The H.O.M.E. Society

Shared Living Service Handbook

A Guide for Independent Shared Living Contractors

Revised January 2025

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Welcome to **The H.O.M.E. Society**

We are delighted to have you on board as an Independent Contractor providing services to the Individuals we support. As a Shared Living Contractor, you will be playing an integral role in the lives of the Individual(s) you support, their Families, Caregivers and the broader Community. We thank you for taking on this important role and trust that you will find it a rewarding experience.

At ***H.O.M.E.S***. (Healthy Opportunities for Meaningful Experience Society), we currently support 100+ individuals in the rolling hills of the Fraser Valley about an hour east of Vancouver, BC.

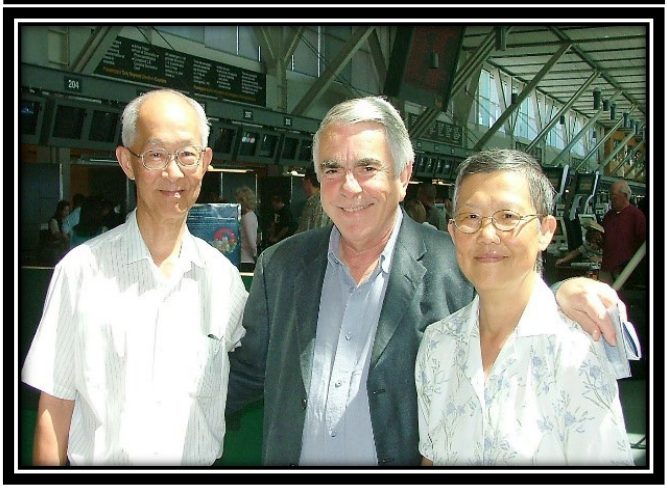
We support individuals in traditional shared homes of four persons, individual homes with one or two persons and we have many Shared Living homes. We train our caregivers and contractors in a philosophy of Gentle Teaching.

Gentle Teaching International (GTI) works worldwide to support Gentle Teaching through conferences, share of resources, training and support. We put aside the traditional models of control, compliance and building independence - for a philosophy of gentleness, companionship, caring, and building inter-dependence and community. *The H.O.M.E. Society* was formed to respond to the needs of 16 individuals who had not succeeded in previous attempts to leave institutional life and return to the community. The society grew out of a coalition of managers from 5 existing societies, family members and staff from the former institution.

Philosophy of Gentle Teaching

The H.O.M.E. Society has adopted a philosophy of Gentleness as advocated by the late Dr. John McGee Ph.D. The goal of Gentle Teaching is companionship. Rather than try to change those we serve we seek to change ourselves and the environment to allow those we serve to feel safe, loved, loving and engaged. John McGee has trained many of our key staff as mentors, who in turn mentor and support new experienced caregivers alike.

The H.O.M.E. Society philosophy is one where by, the needs, rights and wishes of the individual are paramount. Our work with one of the founders of Gentle Teaching, the late Dr. John McGee Ph.D. has led to the foundation of Gentle Teaching International (GTI) and collaboration colleagues inside Canada and over 30 countries around the world.



A Primer on Gentle Teaching

Gentle Teaching is many things. Gentleness toward others, in spite of what anyone does or does not do, is the critical factor. It is a paradox. Fists are met with hugs. Cursing is met with words of affection and nurturing. Spiteful eyes are met with warmth. Gentleness recognizes that all change is mutual and interwoven. It starts with caregivers and hopefully, touches those who are most marginalized. Its central focus is to express unconditional love. It is the framework around a psychology of human interdependence. The main idea of gentleness is not to get rid of someone else's behaviours, but to deepen our own inner feelings of gentleness in the face of violence or disregard. Gentle Teaching is also a teaching approach. As such, it has four initial teaching purposes – to teach others to feel safe, loved, loving, and engaged. These do not just happen. They are taught through repeated acts of love. Gentle caregivers learn to use their presence, hands, words and eyes as their primary teaching tools to uplift and honour others.

Gentle Teaching is…

- Focusing on being kind, nurturing, and loving toward marginalized children and adults – those who have been pushed to the edge of family or community life.
- Helping those who have sorrowful life-stories feel safe with us and loved by us and others
- Helping those who have inherent vulnerabilities such as extreme poverty, homelessness, mental disability or mental illness feel safe with us and loved by us and others
- Looking at our role as teaching feelings of companionship and community
- Mending broken hearts – hearts that have been broken by tragic life stories or by the particular nature of a mental or emotional disability.

Safe, Loved, Loving, and Engaged

Gentle Teaching is based on a psychology of human interdependence. It askes caregivers to look at themselves and their spirit of gentleness to find ways to express warmth and unconditional love toward those who are the most disenfranchised from family and community life. It views our role as critical and requires a deep commitment to personal and social change. It starts with ourselves, our warmth toward others, our willingness to give without any expectations of receiving anything in return, and our intense desire to form feelings of companionship and community with those who are the most pushed to the very edge of society.

Gentle Teaching focuses on four essential feelings that need to be taught to those who are served – safe, loved, loving, and engaged. Caregivers not only need to ensure that those whom they serve are safe, but more importantly, *feel* safe.

Gentle Teaching is NOT…

- A behavioral or behavior modification approach that uses reward and punishment to change behaviors rather it is based on unconditional love
- A “whatever works” approach rather one that looks at broadening and deepening a sense of companionship and community as a life-project
- A fast and easy approach toward helping others, but one that calls on deep commitment and dedication on the part of caregivers
- Just a way to look at changing someone else’s reality, but first asking us to look at our own reality and make it warmer and more loving, Simply a technique but also a psychology of human interdependence.

About This Handbook

This Handbook is a guide to our contractual relationship and Shared Living services. It is meant to provide support and practical information to assist you in meeting your responsibilities under the Shared Living Agreement. It also includes important contact information for you. Please read it carefully and let us know if you have any questions. Updates and revisions to this Handbook will be provided to you as needed.

"This Handbook is only a guide, and is not intended to provide legal advice or replace the language in the Shared Living Service Agreement. If there is any inconsistency between this Handbook and the Agreement, the terms of the Agreement apply. If you need clarification on any of the terms of the Shared Living Service Agreement, we recommend that you speak to a lawyer."

Section A of this Handbook provides information about the Shared Living Service Agreement. It does not replace the wording of the contract. We encourage you to read the Agreement carefully.

Section B of this Handbook provides some important guidelines and fundamental principles that you are required to follow while providing Shared Living services

Section C of this Handbook includes an overview of the Shared Living program and how your service fits into it as well as any special program expectations.

Section D of this Handbook includes some important resources to support your work.

Section A – Our Written Agreement with You

Part 1 – Our Contractual Relationship

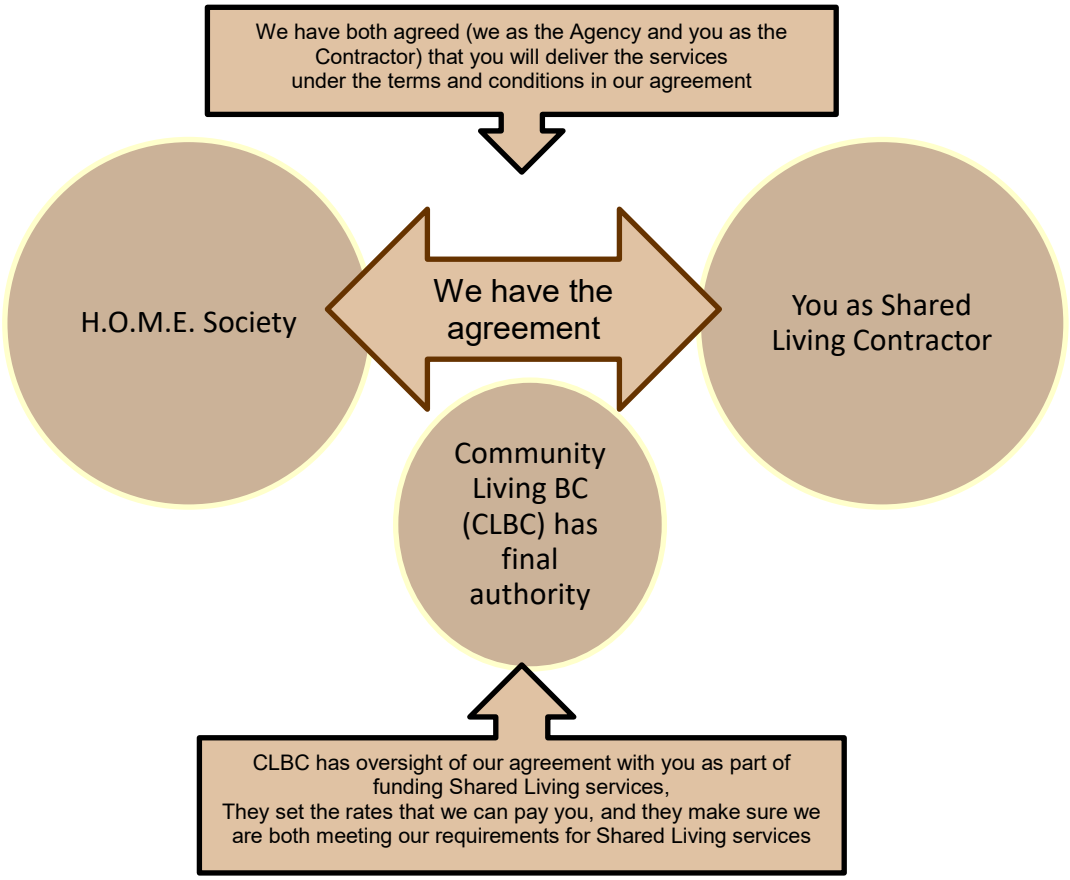
You and the Agency (H.O.M.E.S.) have entered into a contractual relationship. We both have legal rights and responsibilities under the Shared Living Service Agreement. These rights and responsibilities may be enforced by a Court.

The purpose of the Shared Living Service Agreement is to set out our mutual obligations, including the services you will provide, how much you will be paid, and how either party may end the relationship.

Be familiar with your Shared Living Service Agreement and the standards relevant to the services that you are providing. Keep a copy handy for easy reference.

Part 2 – The Role of CLBC

The Government regulates Shared Living Services in British Columbia through Community Living BC (also known as CLBC). The diagram below shows how we work with CLBC:



Who is CLBC?

CLBC is a Provincial Crown Agency created under the *Community Living Authority Act*. CLBC provides oversight and funding to support adults with developmental disabilities and their families in British Columbia. CLBC funds most of our Shared Living Services and is responsible for ensuring that you and our Agency meet the Shared Living standards and expectations.

What is the Agency's Role?

We are a service agency that coordinates the services and support provided to adults with developmental disabilities. We have a funding agreement with CLBC. We enter into a services contract with you for delivery of the Shared Living services.

Part 3 - The Different Parts of our Agreement

Each section of the Shared Living Service Agreement addresses an important part of our contractual relationship. A brief explanation of these sections is below.

1. The **Schedules** are part of the Shared Living Service Agreement. They include a description of the services and fees, as well as the standards and expectations that you are required to follow when providing Shared Living services. This Handbook is one of the Schedules.

2. Terms in the agreement that are capitalized (such as "Individual" and "Respite") have specific meanings that are set out in the **Definitions** section and Schedule A.

3. **(a)** You have been retained as an **Independent Contractor**, and not as an employee or partner of the Agency. You control how, when and where you provide Shared Living services, and are responsible for:

    - Complying with all applicable laws, including human rights, health and safety, privacy and employment standards legislation

    - Paying your own taxes and CPP premiums directly to the government. You will not receive a T-4 from the Agency.

    You are not entitled to any benefits, payments or other rights given to employees of the Agency.

    (b) You are required to satisfy certain **Terms and Conditions** both before and during the Shared Living Service Agreement, including:

    - Meeting all Contractor requirements imposed by CLBC and HOME Society; and
    - Submitting all reporting as required by CLBC and The HOME Society; and

- Successfully obtaining the required background checks (including a criminal record check, driver's abstract and proof of valid driver's license, motor vehicle insurance, WorkSafe BC registration, and physician's clearance); and
- Confirming that you and anyone living in your home has reviewed and is familiar with all of the written material we have provided to you.

Although you will typically provide us with proof of the above information, your signed agreement with us gives us automatic permission and authority to ask for this information about you from third parties such as ICBC or other authorities when required throughout our agreement with you so that we make sure these conditions are and continue to be met.

4. The **Term** of the agreement is for 1 year, unless either of us decides to end it sooner (see section 10). Before the end of the Term, we may agree to extend or continue the Shared Living relationship.

   Our goal is to have successful, long term, and stable placements. Many of our Contractors enjoy lengthy and satisfying relationships with Individuals sharing their homes. We review and renew each year to be sure everything is still working well for both parties and that changes in levels of support are able to be met. It is a chance for all involved to reflect on and make sure the placement remains a good fit.

5. The **Services** that you have agreed to provide are described in the Shared Living Service Agreement, and Schedules including this Handbook. You are responsible for providing the services in a way that complies with these obligations.

6. The Agency and CLBC have the right to **Monitor and Review** your services. This is an important way for us to support you, and make sure that the Individual is healthy and safe. Our monitoring will involve:

   - Meeting with you at regular intervals. During the first year, we will meet with you more frequently – at 30 days, 90 days, and then quarterly. If we decide to extend or renew our relationship, these meetings will take place every 6 months.
   - Arranging on-site visits to observe and provide support as needed.
   - Consulting with the Individual in your home.
   - Reviewing the documentation that you provide us, including the required reports, incident reports and other information and records.

   If any concerns are identified, we will work with you to address them and make changes as needed. Decisions about the renewal of the Shared Living relationship are based on our monitoring and evaluation. We will provide you with copies of the monitoring checklists that we use.

7. From time to time, the Agency will require **On Site Access** to your home where services are delivered.

- In most cases, we will give you at least **8 hours' notice** for routine visits. Our practice is to schedule these visits with you so the time and day work for both of us.

- Sometimes, we may require **emergency access** if we have reasonable concerns about an Individual's health and safety. We are not required to provide notice in these cases.

- You are also required to give access to **accreditation agencies** as part of our quality control practices. In addition, **CLBC** may request a site visit. We will provide a minimum of 24 hours of notice to you regarding Accreditation or CLBC visits. We will accompany all of these visitors to your home but they or you may wish to speak privately together.

Our Shared Living Services are accredited by CARF along with other programs in our organization. CARF conducts on-site visits. They may want to visit your Shared Living Service as part of their site visit to our Agency. We can discuss this in more detail when and if you are included in a site visit.

8. **(a)** There are a number of **Reporting and Record Keeping** requirements in the Shared Living Service Agreement. These include:

    - **Specific Occurrence Reporting**, which helps us track disruptions in service. This reporting is required **5 days** of certain events, including when:

        - The Individual has declined any services (for example, has refused to stay at the Home or with an approved Respite provider);
        - The Individual has or will be away from the Home for more than 30 days, either consecutively or within a calendar quarter (even if with an approved Respite provider).

    - **Critical Incident Reporting** is required **within 24hrs** following any event that is detrimental to the Individual being cared for, to you, or to any member of your household. Please review our guidelines for critical incident reporting found in Section C.

    - **Notable Changes Reporting** is required for any changes, such as a significant illness in the household that could affect the Individual and/or the Shared Living services, or significant changes to the Individual's level of ability, health and/or behaviour. Note that you **must have prior approval** of certain changes, including if:

        - A new household member is moving in; or
        - You are considering adding any Individuals who require care or support.

- Service Reporting as required by HOMES and CLBC including but not limited to; Individual Progress Reports, Monthly Reporting, Annual Reporting, Individual Service Plans (ISP), care plans, Professional Service visit records, goal updates, and funding/service hours reporting.

- At the end of each term, you are required to complete an Annual Service Review/Deliverables with Shared Living Personnel to review the services you provided for the term.

(b) You are required to **Keep Records** relating to the Shared Living services, including correspondence with the Society and copies of the Individual's personal plan and care plan or support guide, emergency information, a Home-to-Hospital form (if applicable) and any applicable health care plans or protocols. See Section B - Part 3 of this handbook for more details on recordkeeping.

9. **Use of Personnel** is permitted **only** with our consent, and **only** for Supports to Shared Living (Respite) and Homebased Community Inclusion. You are responsible for hiring and overseeing any approved Caregivers, and to have a **written contract** with the provider. You are responsible to ensure all respite/homebased CI workers have the required training and certifications and a copy of their criminal record check must be submitted to the Shared Living Department.

10. The Shared Living Service Agreement may be **terminated** before the end of the 1st year term. In most cases, **notice** is required to terminate the agreement. If you need to terminate the Shared Living arrangement, you are responsible for providing 90 days' written notice to the Agency. The Agency may terminate by providing you a minimum of 30 days' notice. However, termination for **cause** does not require any notice. The Agency is responsible for paying you for services provided up to the date of termination. You are not entitled to any additional payment, severance or notice as a result of the termination of the Agreement.

11. If a dispute or complaint is made, you are responsible for following the **Dispute Resolution** process set out in the Shared Living Service Agreement. We have created a handy chart that you can use to help guide this process for you. You can find this in Section D – Resources at the back of this handbook.

12. All of the **Fees** that will be paid to you are set out in Schedule C of the Shared Living Service Agreement. The amounts set out in the agreement compensate you for all your expenses, including food, transportation and other costs. No other amounts will be paid without the prior written consent of the Agency. The fee amount may be revised by the Agency with 30 days' prior written notice.

13. The **Liability and Indemnity** section describes your responsibility for injuries, loss or damage relating to the Shared Living services. You are required to give the Agency **prompt written notice** of any claims made against you. If the Agency becomes liable for claims that are your responsibility, you are required to repay (indemnify) the Agency. This includes:

- Any breach of the agreement by you or a member of your household;
- Any payments required under the *Income Tax Act, Workers' Compensation Act, Employment Insurance Act* or *Canada Pension Plan*;
- Personal injuries or property damage to your home; or
- Any wrongful act or violation of the law ("torts") committed by you or others in your household in providing the Shared Living services.

14. In addition, there is a **Limitation of Liability** of any claim you may have against the Agency. Any claims cannot be more than the Fees paid to you under the Shared Living Service Agreement.

15. You are responsible for ensuring that you have sufficient **Insurance Coverage**. You may want to speak to an insurance specialist to ensure that you are sufficiently covered for any losses or liabilities that may result from the Shared Living Service Agreement. You are required to provide annual (or as renewed) proof of insurance to the Shared Living Department

(a) You may be covered under the CLBC **Master Insurance Program**, which is subject to approval and is not guaranteed.

(b) You are responsible for obtaining a minimum of **$3 million 3rd Party Liability Business motor vehicle insurance** on any motor vehicle use to transport the Individual.

(c) You are responsible to obtain **Insurance to cover your Home & Contents**, owner or rental including the belongings of the individual(s) you provide care for.

(d) You are also responsible for obtaining **workers' compensation** coverage in the form of Personal Optional Protection (POP). This insurance covers income loss and medical costs for workplace injuries. You need to contact WorkSafe BC to register for this coverage, and can find more information at worksafebc.com and in Section B of this handbook

16. You are responsible for complying with the **Confidentiality, Privacy and Document Retention** standards relating to the documents, reports and other records relating to the Shared Living Service Agreement, including storing personal information in locked, secure locations. All documents about the Individual are the property of the Agency, and must be provided to the Agency within 30 days of collecting or creating these documents. You must keep all records for a minimum of **7 years**. No documents may be stored outside of Canada.

17. **Notices** required under the Shared Living Service Agreement will be sent to the address in the Agreement. Please be sure to keep your contact information, including name, address, email, telephone and fax number, up to date with the Agency.

18. The Shared Living Service Agreement includes a number of **General** provisions relating to various legal issues, including assignment, the Court's jurisdiction, the rights of third parties, and amendments. All of these provisions are important parts of the Shared Living Agreement and should be read carefully.

19. As part of signing the Shared Living Service Agreement, you agree that you have been advised to seek **Independent Legal Advice.** You acknowledge that you have read the agreement, and are aware of its contents, and the rights, obligations and remedies of both parties.

Always be sure to understand what has been written in your agreement before signing.

Be sure to get independent legal advice.

Section B – Important Guidelines

Part 1: Understanding Your Role as a Contractor

Follow through with services

- Be familiar with and deliver services as outlined in Schedule B of your agreement
- Make sure you are meeting the outcomes outlined in Schedule E
- Make sure you follow through on any instructions we give you relating to services and the individual
- Report to us as soon as possible if you have any challenges in delivering these services to the standards set out by CLBC (Schedule F) and in this handbook

Comply with all applicable laws & policies

- Be familiar with and follow all CLBC policies (Schedule G), laws, health & safety standards, and regulations that relate to the service you deliver.
- Maintain all applicable licenses and permits for the services delivered
- Immediately report to us if you have violated any policies, laws or regulations and/or are under 3rd party investigation related to these services.

Maintain records & books of account that meet agency requirements

- Make sure you keep and can provide records showing that you delivered and billed for your services accurately
- Maintain time records and books of account that meet agency requirements and maintain these records both during and for 7 years after the termination of this agreement.

Report as Requried

- Review, clarify and follow through with all reporting requirements outlined in your agreement in Schedule H
- Submit reports in the format and time frame required.
- Report to us immediately any medical emergencies, critical incidents or any changes in your circumstances that could impact the individual's service such as someone in your household being charged with a criminal offence or someone new living in your household

Participate in Planning

- Participate with us, the Individual and his/her Family/Caregivers to develop the guides, service & healthcare plans, or other resources that we have outlined in this handbook
- Use these plans to guide your work & follow through on goals and action plans arising out of these plans.

Maintain Certifications

- Provide services to best practice and health and safety standards with skill and diligence.
- Seek support from us as needed to ensure you maintain these standards.
- Maintain required training including First Aid and CPR and Therapeutic Crisis Intervention Training approved by the Agency (if needed by the individual served) for you and any approved respite providers.
- Participate in all competency based training as outlined in this handbook

Participate in Monitoring & Evaluation

- Provide access to your operations/premises at reasonable times during this agreement as outlined in Section 7 of your agreement.
- Participate in routine monitoring of your agreement and the services provided and be open to any feedback provided.
- Facilitate opportunities as needed for ***The H.O.M.E Society*** staff or designates to engage with the Individual on site to observe, provide supportive interventions and/or provide training support to you.
- Participate in program reviews and evaluations as requested.

Maintain Confidentiality

- Treat all information about the Individual/Family as confidential, and adhere to privacy requirements even when you are no longer contracting with us as outlined in Schedule I and in Section 16 of our agreement .
- Ensure that you do not release or disclose the contents of your agreement with us without written consent from us.

Respect this Agreement

- Fulfill the contractual obligations yourself. Any agreement to sub-contract these services (even for Respite) is not permitted unless approved by **The H.O.M.E. Society** in writing
- Make sure all individuals in your household follow this agreement and meet all standards
- Ensure your business does not engage in any services that might be a direct conflict of interest between you and ***The H.O.M.E. Society.*** When in doubt, talk with your Society liaison.

What it means to be an Independent Contractor

Our Agreement states that you will operate as an **Independent Contractor** when delivering these services, not an employee. Independent contractors are separate businesses/organizations or self-employed individuals. The definition of an independent contractor is determined through several tests. Generally, if you control how, when and where you carry out your duties, use space and equipment that you own, and have a chance to make a profit or loss, you are an independent contractor.

✓**Control:** You control how you deliver the services, within the requirements set out in the agreement, and any arrangements made with the individual and his or her support network. This means that, ***The H.O.M.E. Society*** sets the outcomes expected to be delivered under this agreement within the quality standards established both by our Agency and CLBC and any other government bodies overseeing these types of services. You determine the process for meeting these outcomes. Our services are person and/or family centred so outcomes are guided by the Individual and his/her support network. When delivering these services, you are obligated to adhere to the laws of B.C., including but not limited to the Human Rights, the Multiculturalism, the Personal Information Protection, and the Employment Standards Acts.

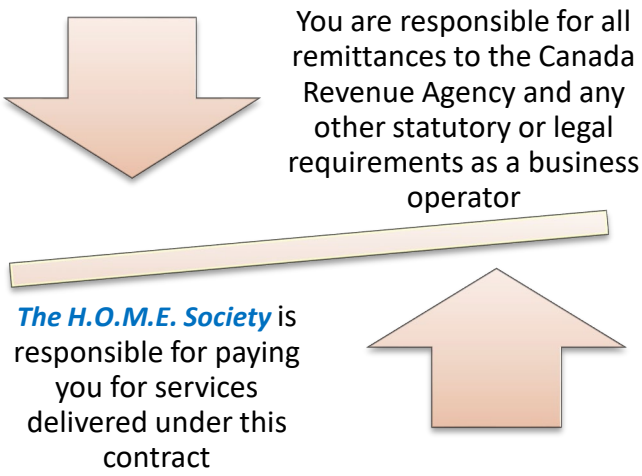
✓**Your Space and Equipment:** Unless otherwise agreed, Shared Living Contractors must provide the home, bedroom (must have a closet and a window), furniture, and other items needed to support the individual. Contractors must have access to a safe, appropriate vehicle to deliver these services. You are also responsible for purchasing the supplies and equipment needed to provide the services needed for the individual living with you. Shared Living Contractors must provide the tools for communication including a cell phone, internet access, a computer/tablet for reporting and must be able to check their email daily. The HOME Society will provide Shared Living Contractors with sharevision log-in access and the Shared Living Contractor must have an active email address.

✓**Opportunity to Make a Profit or Loss:** ***The H.O.M.E. Society*** service rates are set by CLBC so they are standardized within the sector and competitive with rates offered by other agencies. It is up to you to decide if you can operate comfortably within the rate before entering into an agreement with us.

The B.C. Employment Standards Branch is responsible for determining who is an independent contractor. If you have questions, refer to their fact sheet provided with this handbook, or contact them at http://www.labour.gov.bc.ca/esb/.

As a contractor, you are responsible for all payments associated with this agreement.

You must pay your own income taxes and CPP premiums directly to the government and meet any other statutory requirements. You will be paid on the basis of your agreement with us. You will not receive T-4 slips from us and we do not make any remittances to the Canada Revenue Agency on your behalf. If you have questions about your income tax status, we suggest you consult a tax professional or accountant.



Upon approval, you will receive a copy of Government Master Insurance Policy as outlined in Section 15 of your agreement with us. This insurance is limited, and it is important that you consult an insurance professional to ensure you have adequate liability, property/ household, vehicle and other insurance. **You are responsible for any damage to your facility/home or property as a result of providing these services.**

Mandatory WorkSafe BC Coverage

Coverage for You as a Shared Living Contractor

All Shared Living Contractors are required to purchase and maintain coverage under Work Safe BC. The Workers Compensation Act establishes a no-fault workplace accident insurance plan. Shared Living Contractors qualify for coverage through the ***Personal Optional Protection (POP)*** option.

Coverage for Respite and Community Inclusion Providers You Hire Directly

If you contract with respite providers directly, the respite providers must also obtain personal optional protection (POP) coverage for themselves. If you hire respite workers as employees directly, you may need to register as a small business employer. In either scenario, respite workers must have coverage, and you must be able to provide documentation of this coverage. To find out more about coverage for your respite workers, we recommend you contact Work Safe BC directly to determine the appropriate coverage required.

Confirming Your Coverage

You are required to confirm your coverage with the Workers Compensation Board by providing your registration number to ***The H.O.M.E. Society*** liaison. Following your registration, ***The H.O.M.E. Society*** will obtain updated clearance letters as part of our ongoing monitoring process to ensure your premiums have been paid and are up to date.

Be sure to consult with Work Safe BC prior to making a decision on how you arrange your workers compensation coverage. If you have any questions about the content of the agreement, you should clarify these before signing. Discuss this either with ***The H.O.M.E. Society*** liaison, and/or through independent legal advice.

WorkSafe BC - Frequently Asked Questions for Shared Living Contractors:

Do I have to get coverage?

Yes! It is a requirement of your agreement with ***The H.O.M.E. Society*** to obtain WorkSafeBC "**Personal Optional Protection** Insurance". This insurance protects you against income loss and enables eligibility for medical and rehabilitation services if you're injured on the job.

How much does it cost?

The amount you pay depends on the business you're in and the coverage you've purchased. Shared Living Contractors are in the industry classification "**Hiring or Providing Companion Services or Domestic Child Care Unit, (classification 764029)**" if they share their home as a Shared Living Contractor *with no more than two physically challenged or developmentally delayed individuals that reside with them*.

How do I apply for Personal Optional Protection?

1. Online at worksafebc.com
2. Complete the pdf form that can be downloaded from worksafebc.com and follow instructions for mailing your application to them.

How do I confirm my coverage for ***The H.O.M.E. Society*** to meet my contractual obligations?

Once you have been approved for coverage, you can alert ***The H.O.M.E. Society*** liaison that you are covered. She/he can then search the WCB site and print a clearance letter showing you have registered.

What if I don't make payments or cancel my coverage?

The H.O.M.E. Society liaison will monitor your status with WorkSafe BC as part of ongoing monitoring. He/she will use the WCB site to verify your status. If you are not making regular payments, the clearance letter will report that you are delinquent in your payments and you will no longer be meeting your contractual obligations with ***The H.O.M.E. Society.*** As outlined in our agreement with you, your agreement could be terminated or suspended if you do not meet this obligation.

Part 2: Understanding Our Role

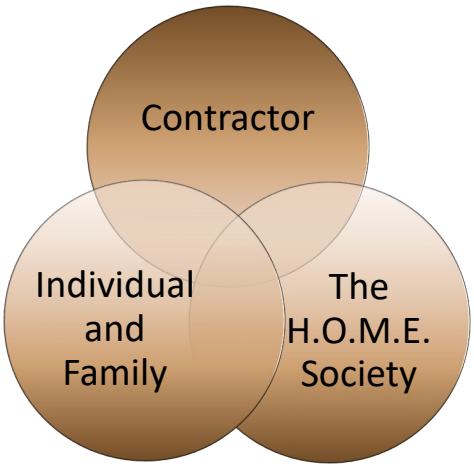
As part of our agreement with you, ***The H.O.M.E. Society*** is obligated to provide you with:

Support	Resources	Monitoring	Payment
Assistance, training and advice on matters related to the services you are providing	Up to date guidelines and service standards. Notification of any changes that could impact you	Monitoring and evaluation of the services you are providing to ensure standards and guidelines are followed	Payment for services as agreed in the contract
Access to books, videos, materials and workshops	Pertinent and timely information about the individual and family including any support, care, or personal plans	Regular contact with you to support you in providing effective services to the individual	

Part 3: Fundamental Principles Guiding Your Work

Communication

Open and regular communication is the key to successful relationships with both ***The H.O.M.E. Society*** and with the Individual and his/her family or network no matter what service you are providing.



As a contractor, you are accountable to both ***The H.O.M.E. Society*** and the Individual (and family if appropriate) whose support you are providing. To help facilitate effective communication, both ***The H.O.M.E. Society*** and you, as the contractor, must commit to:

- Keeping each other up to date about any plans or changes that could impact the service or the individual or his/her family
- Maintaining regular informal contact as a way to anticipate and prevent problems
- Sharing any successes or progress made so we can all celebrate!!

Keeping each other 'in the know' helps us all do a better job supporting the individual.

Contractors also need to:

- ✓ **Make sure you are familiar with any formal reports you need to submit** (check Section C in this handbook for required Program Reports and #8 in Section A of this handbook and in your written agreement. Talk with your Society liaison if you are unsure)
- ✓ **Make prompt reports about any incidents or challenges that arise** (please discuss the specific reporting processes to be used with your Society liaison)

The H.O.M.E. Society facilitates and supports communication in many ways, including offering training and support as needed. We provide conflict resolution or facilitation if communications have become difficult or there is an issue to be resolved. ***The H.O.M.E. Society*** also sends regular emails to both families and Contractors, including program updates, newsletters, and information on professional development and training opportunities.

Language

The perceived value or worth of an individual can be affected by the language used by the people around them. For many years, people with disabilities have been identified by their disability first, and as people second. They have often been described as helpless victims to be pitied and cared for, or feared and ignored. Words that are negative, depersonalizing, stereotypical and sometimes offensive have often been used.

It is important to use language, both written and verbal, that enhances dignity and engenders respect for all Individuals. Below are some basic principles to follow when talking with and about people with disabilities. You can find more detailed information on the website http://www.esdc.gc.ca/eng/disability/arc/words_images.shtml.

Take time to frame your language in a way that is respectful and enhances dignity.

✓ **Put people first, and disability second -** Instead of disabled person or defective child, use *person with a disability* or *child with an impairment*.

✓ **Avoid using depersonalized disability or medical diagnosis as a label for a person -** Instead of globally describing someone as "the developmentally disabled", "the retarded", "the learning disabled", "invalids" or "epileptics", use *people who have developmental disabilities, someone with a mobility impairment or someone with epilepsy.*

✓ **Use emotionally neutral expressions -** Instead of saying someone is suffering from or afflicted with cerebral palsy, or is a stroke victim, say he or she is *a person who lives with cerebral palsy* or *someone who has had a stroke.*

✓**Emphasize positive abilities, not limitations -** Rather than saying that someone is confined to a wheelchair or housebound, say that *he or she uses a wheelchair or is taught at home*. Don't use terms such as able-bodied or normal in contrast, as they imply that the person with a disability is abnormal.

✓**Use words to empower and value people as contributing community members -** Avoid referring to people as family burdens or problems who need placements, case management, and professionals to make decisions for them. Talk about *individuals and families who have strengths, support needs, preferences, cultural beliefs and personal goals, and who face challenges.*

✓ **Avoid offensive words -** Words such as cripple, retard, moron, deformed and mongoloid are offensive and derogatory. Use *person with a limp, person with a developmental disability or with Down Syndrome* instead.

Conflict Resolution

Sometimes differences of opinion or other conflicts arise. The best way to prevent them is through frequent and frank communications. Don't let little things that are bothering you go by. Be proactive. Bring them up in a non-accusing way, using problem-solving techniques such as:

Don't let things that are bothering you go by.

Eventually they will become too much and will come out in ways that might be destructive.

Some Tips

- ✓ Always talk to the person you are having the problem with first. Don't gossip about the problem with others.
- ✓ Give the person a chance to state their side of the story and try to understand their perspective.
- ✓ Listen actively and look for ways to resolve the situation.

These practices can often lead to a simple solution that prevents the problem from becoming bigger and adversely affecting your relationship with the individual and/or family. Often finding a mutual solution to a difficult situation helps to build trust and strengthen your relationship. If you cannot solve the problem yourself, contact *The H.O.M.E. Society* liaison. We can provide conflict resolution support.

Keeping Records

For Each Individual You Support

You are expected to keep a file with information needed both to provide service and to live up to the obligations of being an independent contractor. This file should include copies of the individual's most recent personal plan and care plan or support guide, emergency information, identification and important personal documents, and any applicable health care plans and/or protocols. Make sure that you do not keep highly sensitive personal information in these files once it is no longer needed; forward it to *The H.O.M.E. Society* for retention in the individual's central file.

Sharevision

The HOME Society uses the data information system, Sharevision, to store data on the individual and contractors. Shared Living contractors are expected to ensure that the information kept on file in Sharevision is kept up-to-date, including but not limited to, recording any changes to the individual's personal information and important contacts (family/friends/stakeholders),Community Inclusion activities and hours, Professional/Medical

appointments, emergency drills/preparedness, Monthly/Quarterly progress reporting, and any support plans such as the Individual Service Plan (ISP) and Health Care Plans.

For the Services You Are Providing and for Your Obligations as a Contractor

We advise that you keep copies of all correspondence with *The H.O.M.E. Society* and the individual(s) you support, and all documentation showing that you have fulfilled your contractual requirements, i.e., First Aid certificates, etc. Keeping a detailed record book showing all contractual arrangements, licenses and permits etc. is also a good idea.

Confidentiality & Privacy

Each individual and his/her family receiving service have the right to have personal information about them treated in confidence. This includes medical, psychological, financial, employment and educational information. This obligation continues indefinitely, even after the service relationship you have with them is over.

Shared Living Contractors and any adult household members and staff you hire (respite or CI) are required to complete CLBC's online Privacy Training (will be provided by the Agency) prior to beginning service to ensure the privacy of individuals we support.

You should not provide personal or sensitive information about the person you are caring for to people outside *The H.O.M.E. Society*, without his or her consent. In the case of a child or an adult who is not making his/her own decisions, this consent must come from the family or Representative. This applies to photos and names, as well as written reports or other information. Keep such information in a private and secure place in your home, separate from your own personal information, and where it cannot be accidently seen by others. **BEFORE EXCHANGING ANY PERSONAL INFORMATION, YOU MUST ALSO HAVE APPROVAL FROM** *The H.O.M.E. Society.*

Different individuals need different levels of support to provide consent or share information. For example, an individual may do her own banking, but you may need to take her to the bank, help her fill out the forms, and keep track of which bills to pay at what time. Or you may deal with the parent, in a situation where the parent has Committee (Legal Authority to Make Decisions). Such requirements should be explained in the person's care or other plans. Always make sure you understand the legal status of the individual you are supporting and contact *The H.O.M.E. Society* if you do not know or feel you are being asked or expected to do things not provided for in the care plan.

More about Consent

It is important to understand that each Individual and/or his legal guardian must provide consent in the following areas:

1. Consent for Service that confirms agreement for each of the services an individual receives from *The H.O.M.E. Society* This is typically completed once for each service the Individual requests. We will provide you a copy of this consent for Shared Living Services
2. Consent for Health Care Support that authorizes treatment in the case of a medical emergency. This form is completed annually with each individual.
3. Consent for Finances that clarifies if *The H.O.M.E. Society* has any responsibility for the person's funds. Written protocols will be put in place for any individual for whom *The H.O.M.E. Society* takes responsibility for funds and these must be followed by the Shared Living contractor.

Supporting Successful Placements: Our Monitoring and Review Process

Our monitoring and reviews are an important way we support you to have a successful Shared Living experience. It is also our way of making sure the individual you have welcomed in your home is healthy and safe and that you are meeting the standards and expectations of our agreement with you.

We are responsible for regularly monitoring the service you provide as well as for completing an annual evaluation. This is a great way for us to keep in regular contact with you to:

- offer you support and update one another;
- make sure that all is well with the health, safety and well-being of the Individual(s) you are supporting;
- ensure you are following through in meeting your contractual obligations;
- ensure we are following through in meeting our contractual obligations;
- provide an opportunity to connect and resolve any concerns.

Our monitoring will involve:

- Meeting with you at regular intervals (times and frequency established with you) but include a minimum of 1 monitoring visit every 6 months after the first year when we monitor more frequently - at 30 days, 90 days and then quarterly.
- Arranging on-site visits to observe and provide support as needed;
- Consulting with others providing supports to the Individual such as day program staff, employment support services staff
- Consulting with the Individual and his/her family or team;

Emergencies and Consent

There may also be some unexpected circumstances when you have to release information, such as a medical emergency. *The H.O.M.E. Society* will identify who is legally able to give consent for the Individual if he/she is not able to consent directly. If the person is unable to provide consent at time of the emergency, share only what is necessary, use appropriate language, and have the advance written permission of the Individual or *The H.O.M.E. Society* for these types of emergency situations. Note: Each Individual or his/her legal representative must sign a "*Consent for Health Care Support"* with *The H.O.M.E. Society* to authorize treatment in case of a medical emergency. Make sure you have a copy.

- Checking to be sure required training/certifications have been completed and any new training needs are identified and addressed;
- Reviewing any documentation you have provided to us including required reports, any incident reports or other information/records.

If there are concerns that you have or that we have about the services you are providing, we will work with you to try to address them and make changes as needed.

Considerations about agreement renewal will be based on our monitoring and evaluation. Your participation in these processes is important. The safety and well-being of the Individual(s) served always guide our decisions.

We will provide you with copies of the monitoring checklists we use.

Our monitoring and evaluation practices are designed to support you in providing high quality care

Section C – Shared Living Program

Part 1 –About Shared Living

Shared Living Program Overview

Shared Living is funded by Community Living British Columbia (CLBC). It is intended to provide safe, nurturing community-based shared living arrangements for adults with developmental disabilities. In this handbook, we call the people receiving Shared Living individuals. Shared Living is provided through contractors such as you, who welcome an individual into your home, sharing your space, responsibilities, and sometimes your family. Many of these individuals have family and/or support networks, who may also be involved in their lives. Some people choosing this living option are unable to make some decisions on their own, and may have a parent acting as a committee, or a Representative under Adult Guardianship legislation.

Shared Living arrangements vary – depending on your situation and the unique needs of the individual you are supporting. Most arrangements involve an individual and a Shared Living Contractor sharing an apartment or house. Some involve a whole family supporting an individual, with one family member being the primary Shared Living Contractor. Whatever your particular arrangement, we thank you for taking on this important role and trust that you will find it a rewarding experience.

Taking on the Role of Shared Living Contractor

Shared Living Contractors are very special people. You open your home and life to include an individual and their support network. In doing so, you will get to know this person, and likely their family and/or support network. You will also learn something about yourself.

Personal Qualities to Support Your Work

There are many qualities that can help you be successful as a Shared Living Contractor. Those that are cited the most by experienced Contractors include being flexible, adaptable, organized, and accepting. Additionally, to enjoy the give and take of the relationship, it also helps to be a good problem-solver and communicator who has a sense of humour and likes to learn new things. And, of course, knowing how to take care of yourself is important too, so you don't burn out.

Core Responsibilities

Your role is to provide *safe care and support* for the person you have invited into your life, in an *accepting, inclusive environment*. You are responsible for the *safety, health and the well-being* of the individual 24 hours a day. You need to make sure that he or she has *opportunities for personal and social development* within your household and with his or her family and in the broader community. You are also responsible for *communicating with The H.O.M.E. Society, the individual, and, where appropriate, their family or Representative*.

Core Values

Make sure you know, understand, and follow the ***The H.O.M.E. Society*** *Rights & Safeguards for Adults*

Making sure people live high quality lives in community is a core principle of Shared Living. As a Shared Living Contractor, you are expected to behave in ways that reflect the inclusive philosophy of *The H.O.M.E. Society* and the Shared Living Program, and that are in keeping with standards that value and respect all individuals equally. Individuals enjoy rights that are to be upheld and respected by everyone involved with them. These are set out in *The H.O.M.E. Society Rights & Safeguards for Adults booklet* that is available with this handbook. In your role, you are expected to uphold and safeguard these rights in all your interactions with the individual and his/her family and/or support network.

Every individual has the right to a physically and emotionally safe environment that supports his or her dignity and privacy. The welfare of individuals is of the utmost concern. Abuse, neglect or disrespect of any kind is not tolerated. You are expected to speak, dress and act in ways that are respectful and appropriate.

Training for Your Role

As part of your orientation to our Shared Living Program, you will be supported to complete the following core training components. We have designed these as competency based training exercises (which means we will have some way of testing your learning) to ensure you feel competent and comfortable in your role in each of the areas listed here:

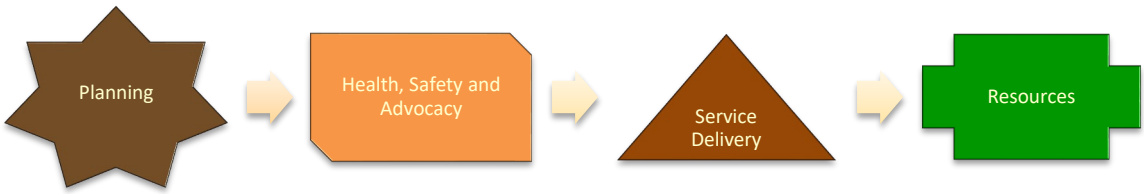
a. Program values *(Gentle Teaching)* and how you can align your supports to meet them
b. Basic personal care and healthcare expectations related to the individual you will be supporting.
d. How and what you will be expected to document and what you must report including Sharevision, goal setting and other training as needed.
e. How to manage medications, when applicable for the person you are supporting.
f. How to provide other supports specific to the person you are supporting
g. Other training as determined by the Shared Living Department and CLBC

You will also be expected to maintain current clear Criminal Record Check, Standard First Aid with CPR C, MANDT certifications.

In addition, to support your ongoing role, *The H.O.M.E. Society* provides regular opportunities for you to join your fellow Shared Living Contractors for training and support. See Part 5 for more details.

Required Standards of the Service You Provide

CLBC has outlined some standards for Shared Living Contractors that cover the following priority areas. This handbook will help you understand your role in each of these areas.



These Standards in Practice

Planning

- **Person-centred planning**: Each individual is supported to develop and accomplish long- and short-term goals through a personalized planning process. Shared Living Contractors support these plans.
- **Health care planning**: Shared Living Contractors ensure that each individual with significant health care issues is supported by planning that identifies critical health care needs.
- **Transition planning**: When an individual moves into his/her new home, there is careful preparation to provide continuity for the individual and to ensure the Shared Living Contractors are aware of the individual's needs.

Health, Safety and Advocacy

- **Individual care and support**: The home provides an environment that encourages the physical and emotional health and well-being of each individual. Medical and dental needs are attended to for each individual and special-care needs are met for individuals with physical disabilities.
- **Safety and security**: The home guidelines and procedures are designed for the safety and security of all individuals with particular attention to the special needs of individuals with physical disabilities and those who are unaware of danger.
- **Rights**: Contractors respect every individual's rights and act as an advocate for these rights.
- **Home atmosphere**: Contractors provide a home-like environment that allows individuals to live a rewarding life.

Service Delivery

- **Activities**: Each individual has the opportunity to take part in daily activities and participate with as few restrictions as possible in typical home living. Individuals have the opportunity and means to communicate their wishes and feelings, to develop satisfying social relationships, and develop skills that promote maximum independence.
- **Family and friends**: Contractors welcome the involvement of family and friends
- **Community involvement**: Shared Living Contractors make full and effective use of community resources and initiate community contacts that promote inclusion for all individuals.

Resources

- **Leadership and co-ordination of support**: Shared Living Contractors are qualified and experienced and have regular, direct contact with each individual receiving service, respite providers, and others involved in the individual's life.
- **Training of respite providers**: Shared Living Contractors ensure that respite providers are familiar with their responsibilities and receive necessary training. Respite providers demonstrate suitability for providing good quality support to the individuals.

- **Guidelines and procedures**: The home has guidelines and procedures that meet all requirements of health, safety, fiscal responsibility, individual documentation, and record-keeping.
- **Communication and problem-resolution**: The individual experiences meaningful relationships that promote mutual respect, independence, and quality of life. Communication channels are clear. Effective ways of preventing problems and resolving individual differences are used and encouraged.

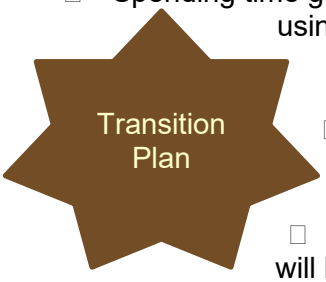
Part 2 – Building Positive, Supportive and Respectful Relationships

Making a Good Start

The H.O.M.E. Society is committed to planning and facilitating the transition to a new Shared Living arrangement. We believe that getting off to a good start increases the chances of success over the long term.

Both you and the individual you have invited into your life will be involved in planning how the transition will work. Timelines for this transition will vary based on the needs and circumstances of the individual as well as your household. Whether the transition phase is extended or more condensed, you can expect some logistical and emotional impact for everyone involved as you settle into this new arrangement. It goes with the territory!

Some planning steps to complete before and during the move:



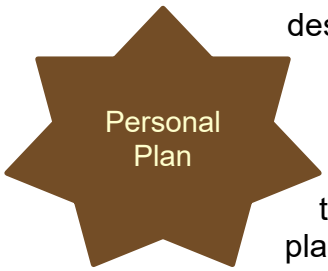
- Spending time getting to know the individual is paramount. We help you to build your relationship using a graduated approach starting with visits, lunch and/or dinner together, and other shared activities and then moving to an overnighter or weekend stays as time allows;
- Any painting, renovations, or physical adaptations to be done - involving the individual can be a good way to build relationships (paint colour, etc.);
- Determining how the costs of moving will be dealt with;
- Deciding how the individual's personal space and privacy will be arranged – it will be important to ensure that all members of the household understand and agree to respect the individual's personal space and belongings including not using their belongings in any way;
- Arranging the date when the individual's personal effects, furniture, pets will be moved in so that you have time to complete a thorough inventory of all his/her belongings for your records and for the individual to keep;
- Planning the logistics of the moving day and how best to make this happen so everyone is comfortable;
- Making a list of observations and questions to discuss with your Society liaison;
- Making sure you have an inventory of the individual's identification documents which should include: BCID and/or BC Medical Card; Birth Certificate or Passport, Medical Alert (if applicable) and other relevant documents such as Social Insurance Card. If the individual does not have any of this ID listed, make arrangements to secure any missing documents; Contractors should ensure that documentation numbers are entered into the individuals information sheet on Sharevision and that copies of all important documentation are submitted to the Shared Living

Department for safekeeping in the individual's file. Originals can also be kept at the HOMES office for safekeeping if needed (birth certificates, passports, etc).

- Planning a way to celebrate the move and your new life together!!

To support this transition, The H.O.M.E. Society will be providing regular monitoring and support to be sure all is in place and the placement is successful. This monitoring will take place at the time of the move, within 30 days, again after 90 days and then every 3 months for the first year of the placement. See our section on Monitoring and Evaluating Your Services for more details about what to expect during these visits. You can read more about our monitoring visits in Section B.

Understanding and Supporting the Individual's Dreams and Aspirations

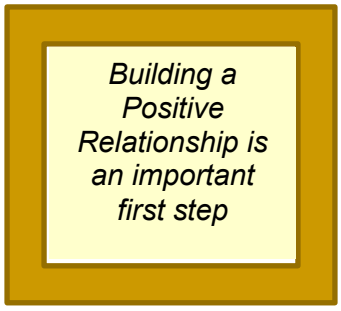


Building a successful Shared Living relationship with the individual involves understanding the lifestyle he/she desires as well as his/her dreams or aspirations. *The H.O.M.E. Society* uses a person centred planning approach to guide services including those offered through Shared Living. A personal plan sets out the dreams, goals, strengths, needs, preferences and aspirations of an individual, and guides the delivery of all services. It includes measurable goals and objectives, and is reviewed and revised yearly. This plan is usually developed with *The H.O.M.E. Society* caregivers or by another agency involved with the individual, with input from the individual and the family/support network. The individual's personal plan is your main map or guide in providing support for him or her.

Each individual is supported to develop and accomplish long- and short-term goals through a personalized planning process. Shared Living Contractors are part of the planning and implementation team helping to follow through on plans, identify progress, and make adjustments to meet changing needs.

Individual Service Plan and Goal Setting: You must be familiar with and follow this plan. You will be required to report quarterly on the status of the goals, and just prior to the next annual personal plan meeting.

Understanding the Decision Making Authority



As a Shared Living Contractor, you are not designated as the legal guardian of the individual. However, because you will be an important part of the individual's life, it is likely that he or she will call on you for support in understanding and making decisions. Your role is a delicate one that requires you to think through and make sure you are not biasing decisions based on your values and beliefs but helping the person to think through the options available and the consequences of different choices. **Additionally, it is important to recognize that you do not have the authority to make legal, financial or health care decisions on the individual's behalf.** Make sure you understand the legal status of the individual you are caring for and are clear about who can make decisions if the individual cannot. In cases where the individual is not able to make decisions on his/her own, one of the following options is likely in place for him or her. He/she may have a "Committee of Person" authorized through a Public Trustee, a Representative under a Representation Agreement, or a Temporary Substitute Decision Maker for Health Care Decisions. More information about representation agreements, as well as plain language versions of *Consent to Health Care and the Role of the Public Guardian and Trustee* as well as other useful resources on this subject are available from *The H.O.M.E. Society* or the Office of the Public Trustee at their website listed in this handbook.

Recent legal changes in B.C. describe the Rights of an adult individual to make decisions for themselves and explains what happens if he or she needs help making decisions. Individuals are presumed to be capable until legally proven otherwise, and the way a person communicates is not a factor in determining capability. Some adults may have representation agreements, through which they have legally designated someone they trust to help manage their affairs and make personal care, financial, health or legal decisions for them. Some may also have an appointed Committee, usually a parent, who acts on their behalf.

Community Inclusion and Advocacy

Part of your role is to help broaden the circle of friends and build new social opportunities with the individual. Recreational and other community activities should form a part of what you provide. Ideally, this should happen in natural settings in the community, with peers if possible. Your choice of activities should be guided by the individuals' personal plan. Individuals are expected to pay for the costs of admission or participation in such activities.

Be aware of the individual's rights and responsibilities in the community. Stand up for the person if you feel they are not being respected and treated with dignity. Help them develop their own self-advocacy skills, so they can speak on their own behalf in the wider community.

Religious Activities

The H.O.M.E. Society is a non-denominational agency serving people of all religious beliefs. We encourage and support the right of individuals to freedom of religious choice. As a Contractor, you will respect and support individual choices and make reasonable accommodations regarding things such as dietary or moral decisions based on religious belief. Do not take an individual to a religious meeting or event without express individual consent.

Travel

While many adults can provide their own permission, if you are planning to take a trip outside your home community, be sure you have the correct permissions in place. You must have advance written permission from the appropriate decision maker for any individual who has a Committee of Person or Representative under a Representation Agreement. You must also inform *The H.O.M.E. Society* and carry medical information and emergency numbers with you. If you are crossing into the U.S., you must also have a permission letter from the designated decision-making authority or *The H.O.M.E. Society*, proof of citizenship for the individual, appropriate medical insurance coverage and medical information and emergency numbers. In the current environment, travel rules for crossing the border may change, so check before you leave home. If you are leaving your home community with an individual for more than 12 hours, check with *The H.O.M.E. Society* liaison to assess the need for a "Risk Assessment".

Health, Safety and Advocacy

Please note that Contractors must not be out of British Columbia longer than one month with or without the supported individual(s) to maintain your Shared Living contract.

Long Term Visitors

If you have family or friends visiting you and staying longer than 14 days, they must provide a written criminal record search completed by the Abbotsford Police Department or their home city or country.

Sexuality

Sexuality is a natural part of the development and growth of human beings. It is inherent in expressions and perceptions of self. Individuals have the right to learn about and explore their sexuality and sexual identity in developmentally appropriate ways. Be aware that you are sharing common space with the individual and that you need to have ground rules with which you are both comfortable. Clarify individual preferences and expectations about things such as TV shows and videos, touching, and language, and agree on what is appropriate. Then follow the agreement and support the individual to do so as well. Do not impose your own moral choices or judgements on the individual. Inform *The H.O.M.E. Society* liaison of any issues regarding sexuality that arise and ask for specific training if needed.

Rights and Responsibilities

Helping the individual exercise his/her rights and understand his/her responsibilities is an important part of your support. The following is a checklist showing expectations of your support:

- ✓ support the individual to learn about, exercise and advocate for his/her rights (e.g. individuals are supported to vote if they choose to do so)
- ✓ make sure you have a plain language statement of individual rights available at the home that reflects the philosophy of community living (e.g. dignity of risk, least restrictive environment)
- ✓ make sure the supports you provide reflect individual rights (e.g. considerations of privacy, confidentiality, and personal dignity)
- ✓ be sure to provide opportunities for the individual to understand and learn to balance his/her rights with the rights of others in the household

Each Shared Living arrangement is different and support is delivered according to the unique needs of the individual. What works in one home will not necessarily work in another. Please be sure to consult with the Society liaison if you have any questions or concerns about how best to build a positive, supportive and respectful relationship with the individual in your care

Part 3 – Ensuring Health and Wellbeing

Health, Safety and Advocacy

Care Plans

You are responsible for supporting the individual's health and wellbeing. To supplement the personal plan, described above, specific plans will help guide the type and level of support you will need to provide.

Care Plans are required for all individuals accessing Shared Living. In addition, Personal Care Plans and/or Health Care Plans and Health Care Protocols will be developed for those with complex health or rehabilitation needs

Every individual receiving *The H.O.M.E. Society* services has a care plan. A care plan describes the assistance and support that he or she needs in daily living. It is tailored to reflect the unique preferences and support requirements of each individual. The individual usually completes it initially, often with assistance from his or her family, and *The H.O.M.E. Society* if needed. It is a confidential document that contains personal information and should be treated as such.

A care plan usually contains information such as the following:

- Personal and emergency contacts
- Description of the person e.g. gifts, talents, likes, dislikes, important issues, triggers for behaviours, potential challenges, significant life experiences
- Description of potential risks such as going missing
- Description of personal support network
- Personal care and health needs including diet, favourite foods, sleeping patterns, washroom routines, therapies, medical and specialist appointments, medications, allergies, and any other medical concerns
- Communication needs and support including preferred learning style and successful teaching strategies
- Community involvement including safety protocols when in the community, preferred activities and supports needed

The care plan is a big help to you – it should guide the care and support you provide. Always have a copy of the plan. Review it and discuss any issues or concerns with the individual and their family before providing Shared Living. Care plans are updated by you and the individual annually.

If you notice significant changes in the person supported, do not wait for a review to bring this to the attention of the family (as outlined in consents) and the Society liaison.

Personal Care

Some individuals need direct assistance with personal care and hygiene routines. If this type of support is needed, these routines will be outlined in the Care Plan as described above. You are expected to provide personal care in a way that ensures the privacy and dignity of the individual and promotes the highest level of independence and personal choice possible. This helps the individual learn appropriate touch, language and personal boundaries through consistent modelling. It also provides comfort, consistency of routine and familiarity for the individual while protecting everyone involved. ***Do not allow anyone else in your household to provide personal care - only The H.O.M.E. Society approved caregivers are allowed to do so.***

Standards of Personal Care

Touch and personal interactions are integral components of providing personal care. Make sure you adhere to the following guidelines when touching the individuals you are caring for:

- Avoid private parts during affectionate touching or hugging.
- Allow as much privacy as possible while ensuring safety.
- Follow the care plan.
- Let the person feel in control and be able to stop the touching at any time, except in a dangerous situation.

General Health Care

You are responsible for meeting the health care needs of the individual you are caring for, as per the care plan. This could include using equipment such as braces or a wheelchair, and following established routines and instructions regarding feeding, allergies or other medical concerns. Only carry out routines that are set out in writing in the care plan. The care plan includes details about when and how to administer prescription and non-prescription medications and procedures and ramifications of missed doses.

Health, Safety and Advocacy

Keep all medications in a safe storage place. Some individuals may take their own medications while others may need your support. If you wish, you can get a medication chart (MAR) from the Pharmacy that includes name of medication, dosage and time, with initials. Ask *The H.O.M.E. Society* for an example if you want to use it. You must complete our competency-based training in Medication Administration and Management if you are involved in supporting an individual with their medications.

You will be required to keep track of all therapy, medical, dental and other health related appointments and, in most cases, attend the appointment with the individual.

You are responsible for keeping informed about any changes to medications or other medical routines, and for ensuring there is enough medication (blister-packed) or supports for other medical needs.

Health Care Plans & Health Care Protocols

A health care plan is required for individuals who have complex health or rehabilitation needs that require professional involvement. It sets out what procedures are required, who can perform them and who monitors them. It includes appropriate protocols such as seizure management, physiotherapy, and/or a delegation of task. It is developed by Health Services for Community Living Branch of Ministry of Health (HSCL), or by one of their contracted service providers. If the individual has a health care plan/protocol, you must have a copy of it and follow it. It may be attached to the care plan.

Health Care Plan Requirements

Health, Safety and Advocacy

- the health care plan covers areas where the individuals require planned medical / therapeutic support
- qualified health professionals (Health Services for Community Living professionals) are involved in the development of the health care plan and approve the plan in writing
- individuals, their families, or other supporters are involved in the development of the health care plan
- the health care plan is monitored for its effectiveness in directing health care and changes are made to the plan as needed
- Shared Living contractors including respite contractors
    - are familiar with protocols outlined and receive training as necessary;
    - must ensure that health care is provided according to the health care plan
    - are clear on who has the legal authority to make health care decisions, emergency versus ongoing care, and role of the family
    - have been informed regarding any representation agreements, committee of person or temporary substitute decision makers that are in place and are aware of their purpose and the role of these decision makers if one has been appointed for an individual

Behavioural Support Strategies

Contractors are expected to interact with individuals in valuing and respectful ways that support their rights, safety and dignity. This caring relationship forms the basis for positive and appropriate behaviour. Always strive to assist individuals to develop self-control, self-confidence, self-discipline and sensitivity to their interactions with others.

Please be familiar with and follow the Community Living B.C. ***Behaviour Support & Safety Planning - A Guide for Service Providers*** *provided with this guide. Check their website.*

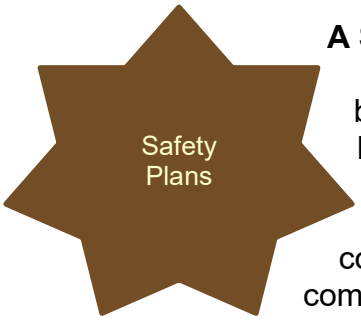
Redirection and correction should be a positive learning experience that teaches the individual to control and correct his or her own behaviour. It can include natural consequences, praise, encouragement, modeling, rules, limits and counseling. It must not include punishments such as spanking or removal of basic rights such as food or privacy. Positive and preventative strategies that help establish a positive atmosphere can maximize the opportunities for appropriate behaviour. For example:

- Establishing clear and consistent expectations and explaining them in a simple, straightforward way
- Stating limits in a positive way
- Focusing on the behaviour, not the person
- Stating what is expected instead of asking questions
- Giving time for someone to respond to change
- Reinforcing appropriate behaviour with words and gestures
- Ignoring minor incidents
- Observing and anticipating

Behaviour Support and Safety Plans

Some individuals whose behaviour is challenging to the point where it seriously interferes with learning, daily activities, and participation in community activities or is critical or unsafe placing people or the individual in jeopardy, require a Behaviour Support Plan. An accompanying Safety Plan will be included if the behaviour places the individual or others in jeopardy.

Behaviour support is a systematic and planned approach to prevent or reduce challenging behaviours and enhance quality of life for individuals. Behaviour support is a set of function-based strategies that combine the science of behaviour, information about physical and mental health, and person-centred values. Behaviour support planning focuses on proactive, positive strategies. The goal is to positively address socially significant behaviours and skills in a way that will benefit the individual and all of the people within their social network.



A Safety Plan is an individualized, written document designed to support Contractors and others to respond to and de-escalate unsafe behaviour and protect the individual and/or others from harm. Unsafe behaviour is behaviour that is of such intensity, frequency or duration that the physical safety of the person or those nearby is put at risk. A Safety Plan may **only** be developed in conjunction with a Behaviour Support Plan. It is a companion document focused specifically on addressing unsafe behaviours in the context of an overall behavioural approach to improving quality of life. A Safety Plan is a serious further step with additional approval and review requirements.

The strategies in a Safety Plan are designed only to de-escalate unsafe situations and reduce risk of harm. A Safety Plan includes **restricted practices** (defined in the CLBC ***Behaviour Support & Safety Planning - A Guide for Service Providers***) and requires certain written authorizations. A Safety Plan can only be developed with the support of a qualified Behavioural Consultant.

As a contractor, it is essential that you understand both your role in implementing any behaviour support or safety plans that are in place for the individual in your care. You must follow the guidance of the CLBC *Behaviour Support & Safety Planning - A Guide for Service Providers.*

Health, Safety and Advocacy

Rights Restrictions

A right restriction is an artificial or temporary limitation imposed on a person's freedom to engage or not engage in activities of daily living or choice. In simple terms a restriction to a person's rights happens when someone tells the person "No" and imposes their will on the individual. This can be due to a participant having a guardian, rep payee, court order, intent to self-harm or harm another person, etc. In some cases, this might also be a perceived restriction on a right due to a lifelong medical condition, and a rights restriction maybe be needed where a person will always need support in an area. If a rights restriction is needed for an individual, a formal assessment and support plan/guidelines will be provided.

Prohibited Practices

Prohibited practices can **never** be used as behavioural techniques, even in an emergency. Prohibited practices include:

- Physical or corporal punishment, such as punching, slapping, pulling hair, spraying with water or using excessive physical force
- Punishment, ridicule, neglect, humiliation or retaliation, such as swearing, yelling, demeaning attitude, or name-calling
- Electric shock, including electric prods or Tasers
- Use of noxious substances (i.e. Tabasco Sauce, lemon juice, detergent or pepper)
- Misuse or overuse of a drug for a non-therapeutic or non-medical effect
- Use of a psychotropic drug without medical authorization
- Leaving a person unattended when in any form of approved restraint
- Ongoing removal of personal belongings from a person's environment
- Seclusion i.e. the separation of an individual from normal participation and inclusion, in an involuntary manner. The person is restricted to a segregated area, denied the freedom to leave it, and left alone.

As a Shared Living Contractor, you are expected to take all necessary steps to ensure that these prohibited practices are never used.

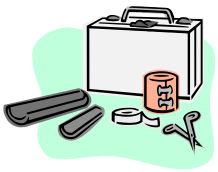
In the event that an incident involving a prohibited practice occurs, ensure it stops immediately and ensure that the person is safe. Report it immediately as a Critical Incident.

Safety Practices

You are expected to provide a safe home environment, including adequate fire and other emergency plans, precautions, and procedures. This should include fire procedures. It is recommended that you practice and document at least **6 fire drills each year.** You must also have fire safety equipment such as smoke detectors and fire extinguishers, and emergency lighting such as a flashlight.

Make sure you have a fully stocked first aid kit in your home and in your car if you are transporting the individual. Check and restock the kit after every use and at least annually.

- Antiseptic towelettes (Handi-wipes)
- Band-Aids in various sizes
- Sterile gauze and eye pads
- Gauze roll
- Non-allergenic tape
- Large and small pressure dressings
- Roll crepe tensor bandage



- Triangular bandages
- Scissors
- Tweezers
- Safety pins
- Disposable gloves
- Source of cold (ice pack, frozen peas, chemical cold)
- Mouth shield for CPR (child and adult)
- Protective eye goggles Disability Alliance

Emergency response kits should be provided by you for the individual(s) you support. We request that you supplement the supplies in this kit for extended family and other adults living in the household. It is recommended that you practice and document at least **6 earthquake drills each year.**

Be sure you have an emergency response gathering location and have practiced going to this location during your drills

Ongoing Safety Monitoring: *The H.O.M.E. Society* caregivers will have conducted an initial safety visit when you first applied to be a Shared Living contractor. We will continue to conduct annual safety visits as part of our monitoring practices outlined in Section B of this handbook. We will use *The H.O.M.E. Society* Safety Checklist. This practice helps to ensure a safe environment for the individual. We encourage you to use this list as a regular check and to self-monitor and evaluate the safety of your home environment regularly. We will provide you with a copy. For more information on home safety, go to the website listed on the back of this handbook.

Health, Safety and Advocacy

Part 4 – Handling and Reporting Emergencies and Other Incidents

Handling Emergencies

An emergency is a situation that places an individual or a caregiver at risk, and/or that requires the assistance of a doctor, nurse, 911, or *The H.O.M.E. Society. E*xamples include a fire, vehicle accident or earthquake. *The H.O.M.E. Society* has an Emergency Response Procedure including an **Emergency Response Person on call 24 hours a day, seven days a week**. Contact *The H.O.M.E. Society* Emergency Response Person in the event of an emergency. He or she will respond and provide support as necessary, and make sure critical incident reports are completed. **Call 911 if it is a medical or safety emergency**. Contact the family, or designated family emergency contact if the family is not available.

The H.O.M.E. Society

Emergency Response Numbers:

604-613-6839 – Kate Downs

604-807-9822 – Dave Lappin

You are required to report all incidents to *The H.O.M.E. Society.*

Important Tips

- ✓ Keep emergency phone numbers for fire, police/ambulance, poison control, and The H.O.M.E. Society along with the individual's emergency contact numbers and information, near the phone.
- ✓ Make sure you have a signed consent to transport the individual to hospital
- ✓ Make sure you have a completed Emergency Profile
- ✓ Make sure you have an up-to-date Consent for Health Care Support

Critical Incident Reporting

Reporting Emergencies and Other Incidents

Reporting the incidents that arise in an individual's life helps us to understand and respond more effectively to each individual's needs. As a contractor, you are required to report all incidents even those that may feel less significant to you such as cuts and bruises.

Critical Incidents

A critical incident is any event that is detrimental to the person being cared for, or to you or other members of your household. A critical incident is also any event that constitutes an infringement of an individual's rights; and/or is unusual or extraordinary in nature.

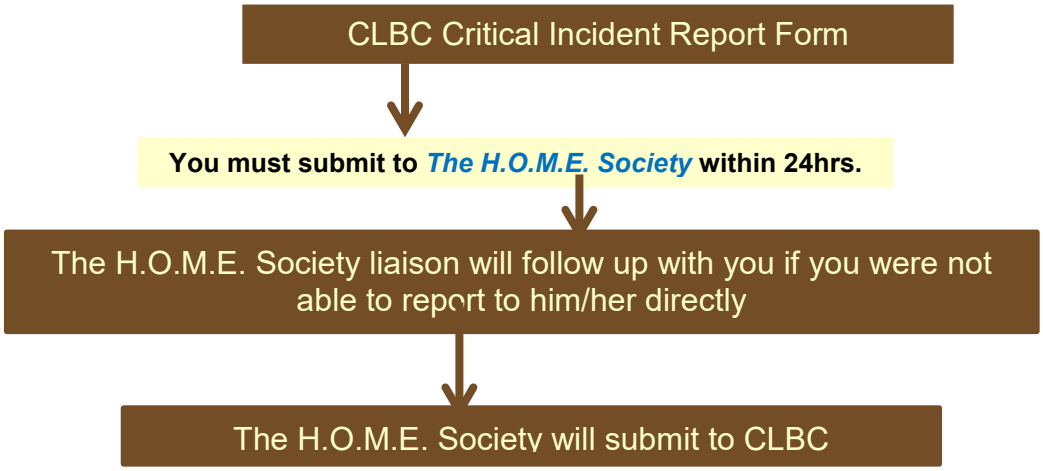
Please be familiar with and follow Community Living BC Guidelines for Reporting Critical Incidents

Examples include

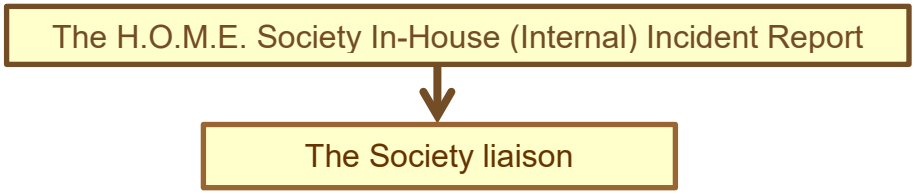
- ✓ injury requiring medical attention,
- ✓ suspected or actual abuse,
- ✓ aggressive or unusual behaviour,
- ✓ car accident,
- ✓ poisoning,
- ✓ medication error,
- ✓ exposure to a communicable disease such as Hepatitis B,
- ✓ suicide or attempted suicide
- ✓ use of illicit drugs
- ✓ unauthorized use of possession of a weapon
- ✓ unusual illness or unexpected death,
- ✓ missing person,
- ✓ damage to the contractor's home or a public facility.
- ✓ sexual assault
- ✓ anything requiring emergency medical, fire or police involvement
- ✓ "near-misses" or "close-calls"

If you witness or are involved with a critical incident, you **must**:

- contact the individual's family as outlined in consents
- contact *The H.O.M.E. Society* liaison or Emergency Response Person, and
- complete a critical incident report as outlined below



Other incidents are less significant but important to report. These include fall, cuts, or other minor injuries that do not require medical attention. Call the family (as required and with consents–some may not want to be alerted about these types of incidents) and *The H.O.M.E. Society* liaison and complete an in house report



Be Prepared

Missing Person

Shared Living Contractors must take proactive measures to ensure that individuals do not go missing. Individuals should be supported to explore their neighbourhood and review basic safety practices to minimize the risk of becoming lost or confused.

The Shared Living Contractor must develop a missing or wandering person protocol that can be referenced by all who support the individual. The protocol should include a recent photograph and a list of the individual's favourite locations or likely places to search. It should also clearly indicate the specific conditions under which the individual should be considered missing. A missing or wandering person is a reportable critical incident. Shared Living Contractors must be guided by that policy when reporting this type of event.

Health, Safety and Advocacy

Abuse and Neglect

Individuals served through our Shared Living Program, like all members of our community, have the right to live, work, play, learn, and participate in everyday activities in a safe and secure environment, free from abuse or neglect of any kind. No form of abuse or neglect will be tolerated. As a contractor, you are strictly prohibited from subjecting the individual to such abuse or neglect, or from allowing an individual to be abused or neglected by others while in your care. You are expected to protect those you support from abuse and neglect. Abuse or neglect of an individual by a contractor is grounds for immediate termination of the agreement and may also result in future legal action.

Abuse is the deliberate mistreatment of an adult that causes physical, mental or emotional harm, or damage to or loss of assets. Specific types of abuse include: physical, psychosocial or emotional, verbal, sexual, financial, and medication abuse.

Neglect is defined as any deprivation of an individual's requirements for food, shelter, medical attention or supervision that endangers the safety of an individual. It includes any

failure to provide necessary care, assistance, guidance, basic necessities or attention to an adult that causes, or is likely to cause, serious physical, mental or emotional harm or substantial damage to or loss of assets.

If you suspect that an individual may have been abused or neglected, you must report it. Follow these steps:

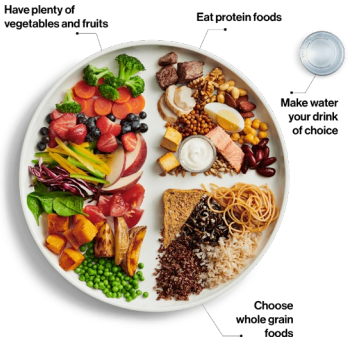
- Ensure the immediate safety and well-being of the person.
- Notify *The H.O.M.E. Society* liaison immediately; after hours, notify *The H.O.M.E. Society* Emergency Response Person to get guidance on next steps
- Notify the police if it is an emergency.
- Obtain medical attention if needed.
- Complete a Critical Incident Report form and return to *The H.O.M.E. Society* liaison immediately.
- Cooperate fully with any investigation by police and/or Community Living B.C., the Office of the Public Trustee or the Regional Health Authority.

It is not your responsibility to notify the family; that is the responsibility of The H.O.M.E. Society.

Other Health and Safety Considerations

Nutrition

Part of your responsibility is to meet the nutritional needs of the individual you live with. Use Canada's Food Guide as a reference for meal planning. Encourage individuals to make choices within the substitution guidelines of the Food Guide. Follow any nutritional plans and preferences in the care plan, including any food preferences, intolerances or allergies. Handle food safely, paying particular attention to adequate cooking and refrigeration and to preventing contamination. We encourage you to take a Food Safe course.

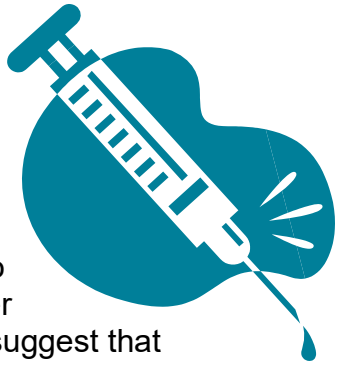


Standard (Universal) Precautions

Observe basic cleanliness routines such as regular hand washing and understand and follow standard health precautions at all times when providing personal care for an individual. Always treat blood and other bodily fluids as potentially dangerous. Use latex/vinyl gloves when providing personal care that involves blood or other body fluids, or when touching non-intact skin or items/surfaces contaminated with blood or body fluids. Disinfect contaminated

surfaces, items and materials with bleach or in the dishwasher or microwave. For more details on standard precautions, check out the website listed on the inside cover of this handbook.

Immunizations



You may want to consider immunizations against Hepatitis A, Hepatitis B and influenza. You are responsible for arranging your own immunizations, blood tests and boosters.

Please Note that if the individual we have placed in your care is a carrier of Hepatitis B, you will be notified, and we strongly advise you to be immunized. If you choose not to be immunized, we may not consider you as a contractor for someone who is a Hepatitis B carrier. We also suggest that you do not perform personal care duties.

Support during a Hospital Stay

Sometimes you may have to transport or accompany an individual to the hospital. If it is a planned stay, be sure to advise *The H.O.M.E. Society* Shared Living Manager/Director in advance and have the necessary consents and paperwork in place for the authorized treatment. This type of visit should be part of the overall care plan and involve advance planning with the team supporting the individual.

If it is an emergency, notify *The H.O.M.E. Society* Emergency Response Person and if it is deemed critical, arrange to meet them at the hospital. Remember to bring the individual's most recent "Consent for Health Care Support" form that authorizes treatment in the case of a medical emergency.

At the hospital, you should act as the person's advocate; support them and provide information to medical staff as required. This may include acting as an interpreter, providing food, personal care and emotional support, and liaising with medical staff. You are not allowed to sign consent forms on behalf of the individual or carry out medical or nursing duties such as administering medication, or intravenous, moving the person or changing dressings.

Be aware of the individual's rights and dignity while being cared for in the hospital. Advocate on their behalf if needed. Inform *The H.O.M.E. Society* if you have any concerns about the care or treatment the individual received while in hospital. File a critical incident report, including any such concerns

Part 5 – Taking Care of Yourself

Self-Care is Important

Being a Shared Living Contractor has an impact on you and on the other members of your household. There are many positive benefits and opportunities. There can also be stresses and challenges – physical, mental and emotional. We suggest that you take good care of yourself first. The following are some other things you should be aware of to protect and take care of yourself and make the Shared Living experience a positive one for everyone involved.

Illness or Other Circumstance Impacting Your Capacity to Fulfill Your Role

It is critical that you notify *The H.O.M.E. Society* immediately if you are ill or are otherwise unable to fulfill your role as a Shared Living Contractor.

Respite

Respite arrangements can be flexible to meet your needs and schedule, whether it is weekends away or a longer vacation. It could mean someone coming into the home and you going away. Or it could mean the individual goes to another home. We strongly encourage you to make use of this provision and can help you with finding respite care providers.

Respite providers will be contracted and supervised directly by you as outlined in your agreement. Contractors should notify the Shared Living Department, in email, when individuals are in the care of respite providers. Please ensure you provide the dates gone, provider's name & contact phone number and location of respite in case of emergency. Shared Living provider is responsible to ensure that respite providers are qualified (see below)

Please Note that if you have received approval in writing by us to directly hire your respite, you have 2 sets of responsibilities:

1/ You are directly responsible for selecting, hiring, training, supervising and paying each respite provider;

2/ You continue to be responsible for all the services provided to the standards outlined in your agreement with us and this handbook even when the respite provider is providing services for you in your absence. This means you must actively supervise the respite provider and make sure he/she:

a. Has the qualifications: up to date first aid, and other certifications required;

b. Meets the background check requirements;

c. Has been oriented and trained by you to effectively meet the needs of the individual(s);

d. Complies with all the same standards that you must meet including CLBC standards and policies and all standards outlined in your agreement and this handbook

Substance Use (& Abuse)

The H.O.M.E. Society supports a healthy, smoke-free environment. Contractors should use common courtesy around people they live with. Specific guidelines for smoking or vaporizing of any kind should be mutually agreed upon between you and the individual/family before service begins. These include refraining from smoking in the same room or vehicle as the person being cared for, or smoking only outside or in a designated room.

Safety is paramount for supported individuals. Your judgement or ability to provide support must not be impaired by alcohol, cannabis, medication or any other substance while providing support to the individual. You should get professional advice and must be aware of the impairing effects of any drug or medication you consume. Specific guidelines for alcohol or cannabis should be mutually agreed upon between you and the individual/family before service begins.

It is unacceptable for you to be under the influence of illegal drugs.

The H.O.M.E. Society requires that all potential Shared Living Providers who are in recovery, be clean and sober for a minimum of one year prior to providing services and to maintain sobriety as long as you hold a contract with The H.O.M.E. Society. Should you relapse into substance use, it is incumbent upon you to come forward as soon as possible to discuss treatment options with the Shared Living Department. The health and safety of persons served is paramount while we support you to achieve better health outcomes.

The HOME Society understands that social drinking is a part of the culture and a commonly accepted practice among many individuals and families. The legal use of recreational cannabis may also be accepted by certain individuals and families, but may not be a commonly accepted practice.

It is our expectation that Shared Living providers will always conduct themselves in a manner that demonstrates positive role modelling, and that they will exercise good judgement and use common sense. This expectation extends to the Shared Living provider's decision to consume alcohol, cannabis or another substance impairs your capacity to provide this, and to respond appropriately to any emergency that might arise. On these occasions, it is your responsibility to provide pre-arranged, alternate support for the person in your care, thereby ensuring responsible and competent support at all times.

Training and Professional Development

The H.O.M.E. Society offers training events and professional development opportunities on a regular basis which can offer new information, new contacts, new ways of meeting challenges, and a sense that you are not the only one dealing with thing. We encourage you to participate in them, as well as other opportunities offered in the community. We also encourage you to let us know about issues or subjects in which you would like training.

Violence Prevention

Health, Safety and Advocacy

Some individuals may have behaviours that could cause you harm if not appropriately managed. Make sure you are familiar with CLBC Behaviour Support & Safety Planning - A Guide For Service Providers provided with this handbook, as well as any issues and strategies about behaviour in the individual's care plan, behaviour support plan and/or health care protocols. We also suggest you take Therapeutic Crisis Intervention Training available through *The H.O.M.E. Society*. This type of training may be mandatory as part of your agreement to serve an individual.

Additional Employment

You may engage in other contracted work, employment or business activities, provided that it does not interfere with the provision of Shared Living as per your agreement and does not constitute a conflict of interest. If this is your case, you need to discuss the other employment or other activities with *The H.O.M.E. Society's* Director of Shared Living. In carrying out other work, you are not permitted to use *The H.O.M.E. Society* property, equipment or premises, represent *The H.O.M.E. Society* or bring *The H.O.M.E. Society* into disrepute.

Be sure to recognize your capacity to balance your responsibilities as a Shared Living Contractor with other employment you might take on

Conflict of Interest

It will be important to balance your role as a Shared Living Contractor with other roles you hold to be sure you do not inadvertently set up a conflict of interest. As a contractor, you could be in a conflict of interest if your self-interest conflicts with the interests of *The H.O.M.E. Society* and/or the individual receiving Shared Living. An example is a Shared Living contractor selling products to an individual being served.

Contractors should take care to avoid a conflict or apparent conflict of interest situation by:

- Making sure that relatives or others living in your household are not involved in the screening or monitoring of you as a Shared Living contractor.
- Not selling goods or services or entering into a business relationship with the individual for whom you provide Shared Living, or members of his or her family/support network.
- Making sure that other contracts or employment do not interfere with your ability and availability to provide Shared Living.
- Not using *The H.O.M.E. Society* property or services for personal use.

A Final Word

In closing, we wish to thank you again for taking on the special job of providing Shared Living for adults with developmental disabilities. We encourage you to use this handbook and the other resources we have to offer.

Together we can help build a more inclusive community, and support individuals to live fuller lives as citizens of The Fraser Valley Area.

Section D - Resources

Required Reading for Contractors

The following documents have been included as attachments to this handbook. Please be sure to review them carefully as they outline the expectations set out in your agreement.

- ✓ *The H.O.M.E. Society* Rights & Safeguards booklet.
- ✓ Employment Standards Fact Sheet on Independent Contractors
- ✓ *The H.O.M.E. Society* Safety Checklist
- ✓ Community Living B.C. Behaviour Support & Safety Planning - A Guide For Service Providers
- ✓ Community Living B.C. Critical Incidents: Service Provider Requirements
- ✓ Community Living B.C. Standards For Shared Living (Adults)
- ✓ Taking Care! A Guide for Caregivers on How to Improve Their Self-Care (?)
- ✓ Emergency Profile
- ✓ Care Plan
- ✓ WorkSafe BC Booklet: "*We've got you covered - Personal Optional Protection insurance"*
- ✓ *The H.O.M.E. Society* Medication Policy and Procedures
- ✓ *The H.O.M.E. Society* Respite Manual

Suggested Resources

These forms have been provided for you to use and/or adapt to support you in meeting your contractual requirements:

- Communication Log
- Medication Chart
- Canada Food Guide
- Medical Appointment Form
- Activity Log Form
- Ministry of Health Personal Assistance Guidelines
- Orientation and Training Checklist – Respite Caregivers

Useful Contacts for Contractors

The H.O.M.E. Society	**Community Emergency Contacts:**
The H.O.M.E. Society Address: 33140 Mill Lake Road Phone: 604-852-7888 Fax: 604-852-7801 **Emergency Response Numbers:** *(for after-hours emergencies)* **604-613-6839 – Kate Downs** **604-807-9822 – Dave Lappin**	**Emergencies: 911** **Poison Control Emergencies:** **604-682-5050 or 1-800-567-8911** Non-Emergency: 604-859-5225 (Abbotsford) RCMP Toll-Free: 1-800-898-6111 Community Living BC (Adult Services): 1-800-663-9122 **Hotlines (after hours):** • **Mental Health Hotline** 310-6789 (BC Crisis Line) • **Suicide Prevention Hotline** 1-800-SUICIDE

Websites of Interest

- The H.O.M.E. Society www.homesociety.com
- Gentle Teaching www.gentleteaching.com
- Community Living BC www.communitylivingbc.ca
- Ministry of Social Development (MSD) www.gov.bc.ca/hsd
- Health Services for Community Living www.vch.ca/your_health/health_topics/health_services_for_community_living/
- Disability Alliance www.disabilityalliancebc.org/
- Inclusion BC www.inclusionbc.org/
- Office of the Public Trustee www.trustee.bc.ca
- Employment Standards www.labour.gov.bc.ca/esb
- Workers Compensation Board www.worksafebc.com
- Government of Canada-Public Safety www.safecanada.ca
- Canada Customs and Revenue Agency www.ccra-adrc.gc.ca
- Appropriate language www.esdc.gc.ca/eng/disability/arc/words_images.shtml
- Multiculturalism www.embracebc.ca
- Human Rights www.bchrt.bc.ca
- Criminal Record Reviews www.pssg.gov.bc.ca
- Health incl. standard precautions www.bchealthguide.org
- Information & Privacy Commissioner www.oipc.bc.ca/

Dispute Resolution Protocol (when a dispute becomes formalized in writing)

This chart supplements but does not replace the language in # 11 of your agreement with us.

Stage 1 – Notification and Initial Meeting

- Party with the dispute will provide written notification of the dispute to the other party
- Good Faith Attempt to Try to Work it out between 2 Parties

60 days

Stage 2 – Referred to Executive Director to help Resolve

- If not resolved between 2 parties within 60 days of written notification, it is referred to executive director
- Executive Director and Contractor will meet to discuss and attempt to settle the conflicting positions.

60 days

Stage 3 – Mediation or Binding Arbitration

- If Stage 2 does not resolve the issue, 1st option is mediation. Both parties to choose a mediator together or have Mediate BC appoint a mediator from a preapproved list
- If both parties either agree that mediation cannot resolve the issue or they find attempts to mediate have not worked, either party can provide written notice to the other and refer to binding arbitration. Both parties must agree on the arbitrator. If they don't within 15 days, 1 party can request an arbitrator be appointed. Binding arbitration is a final decision that neither party can dispute

Costs of either mediation or arbitration will be shared equally by each party.

Stage 4 – Courts – Unless there is a question of law in which the arbitrator has no jurisdiction, resolutions at Stage 3 will be final and binding with no option to take to court. If there is a question of law, a party can appeal to the courts for interim protection or relief.