveys (in paper copy or by phone) will also be provided. The evaluation team will manage surveys once they are in the field, including monitoring response rates and reviewing survey data for errors. Please see [Appendix C](#) (p. 32) for more information on how the surveys will be implemented.
 - Surveys will be conducted with DSP participants, families/supporters, service providers, and OSD staff. The surveys will be open to all who wish to provide feedback.
- **Focus Groups:** Focus groups are qualitative evaluation method used to obtain the views, experiences and insights of participants. A fundamental principle of qualitative research and evaluation is to provide a framework within which respondents can express their own understandings (i.e., a focus group guide). Guides will be developed as needed to ensure that all areas of interest are addressed and that there is consistency across focus groups. The consulting team will also develop any associated materials to support focus group logistics such as invitation and follow up materials.

Focus groups are expected to primarily be conducted virtually, with the potential for hybrid options as well. Focus groups will be recorded and transcribed verbatim. Please see [Appendix D](#) (p. 35) for more information how the focus groups will be implemented.

- Focus groups will be conducted with DSP participants, families/supporters, service providers, and OSD staff. The focus groups are intended to include those currently not in institutional settings as well as those who are. Additional focus groups will be conducted with home share coordinating organizations, and if feasible with home share providers (depending on the number of providers)
- **Document Review:** Review of key documents will help to describe how the Remedy is being implemented and provide context to evaluation findings from other methods. The document review will be guided by the evaluation questions and performance indicators in this evaluation plan. Documents reviewed may include planning and policy documents, implementation guides, operational procedures, meeting minutes, presentations, activity reports, etc.
- **OSD Data:** Some of the evaluation indicators will draw on data already collected by OSD. The evaluation team will work with OSD as required to review and analyze the information. Completed analysis may also be provided to the evaluators as appropriate. This includes the findings on changes in quality of life for DSP participants that are being gathered through the Quality of Life research project.

Accessibility Considerations

All data collection methods will incorporate inclusive and accessible approaches. This means:

- Providing people a choice of when and how they participate (e.g., virtual or in-person, answering questions in writing instead of verbally).
- Allowing enough time so participants do not feel rushed.
- Asking about accessibility needs (e.g., ASL interpretation, captioning, having a supporter present, large print) and meeting those needs.
- Making invitation/recruitment materials are welcoming and inclusive of people with different levels of ability and those that use alternative forms of communication (e.g., AAC).
- Providing information (e.g., discussion questions, confidentiality and consent information) in plain language and sharing it with participants in advance.
- Working with OSD and service provider staff to help support and facilitate participation in the evaluation for DSP participants.
- Creating surveys in accessible formats (e.g., being able to complete surveys online, on paper or by phone; using accessible question formats, incorporating visual scales).

In designing tools for First Voice participants, consideration will be given to needs that may vary across DSP participants (e.g., those with mental health conditions, intellectual and developmental disabilities, and physical disabilities).

Indicators and Data Sources

The indicators and data sources for this evaluation are provided in the tables below and organized according to the [evaluation and learning questions](#) for the [outcomes](#), [key directions](#), and [guiding principles and facilitators](#). Indicators are the measures that will be used to “answer” the evaluation questions. An additional approximately 50 indicators were also developed to reflect the general overall evaluation questions and to assess the outputs and outcomes in the [detailed logic model](#). These additional indicators, as well as the indicators presented in the tables below are available in a detailed accompanying Excel workbook.

Most indicators have more than one data source identified. This will allow us to gather feedback from as many participants as possible. It also supports triangulation of findings from multiple data sources to strengthen the evidence for the findings. For the same reason, the same indicators may contribute to answering more than one evaluation question. The evaluation team expects that the indicators and data sources described here will evolve over time and will need to be reviewed and adjusted each year, in response to changes in the implementation of the Remedy as the work is adapted in response to experiences and changing circumstances.

Indicators highlighted in yellow still need to be confirmed/further refined.

Outcomes

Indicators	Data Sources
How is understanding of and equitable access to services and supports for people with disabilities changing?	
Perception of changes in access to peer support	<ul style="list-style-type: none">• Survey of DSP participants• Survey of families/supporters
Changes in level of understanding of available supports provided through DSP (e.g., LACs, IPSCs, EFACs, DSP Connectors, DSP Planning Specialists) and available in community	<ul style="list-style-type: none">• Case studies (participant focus groups)• Case studies (participant interviews)• Case studies (family focus groups)

Indicators	Data Sources
	<ul style="list-style-type: none"> • Survey of DSP participants • Survey of families/supporters • Survey of service providers • Survey of OSD staff • Focus groups with Home Share providers
Changes in level of understanding of DSP eligibility, assessment, funding, and decision-making processes	<ul style="list-style-type: none"> • Case studies (participant interviews) • Case studies (family focus groups) • Survey of DSP participants • Survey of families/supporters • Survey of service providers • Survey of OSD staff • Focus groups with Home Share providers
Changes to level of knowledge and understanding of closure processes and plans	<ul style="list-style-type: none"> • Case studies (participant focus groups) • Case studies (participant interviews) • Case studies (family focus groups) • Case studies (service provider interviews) • Case studies (service provider focus groups) • Case studies (OSD staff focus groups) • Survey of DSP participants • Survey of families/supporters • Survey of service providers • Focus groups with DSP participants • Focus groups with families • Focus groups with service providers • Focus groups with OSD staff
Changes in perceptions of available supports for people with disabilities leaving school	<ul style="list-style-type: none"> • Survey of DSP participants • Survey of families/supporters • Focus groups with DSP participants • Focus groups with families

Indicators	Data Sources
Changes in perceptions about availability of and access to the formal and informal supports and services needed to address clinical and multidisciplinary support needs (e.g., mental health, behaviour, speech, OT, PT)	<ul style="list-style-type: none"> • Case studies (participant focus groups) • Case studies (participant interviews) • Case studies (family focus groups) • Case studies (service provider interviews) • Case studies (service provider focus groups) • Case studies (OSD staff focus groups) • Survey of DSP participants • Survey of families/supporters • Survey of service providers • Survey of OSD staff • Focus groups with DSP participants • Focus groups with families • Focus groups with service providers • Focus groups with OSD staff
Changes in supports and services to address clinical and multidisciplinary support needs, including supports provided by DSO teams	<ul style="list-style-type: none"> • Case studies (participant data)
Change in # and type of new housing options available	<ul style="list-style-type: none"> • OSD Data
Change in # of expanded ILS/Flex independent places	<ul style="list-style-type: none"> • OSD Data
Change in # and type of home share placements	<ul style="list-style-type: none"> • OSD Data
Perceptions of access to appropriate allied health supports in community-based settings	<ul style="list-style-type: none"> • Document review (DSO evaluation)
Perceptions of availability and effectiveness of supports for individuals self-managing their funding	<ul style="list-style-type: none"> • Survey of DSP participants • Survey of families/supporters • Focus groups with DSP participants • Focus groups with families
Perception of whether or not individualized funding meets the needs of participants	<ul style="list-style-type: none"> • Case studies (participant focus groups) • Case studies (participant interviews) • Case studies (family focus groups) • Case studies (service provider interviews)

Indicators	Data Sources
	<ul style="list-style-type: none"> • Case studies (OSD staff focus groups) • Survey of DSP participants • Survey of families/supporters • Survey of OSD staff • Focus groups with DSP participants • Focus groups with families • Focus groups with service providers • Focus groups with OSD staff • Focus groups with Home Share providers
Changes in perceptions about availability of and access to the formal and informal supports and services needed in a person's community of choice, including in the following areas: housing, employment, education, community programs, peer support, transition out of school	<ul style="list-style-type: none"> • Case studies (participant focus groups) • Case studies (participant interviews) • Case studies (family focus groups) • Case studies (service provider interviews) • Case studies (service provider focus groups) • Case studies (OSD staff focus groups) • Survey of DSP participants • Survey of families/supporters • Survey of service providers • Survey of OSD staff • Focus groups with DSP participants • Focus groups with families • Focus groups with service providers • Focus groups with OSD staff
% change in # of people on the service request list, by service requested (e.g., SOH, Home share) and those not currently receiving any DSP services	<ul style="list-style-type: none"> • Document review • OSD Data
Avg # days on the service request list, overall and by type of service requested	<ul style="list-style-type: none"> • OSD Data
% of all DSP participants that have received support from an IPSC or LAC	<ul style="list-style-type: none"> • OSD Data

Indicators	Data Sources
% of eligible DSP applicants in LTC that are offered access to individualized planning and funding	<ul style="list-style-type: none"> • OSD Data
Change in mix of services/supports used, including mainstream and informal supports	<ul style="list-style-type: none"> • Case studies (participant interviews) • Case studies (family focus groups) • Case studies (participant data)
How have experiences, wellbeing, and quality of life changed for people with disabilities accessing DSP services/supports? How, if at all, do these changes vary based on other intersectional factors (e.g., type of disability, income, employment, housing, ethnicity, sexual or gender identity)?	
Changes in level of trust in the process for making decisions about eligibility and funding	<ul style="list-style-type: none"> • Case studies (participant focus groups) • Case studies (participant interviews) • Survey of DSP participants • Survey of families/supporters
Changes to level of comfort with the closure process	<ul style="list-style-type: none"> • Case studies (participant focus groups) • Case studies (participant interviews) • Case studies (family focus groups) • Case studies (service provider interviews) • Case studies (service provider focus groups) • Case studies (OSD staff focus groups) • Survey of DSP participants • Survey of families/supporters • Survey of service providers • Focus groups with DSP participants • Focus groups with families • Focus groups with service providers • Focus groups with OSD staff
#/% of participants who believe they have the supports they need to mitigate risk and live a good life in the community	<ul style="list-style-type: none"> • Case studies (participant interviews) • Survey of DSP participants • Survey of families/supporters

Indicators	Data Sources
	<ul style="list-style-type: none"> • Focus groups with DSP participants • Focus groups with families
Alignment of funding to identified goals and priorities of participants	<ul style="list-style-type: none"> • Case studies (participant data)
Perception of how easy or difficult it has been to transition to IF	<ul style="list-style-type: none"> • Case studies (service provider interviews) • Survey of DSP participants • Survey of families/supporters • Survey of service providers • Focus groups with DSP participants • Focus groups with families • Focus groups with service providers
Changes in perceptions about availability of and access to the formal and informal supports and services needed in a person's community of choice, including in the following areas: housing, employment, education, community programs, peer support, transition out of school	<ul style="list-style-type: none"> • Case studies (participant focus groups) • Case studies (participant interviews) • Case studies (family focus groups) • Case studies (service provider interviews) • Case studies (service provider focus groups) • Case studies (OSD staff focus groups) • Survey of DSP participants • Survey of families/supporters • Survey of service providers • Survey of OSD staff • Focus groups with DSP participants • Focus groups with families • Focus groups with service providers • Focus groups with OSD staff
Participant quality of life pre and post transition	<ul style="list-style-type: none"> • Document review (QoL research study)
Change over time in self-reported physical and mental health among DSP participants	<ul style="list-style-type: none"> • Case studies (participant focus groups) • Case studies (participant interviews) • Survey of DSP participants • Survey of families/supporters

Indicators	Data Sources
	<ul style="list-style-type: none"> • Focus groups with DSP participants
Change over time in self-reported feelings of safety among DSP participants	<ul style="list-style-type: none"> • Case studies (participant focus groups) • Case studies (participant interviews) • Case studies (family focus groups) • Survey of DSP participants • Survey of families/supporters • Focus groups with DSP participants
Changes in perception that there is control and choice in building a life that reflects a person's interests and needs	<ul style="list-style-type: none"> • Case studies (participant focus groups) • Case studies (participant interviews) • Case studies (family focus groups) • Survey of DSP participants • Survey of families/supporters • Focus groups with DSP participants • Focus groups with families
Changes in participant satisfaction with their ability to make choices about their lives	<ul style="list-style-type: none"> • Case studies (participant focus groups) • Case studies (participant interviews) • Survey of DSP participants • Survey of families/supporters • Focus groups with DSP participants • Focus groups with families
Changes in perception of the ability to effectively respond to unexpected or unpredictable needs and situations	<ul style="list-style-type: none"> • Case studies (participant focus groups) • Case studies (participant interviews) • Case studies (family focus groups) • Focus groups with DSP participants • Focus groups with families
Changes in how much participants are included in communities	<ul style="list-style-type: none"> • Case studies (participant focus groups) • Case studies (participant interviews) • Case studies (family focus groups) • Case studies (service provider interviews)

Indicators	Data Sources
	<ul style="list-style-type: none"> • Case studies (service provider focus groups) • Case studies (OSD staff focus groups) • Survey of DSP participants • Survey of families/supporters • Focus groups with DSP participants • Focus groups with families • Focus groups with Home Share providers
% of participants who experience moderate -severe crisis in a six-month period	<ul style="list-style-type: none"> • Case studies (participant interviews) • Survey of DSP participants • Survey of families/supporters
Perception of whether DSP participants are able to define and live their "good life"	<ul style="list-style-type: none"> • Case studies (participant focus groups) • Case studies (participant interviews) • Case studies (family focus groups) • Case studies (service provider focus groups) • Focus groups with DSP participants • Focus groups with families
How have processes, services, policies, knowledge/understanding, and culture changed across systems to better meet the needs of people with disabilities? What factors have contributed to these changes?	
Change in # and type of new housing options available	• OSD Data
Change in # of expanded ILS/Flex independent places	• OSD Data
Change in # and type of home share placements	• OSD Data
#/% of participants with individualized plans that include safeguard and crisis prevention measures	• Case studies (participant data)
Perception of changes to internal government communication and collaboration	<ul style="list-style-type: none"> • Survey of OSD staff • Focus groups with OSD staff • Document review
Changes in capacity and skills among support networks, participants, and health professionals	• Document review

Indicators	Data Sources
Changes to capacity in mental health programs for those with intellectual and mental health disabilities (TBD)	<ul style="list-style-type: none"> • TBD
Perception of whether IF process is consistent, transparent, and equitable	<ul style="list-style-type: none"> • Survey of DSP participants • Survey of families/supporters • Survey of service providers • Survey of OSD staff • Focus groups with DSP participants • Focus groups with families • Focus groups with service providers • Focus groups with OSD staff
Perception of changes to communication and collaboration across systems	<ul style="list-style-type: none"> • Survey of service providers • Survey of OSD staff • Focus groups with service providers • Focus groups with OSD staff
Changes to level of understanding of different government and community systems about including and valuing PWD	<ul style="list-style-type: none"> • Survey of DSP participants • Survey of families/supporters • Survey of service providers • Survey of OSD staff
# and description of changes made to legislation and policy	<ul style="list-style-type: none"> • Document review
Change to policy to provide community-based supports and services for persons with disabilities in LTC facilities or nursing homes	<ul style="list-style-type: none"> • Document review
Perception of changes in ability to find innovative/creative solutions	<ul style="list-style-type: none"> • Case studies (participant focus groups) • Case studies (participant interviews) • Case studies (family focus groups) • Case studies (service provider interviews) • Case studies (service provider focus groups) • Case studies (OSD staff focus groups) • Survey of DSP participants • Survey of families/supporters

Indicators	Data Sources
	<ul style="list-style-type: none"> • Survey of service providers • Survey of OSD staff • Focus groups with DSP participants • Focus groups with families • Focus groups with service providers • Focus groups with OSD staff
Changes to level of understanding and awareness about person-directed planning and how to help PWD define and create a "good life"	<ul style="list-style-type: none"> • Case studies (service provider interviews) • Case studies (service provider focus groups) • Case studies (OSD staff focus groups) • Focus groups with service providers • Focus groups with OSD staff • Document review
Changes in perception of effectiveness of IPSC planning process in supporting participants to make their own decisions	<ul style="list-style-type: none"> • Case studies (participant focus groups) • Case studies (participant interviews) • Case studies (family focus groups) • Case studies (service provider interviews) • Case studies (service provider focus groups) • Case studies (OSD staff focus groups) • Survey of DSP participants • Survey of families/supporters • Survey of service providers • Survey of OSD staff • Focus groups with DSP participants • Focus groups with families • Focus groups with service providers • Focus groups with OSD staff
Change in the # and type of new and innovative approaches used	<ul style="list-style-type: none"> • Case studies (participant data) • Survey of service providers • Survey of OSD staff

Indicators	Data Sources
	<ul style="list-style-type: none"> • Focus groups with service providers • Focus groups with OSD staff • Document review
Changes to understanding of social model of disability	<ul style="list-style-type: none"> • Survey of service providers • Survey of OSD staff
How have communities changed to better support, include, and value people with disabilities?	
Perception of how regional networks and connections have changed	<ul style="list-style-type: none"> • Case studies (service provider interviews) • Case studies (OSD staff focus groups) • Survey of service providers • Survey of OSD staff • Focus groups with service providers • Focus group with Home Share coordinating organizations • Document review
Perception of effectiveness of regional approach to planning and service delivery, including effectiveness of Regional Advisory Councils	<ul style="list-style-type: none"> • Case studies (service provider interviews) • Case studies (OSD staff focus groups) • Survey of service providers • Survey of OSD staff • Focus groups with service providers • Focus group with Home Share coordinating organizations
Change in perception of public awareness and understanding of home share	<ul style="list-style-type: none"> • Survey of DSP participants • Survey of families/supporters • Survey of service providers • Survey of OSD staff • Focus groups with DSP participants • Focus groups with families

Indicators	Data Sources
	<ul style="list-style-type: none"> • Focus group with Home Share coordinating organizations • Focus groups with Home Share providers
Perceptions of quality of relationships between home share participants and providers	<ul style="list-style-type: none"> • Survey of DSP participants • Survey of families/supporters • Focus groups with DSP participants • Focus groups with families • Focus group with Home Share coordinating organizations • Focus groups with Home Share providers
Perception of changes in the support available in communities for PWD	<ul style="list-style-type: none"> • Case studies (participant focus groups) • Case studies (participant interviews) • Case studies (family focus groups) • Case studies (service provider interviews) • Case studies (service provider focus groups) • Case studies (OSD staff focus groups) • Survey of DSP participants • Survey of families/supporters • Focus groups with DSP participants • Focus groups with families • Focus groups with Home Share providers
Perception of whether and how much IF has facilitated community participation and inclusion	<ul style="list-style-type: none"> • Case studies (participant focus groups) • Case studies (participant interviews) • Case studies (family focus groups) • Case studies (service provider interviews) • Case studies (service provider focus groups) • Case studies (OSD staff focus groups) • Focus groups with DSP participants • Focus groups with families

Indicators	Data Sources
Changes in community/local services and supports provided to participants before and after moving to community	<ul style="list-style-type: none"> • Case studies (participant data)
Changes in how much participants are included in communities	<ul style="list-style-type: none"> • Case studies (participant focus groups) • Case studies (participant interviews) • Case studies (family focus groups) • Case studies (service provider interviews) • Case studies (service provider focus groups) • Case studies (OSD staff focus groups) • Survey of DSP participants • Survey of families/supporters • Focus groups with DSP participants • Focus groups with families • Focus groups with Home Share providers
Changes to level of understanding of social model of disability	<ul style="list-style-type: none"> • Survey of service providers • Survey of OSD staff
Change in mix of services/supports used, including mainstream and informal supports	<ul style="list-style-type: none"> • Case studies (participant interviews) • Case studies (family focus groups) • Case studies (participant data)
What unintended outcomes/consequences have occurred because of the Remedy?	
No specific indicators identified for this question, but unintended outcomes will be assessed through all data collection methods.	<ul style="list-style-type: none"> • All methods
Have the four areas of discrimination been addressed/remedied? Why or why not?	
No new admissions policy developed and implemented	<ul style="list-style-type: none"> • Document review
Perceptions of effectiveness of Crisis prevention and community response strategy and suggestions for improvement	<ul style="list-style-type: none"> • Case studies (service provider interviews) • Case studies (OSD staff focus groups) • Survey of service providers • Survey of OSD staff

Indicators	Data Sources
	<ul style="list-style-type: none"> • Focus groups with service providers • Focus groups with OSD staff
# of people assessed as not eligible for individualized funding and where referred for additional support	<ul style="list-style-type: none"> • OSD Data
Average length of time (days) to complete eligibility assessment and receive a final funding decision	<ul style="list-style-type: none"> • OSD Data
Perception of effectiveness of backbone supports and suggestions for improvement, including access to emergency employee cover	<ul style="list-style-type: none"> • Survey of DSP participants • Survey of families/supporters • Focus groups with DSP participants • Focus groups with families
Description of training on supported decision-making	<ul style="list-style-type: none"> • Document review
Change to policy to provide community-based supports and services for persons with disabilities in LTC facilities or nursing homes	<ul style="list-style-type: none"> • Document review
Changes in perceptions about availability of and access to the formal and informal supports and services needed in a person's community of choice, including in the following areas: housing, employment, education, community programs, peer support, transition out of school	<ul style="list-style-type: none"> • Case studies (participant focus groups) • Case studies (participant interviews) • Case studies (family focus groups) • Case studies (service provider interviews) • Case studies (service provider focus groups) • Case studies (OSD staff focus groups) • Survey of DSP participants • Survey of families/supporters • Survey of service providers • Survey of OSD staff • Focus groups with DSP participants • Focus groups with families • Focus groups with service providers • Focus groups with OSD staff

Indicators	Data Sources
% change in # of people on the service request list, by service requested (e.g., SOH, Home share) and those not currently receiving any DSP services	<ul style="list-style-type: none"> • Document review • OSD Data
Avg # days on the service request list, overall and by type of service requested	<ul style="list-style-type: none"> • Document review • OSD Data
%/# of eligible DSP recipients living in non congregate (n=4 persons or less), community based settings	<ul style="list-style-type: none"> • Document review • OSD Data

Key Directions

Indicators	Data Sources
What are we learning about how to effectively work with people to plan and coordinate supports they need to live their good life?	
Perception of changes to coordination of supports	<ul style="list-style-type: none"> • Case studies (participant focus groups) • Case studies (participant interviews) • Case studies (family focus groups) • Case studies (service provider interviews) • Case studies (service provider focus groups) • Case studies (OSD staff focus groups)
Changes to level of understanding and awareness about person-directed planning and how to help PWD define and create a "good life"	<ul style="list-style-type: none"> • Case studies (service provider interviews) • Case studies (service provider focus groups) • Case studies (OSD staff focus groups) • Focus groups with service providers • Focus groups with OSD staff • Document review
How well are new planning and coordination services working for DSP participants, other people with disabilities, and families/supporters?	

Indicators	Data Sources
Perception of changes to ease of navigation (e.g., knowing where to find help, ease of finding help)	<ul style="list-style-type: none"> • Survey of DSP participants • Survey of families/supporters • Focus groups with DSP participants • Focus groups with families
Changes in perception of effectiveness of IPSC planning process in supporting participants to make their own decisions	<ul style="list-style-type: none"> • Case studies (participant focus groups) • Case studies (participant interviews) • Case studies (family focus groups) • Case studies (service provider interviews) • Case studies (service provider focus groups) • Case studies (OSD staff focus groups) • Survey of DSP participants • Survey of families/supporters • Survey of service providers • Survey of OSD staff • Focus groups with DSP participants • Focus groups with families • Focus groups with service providers • Focus groups with OSD staff
% of all DSP participants that have received support from an IPSC or LAC	<ul style="list-style-type: none"> • OSD Data
How well is the closure process working for people with disabilities, families/supporters, service providers, and OSD staff?	
Perceptions of effectiveness of approach to closure (including strategy, agreements, funding models, supports, closure teams, change management, etc.) and suggestions for improvement	<ul style="list-style-type: none"> • Case studies (service provider interviews) • Case studies (OSD staff focus groups) • Survey of service providers • Survey of OSD staff • Focus groups with DSP participants • Focus groups with families • Focus groups with service providers

Indicators	Data Sources
	<ul style="list-style-type: none"> • Focus groups with OSD staff
Progress towards closure strategy as planned and changes needed (e.g., meeting milestones, provider and participant readiness)	<ul style="list-style-type: none"> • Case studies (participant focus groups) • Case studies (participant interviews) • Case studies (family focus groups) • Case studies (service provider interviews) • Case studies (service provider focus groups) • Case studies (OSD staff focus groups)
Perceptions of availability and effectiveness of supports for service providers through the closure process	<ul style="list-style-type: none"> • Case studies (service provider interviews) • Case studies (service provider focus groups) • Survey of service providers • Focus groups with service providers
%/# of individuals moved out of institutions by type of institution/current placement (ARC, RRC, RCF, GH, DR, LTC, ALC, psychiatric hospital, forensic hospital)	<ul style="list-style-type: none"> • Document review • OSD Data
%/# of institutions closed by type of institution (ARC, RRC, RCF, GH, DR)	<ul style="list-style-type: none"> • Document review • OSD Data
%/# of eligible DSP recipients living in non congregate (n=4 persons or less), community based settings	<ul style="list-style-type: none"> • Document review • OSD Data
What factors have the greatest impact on successful transitions from institutional to community settings?	
Perceptions of factors that have the greatest impact on successful transitions from institutional to community settings	<ul style="list-style-type: none"> • Case studies (participant focus groups) • Case studies (participant interviews) • Case studies (family focus groups) • Case studies (service provider interviews) • Case studies (service provider focus groups) • Case studies (OSD staff focus groups) • Survey of DSP participants • Survey of families/supporters
How effective are new programs and services (home share, school leavers, etc.)?	

Indicators	Data Sources
Perceptions of effectiveness of home share training for providers and suggestions for improvement	<ul style="list-style-type: none"> • Focus group with Home Share coordinating organizations • Focus groups with Home Share providers
Change in perception of public awareness and understanding of home share	<ul style="list-style-type: none"> • Survey of DSP participants • Survey of families/supporters • Survey of service providers • Survey of OSD staff • Focus groups with DSP participants • Focus groups with families • Focus group with Home Share coordinating organizations • Focus groups with Home Share providers
Perception of whether adequate home share provider respite and supports are available and effectiveness of available supports	<ul style="list-style-type: none"> • Focus group with Home Share coordinating organizations • Focus groups with Home Share providers
Perceptions of the effectiveness of the matching process for home share	<ul style="list-style-type: none"> • Survey of DSP participants • Survey of families/supporters • Focus groups with DSP participants • Focus groups with families • Focus group with Home Share coordinating organizations • Focus groups with Home Share providers
Perceptions of quality of relationships between home share participants and providers	<ul style="list-style-type: none"> • Survey of DSP participants • Survey of families/supporters • Focus groups with DSP participants • Focus groups with families • Focus group with Home Share coordinating organizations

Indicators	Data Sources
	<ul style="list-style-type: none"> • Focus groups with Home Share providers
Do people with disabilities have access to the multidisciplinary and clinical supports they need in community? Why or why not?	
#/% of DSP participants accessing Rapid Access Funding	• OSD Data
Changes in perceptions of available supports for people with disabilities leaving school	<ul style="list-style-type: none"> • Survey of DSP participants • Survey of families/supporters • Focus groups with DSP participants • Focus groups with families
Changes in perceptions about availability of and access to the formal and informal supports and services needed to address clinical and multidisciplinary support needs (e.g., mental health, behaviour, speech, OT, PT)	<ul style="list-style-type: none"> • Case studies (participant focus groups) • Case studies (participant interviews) • Case studies (family focus groups) • Case studies (service provider interviews) • Case studies (service provider focus groups) • Case studies (OSD staff focus groups) • Survey of DSP participants • Survey of families/supporters • Survey of service providers • Survey of OSD staff • Focus groups with DSP participants • Focus groups with families • Focus groups with service providers • Focus groups with OSD staff
Changes in supports and services to address clinical and multidisciplinary support needs, including supports provided by DSO teams	<ul style="list-style-type: none"> • Case studies (participant data)
#/% of participants with individualized plans that include safeguard and crisis prevention measures	<ul style="list-style-type: none"> • Case studies (participant data)
# of individuals supported by DSO teams each month and by discipline	<ul style="list-style-type: none"> • Document review • OSD Data

Indicators	Data Sources
# and description of new MH/Health programs operational	• TBD
Perceptions of access to appropriate allied health supports in community-based settings	• Document review (DSO evaluation)
How well is the individualized funding model working for people with disabilities, families/supporters, service providers, and OSD staff?	
# of people assessed as not eligible for individualized funding and where referred for additional support	• OSD Data
Average length of time (days) to complete eligibility assessment and receive a final funding decision	• OSD Data
Perception of effectiveness of backbone supports and suggestions for improvement, including access to emergency employee cover	<ul style="list-style-type: none"> • Survey of DSP participants • Survey of families/supporters • Focus groups with DSP participants • Focus groups with families
Perception of whether IF process is consistent, transparent, and equitable	<ul style="list-style-type: none"> • Survey of DSP participants • Survey of families/supporters • Survey of service providers • Survey of OSD staff • Focus groups with DSP participants • Focus groups with families • Focus groups with service providers • Focus groups with OSD staff
Perceptions of availability and effectiveness of supports for individuals self-managing their funding	<ul style="list-style-type: none"> • Survey of DSP participants • Survey of families/supporters • Focus groups with DSP participants • Focus groups with families
Perception of whether or not individualized funding meets the needs of participants	<ul style="list-style-type: none"> • Case studies (participant focus groups) • Case studies (participant interviews)

Indicators	Data Sources
	<ul style="list-style-type: none"> • Case studies (family focus groups) • Case studies (service provider interviews) • Case studies (OSD staff focus groups) • Survey of DSP participants • Survey of families/supporters • Survey of OSD staff • Focus groups with DSP participants • Focus groups with families • Focus groups with service providers • Focus groups with OSD staff • Focus groups with Home Share providers
Alignment of funding to identified goals and priorities of participants	<ul style="list-style-type: none"> • Case studies (participant data)
Perception of how easy or difficult it has been to transition to IF	<ul style="list-style-type: none"> • Case studies (service provider interviews) • Survey of DSP participants • Survey of families/supporters • Survey of service providers • Focus groups with DSP participants • Focus groups with families • Focus groups with service providers
Perception of whether and how much IF has facilitated community participation and inclusion	<ul style="list-style-type: none"> • Case studies (participant focus groups) • Case studies (participant interviews) • Case studies (family focus groups) • Case studies (service provider interviews) • Case studies (service provider focus groups) • Case studies (OSD staff focus groups) • Focus groups with DSP participants • Focus groups with families
What are we learning about how to effectively implement the Remedy across systems?	

Indicators	Data Sources
Perception of effectiveness of regional approach to planning and service delivery, including effectiveness of Regional Advisory Councils	<ul style="list-style-type: none"> • Case studies (service provider interviews) Case studies (OSD staff focus groups) Survey of service providers Survey of OSD staff Focus groups with service providers Focus group with Home Share coordinating organizations
Changes in perceptions about availability of and access to the formal and informal supports and services needed to address clinical and multidisciplinary support needs (e.g., mental health, behaviour, speech, OT, PT)	<ul style="list-style-type: none"> • Case studies (participant focus groups) • Case studies (participant interviews) • Case studies (family focus groups) • Case studies (service provider interviews) • Case studies (service provider focus groups) • Case studies (OSD staff focus groups) • Survey of DSP participants • Survey of families/supporters • Survey of service providers • Survey of OSD staff • Focus groups with DSP participants • Focus groups with families • Focus groups with service providers • Focus groups with OSD staff
Perception of changes to internal government communication and collaboration	<ul style="list-style-type: none"> • Survey of OSD staff • Focus groups with OSD staff • Document review
Changes to capacity in mental health programs for those with intellectual and mental health disabilities (TBD)	• TBD
Effectiveness of cross-governmental governance	• Focus groups with OSD staff
Perceptions of effectiveness of workforce strategy and suggestions for improvement	<ul style="list-style-type: none"> • Focus groups with service providers • Focus groups with OSD staff

Indicators	Data Sources
Perception of changes to communication and collaboration across systems	<ul style="list-style-type: none"> • Survey of service providers • Survey of OSD staff • Focus groups with service providers • Focus groups with OSD staff

Guiding Principles and Facilitators

Indicators	Data Sources
How are the facilitators impacting the Remedy work and timeline? How could any challenges be addressed?	
Description of collaboration between OSD and health system partners	<ul style="list-style-type: none"> • Document review
Perception of changes to internal government communication and collaboration	<ul style="list-style-type: none"> • Survey of OSD staff • Focus groups with OSD staff Document review
Perceptions of effectiveness of workforce strategy and suggestions for improvement	<ul style="list-style-type: none"> • Focus groups with service providers • Focus groups with OSD staff
Perception of changes to communication and collaboration across systems	<ul style="list-style-type: none"> • Survey of service providers • Survey of OSD staff • Focus groups with service providers • Focus groups with OSD staff
Perception of changes in ability to find innovative/creative solutions	<ul style="list-style-type: none"> • Case studies (participant focus groups) • Case studies (participant interviews) • Case studies (family focus groups) • Case studies (service provider interviews) • Case studies (service provider focus groups) • Case studies (OSD staff focus groups) • Survey of DSP participants • Survey of families/supporters

Indicators	Data Sources
	<ul style="list-style-type: none"> • Survey of service providers • Survey of OSD staff • Focus groups with DSP participants • Focus groups with families • Focus groups with service providers • Focus groups with OSD staff
What are we learning about how the guiding principles are incorporated in the day-to-day work of the Remedy and to what extent are they being implemented?	
Fidelity assessment results for IPSCs	<ul style="list-style-type: none"> • Document review
Fidelity assessment results for EFACs	<ul style="list-style-type: none"> • Document review
Changes to level of understanding and awareness about person-directed planning and how to help PWD define and create a "good life"	<ul style="list-style-type: none"> • Case studies (service provider interviews) • Case studies (service provider focus groups) • Case studies (OSD staff focus groups) • Focus groups with service providers • Focus groups with OSD staff • Document review

Implementing the Evaluation

The final section of this report presents an implementation plan for the 2026-27 evaluation. The plan will be updated for each subsequent year of evaluation activities.

Detailed 2026-27 Implementation Work Plan

This section presents a detailed timeline and work plan for implementing the evaluation strategy outlined in this report, including data collection, analysis/interpretation, and using and/or sharing the findings.

Activity	Completion Date	Deliverable
Project Management and Communications		
Ongoing project management: bi-weekly project team meetings, meetings of the evaluation team, status reporting.	Ongoing to end of project	- Monthly status reports - Bi-weekly meetings
Attend webinars with OSD staff and DSP service providers to share information about the evaluation.	April 29, 2026 (OSD staff) May 13, 2026 (service providers)	- Presentation
Add Remedy evaluation information to the RPI website.	June 15, 2026	- Publicly available evaluation information
First Voice Co-Evaluators		
Develop draft materials for identifying, hiring, and training First Voice Co-Evaluators.	May 1, 2026	- Hiring materials - Training materials
Hire all First Voice Co-Evaluators and complete initial training.	July 31, 2026	- First Voice Co-Evaluators trained

Activity	Completion Date	Deliverable
Support First Voice Co-Evaluators as they lead/co-lead data collection. This includes regular meetings and reflecting on insights and findings throughout the process.	August 1 to November 27, 2026	- First Voice Co-Evaluators collect data
Reflection and analysis session with First Voice Co-Evaluator team and evaluation team.	Early December 2026, dates to be confirmed	- First Voice Co-Evaluator team and evaluation team reflections and preliminary analysis
Develop and Finalize Data Collection Tools		
<p>Draft 2026-27 data collection tools needed as per the evaluation plan.</p> <p>Case Studies:</p> <ul style="list-style-type: none"> • Site recruitment materials • Participant recruitment and consent materials • Interview guide for senior service provider staff • Focus group guide for frontline service provider staff • Focus group guide for participants • Focus group guide for families/supporters • Focus group guide for OSD staff working with the site • Interview guide for participants • Framework for review of participant data <p>Surveys:</p> <ul style="list-style-type: none"> • Survey recruitment, promotional and consent materials • Survey for DSP participants • Survey for families/supporters • Survey for OSD staff • Survey for DSP service providers <p>Focus Groups:</p>	April 30, 2026	- Draft data collection tools

Activity	Completion Date	Deliverable
<ul style="list-style-type: none"> • Focus group recruitment, promotional and consent materials • Focus group guide for service providers • Focus group guide for DSP participants • Focus group guide for families/supporters • Focus group guide for OSD staff (senior leaders and frontline) • Focus group guide for Home Share Coordinating Organizations • Focus group guide for Home Share providers 		
Confirm software needs for data collection (surveys) and confirm whether privacy impact assessment is needed.	April 30, 2026	- Privacy impact assessment initiated
Review and validation of data collection tools with EAC members/others as needed – meetings will be conducted with small groups as required.	May 31, 2026	- Revised data collection tools
Pilot test surveys and revise based on feedback (develop pilot test materials, conduct pilot test, complete revisions, program all surveys online).	June 30, 2026	- Final surveys
Data Collection		
Identify potential case study sites, invite sites to participate, and confirm participation.	April 15 – May 30, 2026	- Case study sites selected
EAC meeting to share updates on data collection and evaluation initiation.	1 -3 pm, June 16, 2026	- Feedback provided
Schedule case study visits.	June 30, 2026	- Case study visits booked
Complete case study visits and collect data as outline in the case study plan.	July 1 – September 30, 2026	- Case study data
Launch and promote surveys.	September 4, 2026	- Surveys launched
Schedule focus groups and recruit participants.	September 4, 2026	- Focus groups scheduled

Activity	Completion Date	Deliverable
EAC meeting to share updates on evaluation progress and findings from first quarterly evaluation insights.	1 -3 pm, September 22, 2026	- Feedback provided
Gather and review documents.	October 30, 2026	- Document review
Complete all focus groups.	November 27, 2026	- Focus groups completed
Analysis and Reporting		
Quarterly summary of insights/reflections.	September 15, 2026	- Quarterly evaluation reflections
Analyze data. Data analysis will be completed in an iterative manner as it is collected.	December 18, 2026	- Data analyzed
Quarterly summary of insights/reflections.	December 18, 2026	- Quarterly evaluation reflections
EAC meeting(s) to share review findings from fall data collection and discuss report and recommendations.	January 2027, dates to be confirmed	- EAC insights to inform report
Complete draft evaluation report.	January 25, 2027	- Draft 2026-27 evaluation report
Review of draft report and feedback from EAC, OSD, and others as required.	February 10, 2027	- Feedback on report
Revise draft report with feedback provided and create final report.	February 15, 2027	- Final 2026-27 evaluation report
Create plain language and easy read versions of final report and any other communications materials required (e.g., video overview of findings).	March 15, 2027	- Plain language and easy read versions of report
Share evaluation findings widely in different formats and contexts.	March 15, 2027 onward	- Evaluation findings shared/promoted

Conclusion

The evaluation strategy presented in this report provides the opportunity to monitor and evaluate the Remedy's activities, outputs and outcomes. The proposed strategy aims to ensure:

- **Credibility** of the findings through triangulation of data (i.e., using multiple data collection methods and sources);
- **Feasibility** through decreasing response burden, identifying priority indicators and proposing alternative data collection strategies to allow for a practical evaluation strategy given finite resources; and
- **Usefulness/Relevance** by engaging those affected by the Remedy in developing and implementing the evaluation.

This evaluation framework provides a solid foundation for the evaluation of the Remedy. However, evaluation is a dynamic process, particularly in complex system change. It requires ongoing review and revision to ensure continued relevance as the work evolves over time. The evaluation plan will be reviewed and updated at least annually.

*If you don't measure results, you can't tell success from failure
If you can't see success, you can't learn from it
If you can't recognize failure, you can't correct it*

- University of Wisconsin-Extension

Appendix A: Detailed Logic Model

Components	Activities	Outputs	Outcomes by Component – Short/Intermediate term*	Outcomes – Cross-Cutting
Key Direction 1: Individual Planning and Support Coordination	<ul style="list-style-type: none"> • Develop and plan for new staffing roles, including creating practice frameworks. • Hire new staffing roles: Local Area Coordinators (LACs), Intensive Planning and Support Coordinators (IPSCs), Eligibility, Funding and Assessment Coordinators (EFACs), DSP Connectors, DSP Planning Specialists. • Conduct individual planning and support coordination according to practice frameworks. • Develop and implement a Peer Support Program (PSP). • Create formal and informal connections and partnerships within DSP and with community organizations not part of DSP. 	<ul style="list-style-type: none"> • Practice frameworks for new staff • LACs • IPSCs • EFACs • DSP Connectors • DSP Planning Specialists • Service plans for PWD • PSP • Community connections and partnerships 	<p>Short</p> <ul style="list-style-type: none"> • Improved coordination and navigation of supports • Increased understanding by PWD about what constitutes their “good life” • Increased access for PWD to peer support • Increased knowledge of formal and informal resources in communities by PWD, supporters, and service providers • Increased understanding of the DSP eligibility, assessment, and funding processes and decisions by PWD and families/circles of support <p>Intermediate</p> <ul style="list-style-type: none"> • Increased trust by PWD in the process for making transparent, evidence-based decisions about eligibility and funding 	<p>Short term</p> <ul style="list-style-type: none"> • Opportunities for PWD to participate in the ongoing co-production and evaluation of programs • Increased access for all PWD to local accommodative supports and services in their community of choice • Improved understanding and awareness across staff working in DSP about person-directed planning and helping PWD define and create a “good life” • Increased access for all PWD to person-directed planning • Less prescriptive approach within DSP to providing support to individuals <p>Intermediate</p>
Key Direction 2: Closing Institutions	<ul style="list-style-type: none"> • Develop and implement policy change to support 	<ul style="list-style-type: none"> • No new admissions policy 	<p>Short</p> <ul style="list-style-type: none"> • Increased knowledge and understanding of closure 	

Components	Activities	Outputs	Outcomes by Component – Short/Intermediate term*	Outcomes – Cross-Cutting
	<p>closures ('No new admissions' policy).</p> <ul style="list-style-type: none"> • Develop a closure strategy with a clear time frame and public commitment to closures, including small options homes/group homes/developmental residences. • Develop and implement the closure process with appropriate supports and agreements in place (e.g., closure agreements and plans, occupancy funding model). • Develop materials (guides, assessments, toolkits, planning supports and documents, etc.) to support residents, families, and service providers through the closure process. • Establish dedicated closure teams in each region (including Closure Specialists and Community Living Facilitators). 	<ul style="list-style-type: none"> • Closure strategy with phased approach • Facility closure agreements and occupancy funding models • Support materials for closures • Closure teams (Closure Specialists, Community Living Facilitators) • Service evolution fund • Change management plan for service providers 	<p>processes and plans for PWD, families/circles of support, and service providers</p> <ul style="list-style-type: none"> • Increased support to help institutions and service providers with the closure process • Increased comfort of PWD and service providers with the closure process • No new admissions to institutional facilities 	<ul style="list-style-type: none"> • Improved quality of life for PWD • Improved physical and mental health for PWD • Increased sense of safety for PWD • Increased control and choice (agency) for PWD and their support networks to build a life in community that is reflective of the person's interests and needs • Increased capacity and resilience of PWD • Increased community inclusion and capacity to support PWD • Shifting to a social model of understanding disability and away from a medical model of disability • Individuals move out of institutional settings including ARCs, RRCs, RCFs, group homes, developmental residences, and

Components	Activities	Outputs	Outcomes by Component – Short/Intermediate term*	Outcomes – Cross-Cutting
	<ul style="list-style-type: none"> • Implement supports for service providers to transition to new models (service evolution fund, training, infrastructure, change management, support for displaced staff, occupancy funding model). 			<p>forensic and psychiatric hospitals/units</p> <ul style="list-style-type: none"> • Reduced risk of PWD experiencing crises and early entry into services • Decreased demand/dependence on mainstream disability supports
Key Direction 3: Community-based Supports and Services	<ul style="list-style-type: none"> • Develop and implement a Regional Hub Model with Regional Advisory Councils (RACs). • Create a school leavers program. • Create and scale up a Home Share option. • Create innovation panel and innovative initiatives to address the needs of individuals. • Plan and provide supports to those on the service request list/new people not receiving support. • Develop and implement a crisis prevention and community response strategy. • Establish rapid access fund to address emergency needs. 	<ul style="list-style-type: none"> • Regional Hubs and Advisory Councils • School leavers program • Home share program • Innovation panel and innovative initiatives • Support for those on SRL/not receiving support • Crisis prevention and community response strategy • Rapid access fund 	<p>Short</p> <ul style="list-style-type: none"> • Increased information and feedback/ communication with regions <p>Intermediate</p> <ul style="list-style-type: none"> • Effective regional approach to planning and service delivery • Improved supports and connection to resources for PWD leaving school • Increased access to necessary multidisciplinary and clinical supports in community • Increased access to new and innovative housing options including home share • More and better risk mitigation strategies and emergency prevention and response 	<p>Long term (5+ years – ultimate impact)</p> <ul style="list-style-type: none"> • The four areas of discrimination identified in the Human Rights Complaint accepted by the NS Court of Appeal are eliminated: <ul style="list-style-type: none"> ○ Unnecessary institutionalization ○ Right to assistance when in need denied ○ Community of choice denied ○ Delays in the provision of assistance • People with disabilities are able to live their full

Components	Activities	Outputs	Outcomes by Component – Short/Intermediate term*	Outcomes – Cross-Cutting
			Short-term Outcomes for Home Share: <ul style="list-style-type: none"> • Increased public awareness and understanding of home share (including addressing misconceptions) • Appropriate and sufficient provider respite and support • Effective matching processes • Participants and providers form meaningful relationships 	and inclusive “good life”
Key Direction 4: Multidisciplinary Program and Regional Hubs	<ul style="list-style-type: none"> • Collaborate with health system partners (DHW, IWK, OAMH, SLTC, NSH) on planning and implementation. • Implement a process for case coordination between DSP and NSH for complex cases. • Implement leadership positions to support allied health (Allied Health Lead, Regional Clinical Coordinators). • Implement a disability support program (disability support outreach teams with multidisciplinary allied 	<ul style="list-style-type: none"> • Collaboration with health system partners • Case coordination process • Allied Health Lead and Clinical Coordinators • Disability support outreach teams • Plans for addressing gaps in existing mental health services • Direct and consultative allied health supports 	Short <ul style="list-style-type: none"> • Improved communication and collaboration across health and DSP partners supporting/working with PWD (aligns with DSO eval FW) • Improved access to appropriate allied health supports in community-based settings (from DSO eval FW) • Increased capacity and skills among support networks, participants, and health professionals (from DSO eval FW) Intermediate	

Components	Activities	Outputs	Outcomes by Component – Short/Intermediate term*	Outcomes – Cross-Cutting
	<p>health supports) that provides direct and consultative support.</p> <ul style="list-style-type: none"> • Review existing mental health services in collaboration with health partners to determine adequacy and reach (e.g., Community transition support, community mental health teams, support for SPMI, recovery and integration programs). 		<ul style="list-style-type: none"> • Expanded capacity in mental health programs for those with intellectual and mental health disabilities 	
Key Direction 5: Individualized Funding (IF)	<ul style="list-style-type: none"> • Review and update funding policies and practices to implement IF (rescind DSP policies 9.3 and 9.4). • Develop a process and assessment tool(s) for determining eligibility and funding levels. • Develop and implement the accountability requirements and structure for funding (reporting, auditing). • Review and approve service providers and establish provider agreements. 	<ul style="list-style-type: none"> • Policy review/update • Approach and structure for IF (eligibility, funding levels, accountability requirements) • Provider agreements • Backbone system for self-managed funds • Support for service providers to transition to IF • Training regarding supported 	<p>Short</p> <ul style="list-style-type: none"> • Consistent, transparent and equitable process for assessment and funding determination based on each person's individual plan and circumstances • Adequate supports in place for individuals self-managing their funding <p>Intermediate</p> <ul style="list-style-type: none"> • Increased access to financial resources for PWD and families to help them meet their needs • Increased flexibility for PWD to make choices about their 	

Components	Activities	Outputs	Outcomes by Component – Short/Intermediate term*	Outcomes – Cross-Cutting
	<ul style="list-style-type: none"> Establish an accessible, user facing “backbone” system for self-managed funds, including both an IT application and support for individuals/supporters to use their funds. Implement supports for service providers to transition to new models (service evolution fund, training, infrastructure, change management). (Duplicate action from KD2). Implement a supported decision-making approach to help individuals make decisions about their lives (including relevant supports, legislative changes and training). 	decision-making for individuals, families, service providers and DSP staff	<ul style="list-style-type: none"> lives with appropriate supports if needed Smooth transition of existing programs into new funding model Increased support for community integration for PWD 	
Key Direction 6: Disability System Capacity	<ul style="list-style-type: none"> Develop a cross-governmental governance structure to support communication and collaboration (Disability Roundtable). Establish a monitoring and evaluation plan and regularly evaluate and 	<ul style="list-style-type: none"> Cross-governmental governance structure Monitoring and evaluation plan Data collection system Evaluation reports 	Short <ul style="list-style-type: none"> Improved knowledge and coordination across government to advance the work of the Remedy Increased ability to gather feedback and recommendations to support continuous improvement 	

Components	Activities	Outputs	Outcomes by Component – Short/Intermediate term*	Outcomes – Cross-Cutting
	<p>report on Remedy progress and lessons learned.</p> <ul style="list-style-type: none"> • Build leadership and capacity to support implementation and culture change (training, culture change initiatives, annual conferences). • Review legislation and policy and identify areas for reform to support the Remedy. • Develop and implement a workforce strategy to strengthen workforce capacity for supporting PWD across the system. • Provide required financing to support Remedy implementation (align financial reporting and processes with provincial budget planning cycle). 	<ul style="list-style-type: none"> • Training • Communication and culture change initiatives • Annual change conferences • Legislation and policy review and reform plan • Workforce strategy • Financial resources 	<ul style="list-style-type: none"> • Increased staff/service provider awareness about how to support people to have a “good life” • Increased knowledge and awareness across different government and community systems about including and valuing PWD <p>Intermediate</p> <ul style="list-style-type: none"> • Changes made to legislation and policy to support the Remedy • Sufficient staff recruited and trained to support the Remedy • Increased innovation to find creative solutions for how the Remedy is implemented 	

* Short term outcomes typically reflect changes in capacity, awareness, attitudes and opportunities. These then support intermediate outcomes which reflect changes in behaviour and direct benefits experienced by those involved in the work.

Guiding Principles

- Person-directed and human rights-based (what does a “good life” look like for each person, working alongside them)
- Strengths-based (what’s strong vs. what’s wrong)
- Equity and inclusion-focused
- Innovation (openness to new approaches, especially on a micro/local level)

- Continuous improvement (through data, measurement, and feedback channels)

Facilitators

- Workforce: There are sufficient human resources to staff all the required roles (IPSCs, LACs, EFACs, CLFs, RCSs, etc.). DSP and community staff have the required competencies, skills, and qualifications to effectively advance the work.
- Resources: System transformation is supported by adequate and stable resourcing (multi-year funds).
- Housing options and capacity: Alternative housing options that meet the needs and desires of those moving out of institutions can be developed/created.
- Community capacity and inclusion: Communities want to and are able to develop capacity to support inclusion and community living. Community-based supports and services can scale at the pace needed to support deinstitutionalization. There is adequate and timely access to services and supports from other government systems, particularly mental health supports.
- Collaboration and communication: There is strong collaboration and communication across government and with community partners to advance the Remedy work. There is clear communication to and support for PWD, families, and service providers about the transitions involved in the Remedy.
- Procurement processes and capacity: Procurement capacity and processes are available to enable timely sourcing and contracting.

Appendix B: Detailed Case Study Plan

What is a Case Study?

“A case study is a method for learning about a complex instance, based on a comprehensive understanding of that instance obtained through extensive description and analysis of that instance taken as a whole and in its context.” (World Bank)

Purpose:

The purpose of the case studies is to develop a rich and detailed understanding of the experiences and outcomes of deinstitutionalization for DSP participants, families, service providers, and the disability support system.

These case studies are intended to help answer the following evaluation questions:

- What are we learning about how to effectively work with people to plan and coordinate supports they need to live their good life?
- How well are new planning and coordination services working for DSP participants, other people with disabilities, and families/supporters?
- How well is the deinstitutionalization process working for people with disabilities, families/ supporters, service providers, and OSD staff? Where do gaps and barriers still exist? What are the opportunities for improvement?
- What factors have the greatest impact on successful transitions from institutional to community settings?
- Do people with disabilities have access to the multidisciplinary and clinical supports they need in community? Why or why not?
- How well is the individualized funding model working for people with disabilities, families/ supporters, service providers, and OSD staff?
- How have experiences, wellbeing, and quality of life changed for people with disabilities accessing DSP services/supports? How, if at all, do these changes vary based on other intersectional factors (e.g., type of disability, income, employment, housing, ethnicity, sexual or gender identity)?
- How have processes, services, policies, knowledge/understanding, and culture changed across systems to better meet the needs of people with disabilities? What factors have contributed to these changes?
- How have communities changed to better support, include, and value people with disabilities?

Case Study Type:

These case studies are illustrative and help to provide an in-depth, longitudinal understanding of deinstitutionalization and the transition process as it happens over time. By gathering detailed information from each site, the case studies will generate ongoing learning (formative evaluation) as well as assessing whether and why the implementation of the Remedy was successful (summative evaluation). They are not intended to be generalizable to others impacted by the Remedy. The case studies will complement other data gathered to support a comprehensive and rigorous evaluation.

The case studies will take a “case within a case” approach, collecting data at the site level, and also at the individual level for a small number of DSP participants at each site. They will be longitudinal, with the intention to collect data at the same sites over three years (for up to 12 months after a facility closes).

Case Selection – Sites:

In 2026-27, four case study sites will be selected, and these will be followed through the planning and closure process, for up to 12 months after the facility closes (depending on closure timing). Purposive sampling will be used to identify and select sites (i.e., purposefully selecting facility locations and DSP participants that meet specific criteria). The following criteria will be used to guide the site selection:

- **Type of facility:** At least one site for each type of facility. For 2026/27, this will include Adult Residential Centres (ARCs), Regional Rehabilitation Centres (RRCs), and Residential Care Facilities (RCFs). Additional sites for Developmental Residences (DRs) and Group Homes (GH) may be added in 2027-28 once transition planning for these facilities is further advanced.
- **Participant type:** At least one site that primarily serve each of the three main types of participants supported by DSP: people with intellectual and developmental disabilities (IDD), people with mental health conditions (MH), and people with physical disabilities.
- **Size:** At least one site in each size category small (<20 participants), medium (20-50 participants), and large (>50 participants).
- **Urban/rural setting:** At least one site each in an urban and rural location.
- **Region:** One site from each region.
- **Experience/perspective with deinstitutionalization to date:** Consideration will be given to service provider and participant attitudes and perspectives towards the Remedy. To the extent possible, sites will be selected to provide a mix of perspectives, i.e., 1-2 where there is strong support for the Remedy and/or implementation is working well/going more smoothly, and 1-2 where there is a higher level of participant and/or service provider concern/resistance and/or barriers or challenges are occurring with implementation.
- **Record-keeping:** As the case studies will involve review and analysis of participant data, sites that use electronic records will be prioritized.

Potential case study sites will be identified by the evaluation team with input from the EAC and OSD staff. The evaluation team will then reach out to potential sites to confirm their interest and ability to participate.

Case Selection – Individuals:

Once sites are selected, up to five individual DSP participants from each site will also be identified to participate in additional in-depth data collection. Criteria include:

- **Participant type:** This will reflect the types of participants at the site, meaning if the site only supports one type of participant, that is who will be included, but if multiple types of participants are supported, participants with a variety of different primary diagnoses should be selected.
- **Background:** Participants from a mix of backgrounds will be selected (e.g., gender, ethnicity, age, level of family support)
- **Level of support needed:** Participants should reflect the range of level of support needs that are provided at that site.
- **Experience/perspective with deinstitutionalization to date:** To the extent possible, participants will be selected to provide a mix of perspectives, i.e., 1-2 where participants are supportive of the Remedy and have a greater interest in transitioning out of the facility, and 1-2 where the participants are more concerned or resistant to the idea of moving out.

Every effort will be made to gather input directly from DSP participants as much as possible. Family members/supporters may also be included in the data collection process to supplement information gathered directly from participants.

Potential DSP participants will be identified by the evaluation team with input from the service provider and OSD staff connected to the site. The evaluation team will obtain informed consent from all participants.

First Voice Co-Evaluators:

At each selected case study site, the evaluation team will work with site staff and DSP participants to identify 1-2 people who are interested in assisting with or leading some of the data collection at the site. This includes leading and/or supporting focus groups and interviews with DSP participants. Training will be provided to all First Voice Co-Evaluators and they will be paid for their time conducting evaluation activities at a standard rate of pay. These Co-Evaluators may also participate in other evaluation data collection and analysis activities.

Case Study Data Collection Methods:

At each site, it is expected that the following data collection will be completed (numbers will depend on the size of each site):

- 1-2 interviews/group interviews with senior staff (e.g., Executive Director/CEO, Director of Operations/Finance, Director of Services, etc.).
- 1 focus group with frontline staff and/or managers.
- 1-2 focus groups with participants.
- 1-2 focus groups with families/supporters.
- 1 focus group with OSD staff that have worked with the site (e.g., IPSCs, LACs, EFACs, Closure Specialists).

At the individual DSP participant level, the following data collection methods will be used:

- 5 in-depth individual interviews with selected participants and/or family/supporters as trusted people to help communicate the participant's input and feedback.

- Review of participant service data for the 5 selected individuals, focusing on understanding the types of services, supports and activities the person uses before and after the transition process.

Data collection tools for all of these methods will be developed, along with service provider, participant, and family/supporter information/promotional materials and consent materials. We anticipate that most of the data collection will take place in person/on site during site visits, but interviews/focus groups could also be conducted virtually based on participant preference and other logistical considerations.

DSP participants and family members that participate in the evaluation will be offered an honorarium (gift card) to compensate them for their time.

Expectations for Case Study Sites:

The ideal case study site will:

- Be willing to participate in the case study/evaluation process once per year.
- Work closely with the evaluation team to assist with coordinating data collection, including providing access to staff, participants, and family members/supporters and inviting them to participate in evaluation activities.
- Provide access to participant service data (with informed consent).

Each participating site will be asked to identify one person who will act as a liaison with the evaluation team.

The expected time commitment for sites is approximately 1 day to coordinate and promote evaluation activities, and 1-2 hours for staff to prepare for and participate in focus groups. Sites will be asked to commit to participating for up to 3 years, until the evaluation is complete.

Data Collection Timing and Site Visits:

It is expected that an on-site visit will be conducted with each site every year. These are expected to take place over 2-3 days and will occur at a time that works best for the site. The evaluation team will work with the site lead to schedule/coordinate activities. The evaluation team will make every effort to schedule site visits in a coordinated manner and/or use local staff to ensure efficient use of resources.

Site visits are expected to take place between July and October each year in 2026, 2027, and 2028, with possible additional data collection in spring 2029.

Appendix C: Detailed Survey Plan

Purpose:

Surveys provide an important way to gather feedback from a larger number of people involved in the Remedy. Surveys will allow us to gather information from key groups at various points in time over the course of the evaluation.

Survey Audiences:

Surveys will be implemented for the following audiences:

- DSP participants
- Family/caregivers/circles of support
- OSD staff (frontline)
- DSP service providers (frontline)

All surveys will be anonymous, although basic demographics will be collected.

Survey Development:

The evaluation team will develop draft survey(s). To support efficiency, surveys will mainly include closed-ended questions. Surveys will include skip patterns where appropriate so that different respondents may answer different questions (e.g., a participant that has gone through the planning process and is set up with individualized funding will answer different questions from someone that hasn't).

Draft surveys will be pilot tested for face and content validity. To pilot test, a small sample of 10 to 20 individuals reflecting the intended audience for the survey will be invited to complete the survey and asked to reflect on key questions (e.g. were there any survey questions they did not understand, how long did it take them to complete the survey, did they face any technological or accessibility barriers, etc.). These questions can be completed via a second, separate survey tool or other methods (e.g., completing the survey with someone over the phone or virtually). EAC members will also assist with review and pilot testing.

Survey Timing:

The table below describes the proposed timing for the surveys. All will be ongoing forms of data collection throughout the evaluation.

Table 1: Timing of Surveys by Audience

Audience	Timing
DSP participants	<ul style="list-style-type: none">• Ongoing, open to all to complete

Audience	Timing
	<ul style="list-style-type: none"> Triggered at a key event (e.g., e.g., initial connection with IPSC/LAC, pre move out, 3 months after moving out)
Family/caregivers/circles of support (potentially also open to the public)	<ul style="list-style-type: none"> Ongoing, open to all to complete
OSD staff (IPSCs, LACs, EFACs, Connectors, Closure Teams)	<ul style="list-style-type: none"> Fall Spring
DSP service providers (open to frontline staff and leadership)	<ul style="list-style-type: none"> Fall Spring

Sampling and Participant Recruitment:

Surveys will rely on a convenience sample. This means that the survey can be completed by anyone that wants to complete it. Convenience sampling does not include random selection of survey respondents and is therefore not representative of a broader population (e.g., all DSP participants). This means that the survey will tell us a lot about the views and perspectives of those that complete the survey, but the findings can't be generalized. In the final year of the evaluation, it may be helpful to adapt the survey methods to use random sampling techniques to obtain a broader and representative sample across certain audiences (DSP participants).

Table 2: Recruitment Strategies by Audience

Audience	Recruitment Strategies
DSP participants	<ul style="list-style-type: none"> Shared by OSD staff
Family/caregivers/circles of support (potentially also open to the public)	<ul style="list-style-type: none"> Shared by service providers Shared by advocacy/support organizations Shared via social media & RPI website Shared at case study sites Shared through Regional Advisory Councils Mail out if able to include in existing mail out
OSD staff (IPSCs, LACs, EFACs, Connectors, Closure Teams)	<ul style="list-style-type: none"> Staff webinars Senior OSD staff to send to their teams
DSP service providers (open to frontline staff and leadership)	<ul style="list-style-type: none"> Service provider webinars Service provider organizations

In addition, RPI will have a page on our website dedicated to the Remedy evaluation. This will include links to the surveys and other information about the evaluation and how to participate. Information will also be shared through social media.

Survey Format and Methods:

All surveys will be provided online using Hosted in Canada Surveys.

For family members and DSP participants, other methods of completing the survey will also be provided:

- Surveys will use plain language and accessible question formats.
- The survey for DSP participants will include visuals for question responses.
- OSD staff and service providers will be encouraged to support participants with completing the survey.
- Family members or participants can complete it with support from the evaluation team (e.g., by phone or providing feedback by email).
- A paper version of the survey that can be faxed or mailed will be available.

Survey Management and Reporting:

The evaluation team will manage surveys once they are in the field, including regularly monitoring the response rate and the demographics of survey respondents (if relevant) and reviewing and cleaning the survey data. We anticipate that data from ongoing surveys will be reviewed and analyzed quarterly.

Appendix D: Detailed Focus Group Plan

Purpose:

Focus groups will allow us to gather more in-depth and rich information from those affected by the Remedy.

Focus Group Audiences:

Focus groups will be implemented for the following audiences:

- 8 with DSP participants
- 4 with family/caregivers/circles of support
- 2 with DSP service providers (focused on leadership)
- 2 with OSD staff (1 with senior leadership, 1 with frontline IPSCs, LACs, closure staff, etc. that have not participated in focus groups for the case studies)
- 1 with Home share coordinating organizations
- 1 with Home share providers (if there are sufficient home share providers recruited by fall 2026)

Focus Group Planning:

The evaluation team will develop all the required focus group guides, as well as information/promotional materials and consent materials for the focus groups. We anticipate that focus groups will primarily be virtual or could take a hybrid approach.

All focus groups will be planned for October and November 2026. There will be a registration process for people to sign up to participate in a focus group. Focus groups typically include 8-10 participants and we anticipate that most focus groups will be about 60-90 minutes. Focus groups for DSP participants, will have a maximum of 8 participants and the focus group time will be extended to provide a more flexible and supportive process. The First Voice Co-evaluators will also be involved in leading/co-leading/supporting the focus groups.

Participant Recruitment:

Focus groups will be widely promoted using the strategies outlined in Table 3. DSP participants and family members that participate in the evaluation will also be offered an honorarium (gift card) to compensate them for their time.

For the 2026/27 year, the focus will be on hearing from DSP participants and families that have had experience with changes resulting from the Remedy (e.g., integrated planning, individualized funding, home share, school leavers).

Table 3: Recruitment Strategies by Audience

Audience	Recruitment Strategies
DSP participants Family/caregivers/circles of support (potentially also open to the public)	<ul style="list-style-type: none">• Shared by OSD staff• Shared by service providers• Shared by advocacy/support organizations• Shared via social media & RPI website• Shared at case study sites• Shared through Regional Advisory Councils• Mail out if able to include in existing mail out
OSD staff (IPSCs, LACs, EFACs, Connectors, Closure Teams)	<ul style="list-style-type: none">• Staff webinars• Senior OSD staff to send to their teams
DSP service providers (open to frontline staff and leadership)	<ul style="list-style-type: none">• Service provider webinars• Service provider organizations

In addition, as noted above, information on how people can sign up for the focus groups and other ways to participate in the evaluation will be shared through the RPI website and through social media.

Accessibility Considerations:

The following strategies will be used to support focus group accessibility:

- Virtual focus groups or hybrid model
- Work with service providers and/or families/supporters to support those that want to participate in a focus group (e.g., assist with technology or communication)
- Provide longer times for the discussion (e.g., 90 minutes instead of 60)
- All materials in plain language and accessible formats (consent, questions)
- Materials shared ahead of time
- Flexibility to present questions in different ways to help participants understand and respond (e.g., using closed questions that may be easier to respond to)
- Inviting and welcoming those that use other forms of communication (e.g., AAC)