REPORT: THE FORUM ON

Family Care/Family Life MODELS OF CARE

January 18, 2007
Richmond, BC

Hosted by BC Association for Community Living
Executive Directors' Network

Generated by
Malerie Meeker, MA
meekerm@mala.bc.ca
April 2, 2007

OVERVIEW

The Home Living model of care is a residential service delivered via contract with Community Living BC (CLBC), and is defined as "Supports to Home Living or Live-In Support: Residential care for adults with developmental disabilities who require enhanced supports in a primary caregiver's home. The enhanced support or services are provided by staff hired either directly by the caregiver or through a private or non-profit agency. Funding for this support is determined by the individual's needs." (CLBC website) CLBC reports that the Home Living model accounts for close to 50 percent of residential services in the province, supporting 2,350 individuals, as compared with staffed resource services, who currently support 2,850 individuals.

Members of the Executive Directors' Network, BC Association for Community Living (BCACL), were concerned that the sector was experiencing the burgeoning development of this relatively new service in an unregulated environment and without the benefit of collaboration among service providers and advocates or consultation with CLBC. They recognized the need to begin a dialogue within the BCACL federation to address a number of questions and concerns arising from the expansion of the model. To this end, the Network struck a committee that began examining the model; the committee then planned the Forum on Home Living Model of Care.

The objectives of the Forum on Home Living were:

- To bring together federation service providers and guests in a collaborative environment to generate information about, and identify issues specific to, the service model
- To draft follow-up recommendations and actions
- To develop a report of the findings and recommendations from the forum and to circulate this report to forum participants for further feedback
- To implement the recommendations

Fifty participants, invited by the BCACL Executive Directors' Network committee, met on January 18, 2007 at the Marriott Hotel in Richmond, BC. The Network committee had formulated a series of questions which centered around six key themes. These themes were explored in depth by all participants in a carousal format; the result: information, recommendations, and a foundation upon which to build relationships and expand knowledge.

The remainder of this report is organized as follows:

- Section 1: Recommendations
    - Information and follow-up suggestions are integrated into fourteen specific recommendations for action
- Section 2: Key Themes
    - Each key theme is introduced by the questions the committee developed to guide discussions at the forum
    - Summaries of participants' discussions on each theme follow
- Section 3: Appendix
    - A. Participant List
    - B. Transcribed Data

SECTION 1: RECOMMENDATIONS

1. Develop articulated values and principles to guide the development of Home Living model of care.

2. Develop a set of provincial standards applicable to the delivery of Home Living model service; submit to CLBC for consultation, approval and implementation
   - Standards should include:
     - Definitions of service
     - Definitions of care providers, supervisors, coordinators, monitors
     - Supervision ratios (number of service supervisors/coordinators per contract and/or individuals served)
     - Decision making process and policy (to support informed choice/lifestyle choice)
     - Crisis response procedures for individuals, contractors, agencies
     - Person-centered policy and procedures

3. Develop best practice principles to guide operation of Home Living model services; submit to CLBC for consultation, approval and implementation
   - Include:
     - Supporting individual choice
     - Establishing safeguards
     - Committing to the time and money required to appropriately develop and nurture supports
     - Planning policies and procedures (assessment, screening, planning, training, etc.)
     - Investigation policies and procedures
     - Supervision ratios (number of service supervisors/coordinators per contract and/or individuals served)
     - Decision making process and policy (to support informed choice/lifestyle choice)
     - Crisis response procedures for individuals, contractors, agencies
     - Person-centered policy and procedures for decision making, planning and service implementation

4. Develop Provincial networking and support opportunities
   - Include:
     - Provincial Coordinator's Group, meeting semi-annual
     - Mentorship program with support and information for new service providers
     - Manual for new service providers
     - Mechanisms for sharing resources

5. Develop provincial training program that includes sharing training resources and events, and provides opportunities for cross-agency visiting and mentoring

6. Develop an external monitoring system; submit to CLBC for consultation, approval and implementation

7. Develop standardized job descriptions for coordinators/supervisors, care-givers, etc.

8. Develop standardized ratios for coordinators/contractors, based on accreditation standards

9. Develop a provincial marketing campaign to recruit new employees to the field
   - Include:
     - Marketing employment in the sector as a career field
     - Targeting younger workers
     - Contacting and working with colleges, such as implementing co-op programs

10. Build a dialogue between unions, CSSEA and employers
    - Address:
      - Conditions of employment (reference and background checks, etc.)
      - Individual and/or family choice in care-givers
      - Appropriate support ratios

11. Initiate a dialogue with CLBC to consult and reach agreement/protocol on the following:
    - Address:
      - Relationship between CLBC, contractors, service recipients with respect to responsibilities, monitoring, investigations, communication, etc.
      - Communication protocols between CLBC and agencies
      - Consultation protocols with the community living sector when new initiatives are developed and launched
      - Contractual legal liabilities, sharing costs, responsibilities

12. Initiate dialogue with the intent to change the name of the service to a name that more adequately reflects the service, i.e.: "shared living"

SECTION 2: KEY THEMES

1. PHILOSOPHY, VALUES AND PRINCIPLES

Guiding Questions:

- What common agreements exist regarding the philosophy behind this model of service? What values and principles underscore this residential option?
- How can we ensure that "personal choice" and "best interests" of the person served drive the process?
- How do we ensure that organizations and caregivers share and act on core values and principles?

- How do we ensure that individuals "have a good life" as opposed to simply a "service'? How do we prevent drift in the model?
- How do we ensure a commitment to personal choice, when this option of care is offered to an individual?
- Is the emphasis on this model only present to meet system cost pressures?

Summary of Participants' Discussions:

Participants felt positive about the vision of 'choice, real relationships and a good life' that is inherent in the Home Living model of care. It is a good choice for some individuals. Within the model, they see potential for implementing person-centred supports, potential for expanding individuals' social networks, potential for providing relationship-driven supports, potential for contributing to the community building agenda. However, participants believe that securing that vision through clearly articulated values, principles and standards is crucial, and that the rapid expansion of the model puts the vision at risk.

Participants expressed concern about the sector's ability to recruit qualified, family service providers, and about the sustainability of the model, or service-provider families, over time. They identified problems with the mixed messages service recipients receive about moving to 'their home'. Clearly the home is not theirs, and the commitment of family caregivers and the longevity of the placement cannot be assured. Most significantly, participants indicated that one of the most negative aspects of the model is the isolation of individuals and therefore, the potential for abuse. The model is hard to monitor as support is based on each specific caregiver's set of values, which may differ greatly from family to family, or differ from commonly held values in the sector. Participants also worried that the proliferation of the model stems from what appears to be a 'good business case rather from evidence that it is providing a 'good life' for individuals. In essence, the fact that 'real lives in real homes' has become a program, with benchmarked price tags, is troubling. It begs the question, is this model another version of proprietary care? A repeated theme was – this model is not a panacea, it is not for everyone.

2. SUSTAINABILITY AND CAPACITY

Guiding Questions:

- What must we consider to ensure the long term sustainability of this model of service? What are our "bottom lines" with respect to the funding needs to support this model over the long term?
- How do we address the current recruitment challenge? How do we sustain commitment on the part of care providers? How do we address standardization of rates, yet maintain individualization?
- What must we consider to ensure minimum standards for training, monitoring and funding?
- What mechanisms are/should be in place to address unexpected crisis or loss of caregivers?
- How will "home" be secured over time and as a person ages?

Summary of Participants' Discussions:

With guiding policies and appropriate supports, participants felt the model had sustainability potential as well as the ability to generate capacity in the sector. Examples of the needed policies and supports are: screening processes for providers, availability of respite, leasing homes to providers rather than the providers owning the homes, articulated number of individuals receiving

supports in the home, adequate levels of service coordination and support. Within the federation, care providers are building support networks, which enhances sustainability and builds capacity. Expanding those networks to include training, social supports, and monitoring was seen as critical.

In the participants' opinion, the model's sustainability is threatened by the fact that the service is developing without foundational values, philosophies or standards - either articulated or applied. Sustainability may also be compromised by the limited resources allocated to Home Living, including resources needed to provide competitive wages, adequate planning and monitoring supports, provider networking supports, and crisis response. The ability to recruit qualified, trained service providers, especially in smaller communities, was identified as a problem. Poorly funded contracts, coupled with the changing needs of both service providers and service recipients over time, were identified as undermining sustainability, as both result in changes to an individual's 'home life'. Many participants wondered if the proliferation of this model of service is not, in fact, an opportunity for CLBC to advance privatization in the sector.

3. QUALITY ASSURANCE AND SAFEGUARDS

Guiding Questions:

- What are "best practices" related to monitoring of Home Living? What is a reasonable number of care homes per coordinator?
- How do we ensure the personal safety of individuals supported under this model?
- How can isolation of individuals served under this model be prevented?
- How can we address the development of safeguards to protect individuals and prevent exploitation?

Summary of Participants' Discussions:

Home Living services mean smaller services, with the potential to be very individualized. When done well, the result is strong, values-based relationships and support, which in turn increases safety and quality. Participants felt the current services that were contracted through agencies were working well, due to: rigorous agency screening, thorough matching procedures, articulated job descriptions /expectations, transition support, regular monitoring, annual contract review, immediate access to supports (managers, executive directors, etc.), and especially the requirement that the contractor(s) adhere to agency policies and accreditation standards. Regular training for contractors and supplementary supports for individuals being served, such as day services and respite, are both usually available through the agency, and access to these supports can also enhance the viability of the service.

Many of the previously identified concerns surfaced when the participants considered Quality Assurance and Safeguards. There are: tenuous sustainability, recruitment and qualification issues, lack of coordination, isolation – of both caregivers and individuals receiving service, monitoring, contact issues such as increased liability, funding pressures to increase ratios, funding pressures that result in poorly funded contracts with no capacity for networking, training, etc., plus the appearance that economics is the underlying driver in the proliferation of the model. There is no research indicating that this model will better support people over time; in fact, there is significant potential for increased instability in their lives.

4. RISK MANAGEMENT

Guiding Questions:

- Should there be minimum standards for the recruitment and screening of caregivers?
- What can we do to ensure that there is common contract language across the province?
- What continuous quality improvement practices must be in place to safeguard individuals and the model itself?
- Are we clear about the real and potential income and taxation implications?
- What are important policy implications for organizations to consider? What are the underlying legislative and regulatory requirements?

Summary of Participants' Discussions:

Managing risk is most effective when funded coordination is in place. Information sharing, monitoring, detailed risk assessment, agency commitment to the service, agency supports (standards, policies, expectations), long-term relationships between coordinators and providers, choice and individualization, appropriate transition support - all are critical components to ensure successful placements. However, it was noted that agencies rarely receive the funding they need to provide this support, and both direct service and administration often occurs 'off the side of the desk'. To minimize risk, participants felt that contracts needed to be well funded, including resources for training, respite, additional day supports. In as much as the service needs to be individualized, so does the provider contract, as needs and qualifications from family to family differ. Again, the issue of who owns the home was addressed, with the outcome that individuals are safer and more secure when the individual with a disability owns the home. Participants also felt there was more potential for success when the provider knew the individual well, prior to placement. As a strategy to manage risk, the importance of unpaid networks and friends in the lives of people being served was also noted. Finally, there was agreement that this model of service presents high risk, and exposure for agencies is great. Liability and insurance issues must be carefully studied.

There is some evidence that individuals being served in the Home Living model are not as able to access specialized services, such as behaviour support, nursing, or occupational and physical therapy, as others. Contracts that are not funded adequately for respite or crisis response were seen to heighten risk, as were contracts that don't address the changing needs of individuals, such as aging, illness, cycling mental health issues. In fact, it was noted that some caregivers may be hesitant to identify emerging issues for fear of losing their contract.

CLBC holding direct, private contracts was construed as a factor that exacerbates risk for individuals, in that CLBC does not have the capacity to monitor the homes, and at present, providers are not required to meet the same standards as providers who are connected to an agency. Issues and concerns that are brewing between CLBC, CSSEA, agencies and unions need to be dealt with as soon as possible. Clear universal guidelines addressing liability, WCB, tax, etc., also need to be developed. These two actions alone would address many of the risk issues.

Role ambiguity was identified as a major risk factor. Does an agency or CLBC in contract with caregivers then represent the provider or the individual receiving service? The fact that risk is downloaded from CLBC to agencies, without financial compensation to address that risk, was on overriding theme.

5. COMMUNICATION

Guiding Questions:

- Are roles and responsibilities clearly defined for the multiple parties that are involved with this model (individuals and their families, caregivers, organizations and funders)?
- Do we have clear communication protocols identified?
- What are current reporting expectations?
- Is there a place for integrated coordination in complex situations?
- How do we determine appropriate levels/amounts of coordination and sustain funding for the same?

Summary of Participant's Discussions:

Participants identified the Family Care Coordinators group as a vehicle that enhances communication; emphasizing the need to develop and/or continue funding for coordinators. In that contracts are small, relationships between providers and coordinators are usually very good and communication is managed well. In fact, all aspects of the service - planning, transitioning, monitoring, support for providers, and problem solving are more effective due to the small contracts and strong relationships.

In contrast, within the context of the Home Living model of service, communication across service agencies, Home Living providers, day programs, and CLBC is weak. Role ambiguity was again identified as adding to communication barriers, as was the isolation of providers who have little or no opportunity to connect. The lack of policies, standards and/or contract equity make it very difficult for agencies to communicate and work together, as there is confusion about what agency or provider is receiving what level of funding and why. The inequity between contracts is mirrored by inequity in funds for coordinators; the workloads between agency coordinators are quite disparate, and many family home providers have no coordination support at all. Another example of contract inequity is allocation of resources for respite; some family providers have it, others don't. CLBC's goal of being transparent is not identifiable in these situations, and difficulties with communication and cooperation are the result.

Another barrier to communication is the frustration that occurs when there is energy and enthusiasm for a new placement, good plans are developed, and then either the funds dedicated to the contract are insufficient or the parties are waitlisted. Some contracts are multi-funded (CLBC and Ministry of Health) without additional administration resources, which then add more strain to complex communication situations.

6. RELATED CLBC INITIATIVES

Guiding Questions:

- What are the implications for this model of residential service in the context of related CLBC initiatives currently in progress (e.g. Residential Options Project, New Standards for Home Living, Contract Management Systems change and Community Crisis Response Planning to name a few)?

Summary of Participants' Discussions:

Participants' felt some of the related CLBC initiatives are quite helpful, especially in uncovering waitlist numbers. Many participants noted the CLBC staff members who conducted interviews for the Residential Options Project in their regions were respectful and pleasant, and further, the Project itself was helpful in identifying people who want alternatives. Most participants felt CLBC is making advances in its ability to give individuals and parents more control.

Conversely, CLBC's lack of transparency in deciding on and implementing specific initiatives was seen as very problematic, eroding trust and setting up false expectations. The Residential Options Review was identified as an example of a politically driven exercise, with a serious disconnect between how the project was described and the actual results. CLBC is viewed to not have the infrastructure or resources to fulfill its current mandate, much less implement and follow through with other supplementary initiatives.

The bottom line for participants was: we have an expectation that CLBC will behave as an arms-length crown corporation instead behaving like government. Our expectations are not being met in this regard.

SECTION 3: APPENDIX

A. PARTICIPANT LIST

No.	NAME	ASSOCIATION
1	Laney Bryenton	BC Association for Community Living
2	Cindy Chapman	BC Association for Community Living
3	Brenda Gillette	Chilliwack Society for Community Living
4	Juli Stevenson	Clay Tree Society
5	Mike Keating	Community Ventures Society
6	Linda King	Community Ventures Society
7	Sue Mann	Community Ventures Society
8	Diane Hinton	Cowichan Valley Assoc. for Community Living
9	Peter Feltham	Creston & District Society for Community Living

10	Cheryl Hendy	Delta Community Living Society
11	Anita Sihota	Delta Community Living Society
12	Marilyn Neufeld	Gateway Soc. Services for Persons with Autism
13	Sonia Osborne	Gateway Soc. Services for Persons with Autism
14	Karen Philipchuk	Gateway Soc. Services for Persons with Autism
15	Cam Dore	HOME Society
16	Paul Sibley	Interior Community Services
17	Henry Sundquist	Kindale Developmental Association
18	Landys Klyne	L'Arche Greater Vancouver
19	Annette Kuhn	L'Arche Greater Vancouver
20	Dan Collins	Langley Association for Community Living
21	Lynne Pearson	Langley Association for Community Living
22	Jan Wood	Mainstream Assoc. for Proactive Comm. Living
23	Robert Keys	Mission Association for Community Living
24	Richard Ashton	MSA Society for Community Living
25	LaVerne Nickel	MSA Society for Community Living
26	Graham Morry	Nanaimo Association for Community Living
27	Maryann Janzen	Parksville & District Assoc. for Community Living
28	Kim Lyster	Penticton & District Community Resources Society
29	Rainer Persicke	Penticton & District Community Resources Scoiety
30	Susan Barr	Port Alberni Association for Community Living
31	Lilla Tipton	Powell River Association for Community Living
32	Bill Fildes	Prince George Association for Community Living
33	Melinda Heidsma	Prince George Association for Community Living
34	Janice Barr	Richmond Society for Community Living
35	Nancy Long	Richmond Society for Community Living
36	Debra Pierce	Richmond Society for Community Living
37	Lise Boughen	Semiahmoo House Society
38	Gale Cooper	Semiahmoo House Society
39	Eileen Powell	Semiahmoo House Society
40	Dale Alexander	Simon Fraser Society for Community Living
41	Erne Baatz	Spectrum Society for Community Living
42	Debra Vining	Spectrum Society for Community Living
43	Glen McClughan	Sunshine Coast Association for Community Living
44	Patricia Johnston	UBC School of Social Work
45	Leah Wilson	UBS School of Social Work
46	Mike Jensen	Victoria Association for Community Living
47	Ellen Tarshis	Victoria Association for Community
48	Cathy Alpaugh	Western Human Resource Group
49	Bev Edwards	Milleu Family Services
50	Malerie Meeker	Guest

B. TRANSCRIBED DATA

PHILOSOPHY, VALUES AND PRINCIPLES

What Is Working

- Potential for person-centred vs. fitting into an existing service (an attempt to be person-centred; compromise)
- Expanded social network
- Still small relationship driven
- One choice that works for many
- Model under threat
- Embraced value set of real relationship and real life; need to keep authenticity of vision; one person at a time
- Diverse interpretations of real lives, real relationships and real homes are possible
- Represents a shift in who is providing family-centred homes– MCFD – community agencies
- Quality agencies and quality people are trying to promote a new vision
- Families are involved in creating the new model and are vigilant
- Part of an array of residential options, not The Residential Option
- Broad community building opportunity through reworking

What Is Not Working

- Sustainability
- The supply of qualified, good families
- Ability to make the commitment is tentative
- Business vs. commitment
- Compromise that does not necessarily meet the person's needs
- As a model, not for everyone
- The illusion that the "house" can become a "home" - transition
- We all know who moves out if it isn't working
- No clarity about the length of commitment
- Moral obligation is not necessarily met by the legal contract; cannot standardize values
- Potential to be isolated and ripe for abuse
- Have to find ways to balance the interest of the individual and family
- Initial principles / values are being threatened by quotas, unionization, standards externally imposed
- family-centred homes placement occurring for reasons other than wise, heart connections; erodes values and relationships
- Need to drill deeper to protect real life, real family; to protect visi0n and personal goals of individual
- Need to establish and our values / philosophy / principles to guide development of model; we all interpret differently
- Cost pressures compromise values
- Real lives in real homes has become a program / benchmarked price
- Real relationships take time
- CLBC's reasons for promoting family-centred homes pay "lip service" to values; could be just

another name for proprietary care
- Not honouring responsibilities to build / sustain family-centred homes
- Very hard to monitor values in a family-centred home on a day-to-day basis; only ever a "best guess"
- A relationship driven vision is becoming a "program"; vision compromised by economic drivers!!!! Value it with real money.
- Power imbalance not attended to in family-centred homes. Individual not economically independent
- "Family" experience may be rarer than we think
- May erode family advocacy by dividing them as advocates into individual "plans"
- May become a privatized model for CLBC if economic driver is expedited' we cannot react to this threat by compromising our values / principles
- Is "family" always good? Do adults live with families all their days?
- Choice is suspect in many placements; individual isn't in charge of choice
- Being seen as a panacea; not for everyone; is community really a "welcoming place"; what is the breaking point for recruitment

Actions

1. Create a set of principles that guide / support values and our actions in creating family-centred homes as an option for an individual; e.g., what defines service in this model guides decision; making informed choice(s) and its key elements
2. Family-centred homes – shared living arrangement
3. A good life in welcoming communities will be supported by creating a set of principles that guides and unites us in supporting family-centred homes as one option for individuals amongst many
4. Commitments include time will be taken, choice will be paramount, safeguards in placements, connections are available, longevity in commitment, power balance attended to; adequately funded to monitor

SUSTAINABILITY / CAPACTIY

What Is Working

- Huge political voice (are we using it?)
- Care providers have their own support networks
- Sharing of information with care providers; i.e., networking, training, social support, monitoring
- Agency leases home to caregiver
- Stable, long term model
- Screening processes
- Planning – both caregivers and individuals
- Availability of respite for caregivers
- Current coordinator and contractor ratio; support / monitoring
- Supports broad range of needs / abilities
- Extended families work best

What Is Not Working

- Small communities – not enough capacity
- No skilled / willing individual

- As needs increase, person may be moved on and "loses family"
- Privatization – CLBC not "coming clean" with THE PLAN
- Not built on vision of Philosophy and Vision
- Not competitive; not valued as career
- "Forced" - financial restraints (CLBC)
- Lack of funds for planning and screening or crisis / change supports
- Change in person's needs; what's the option(s)?
- Change in caregiver's needs
- Time lines for placement – emergencies and "planned" placements
- Lack of resources / opportunity for "networking"
- Coordinator and contractor ratio; CLBC – 1:35
- Marketing of family care as a career
- Capacity of family care home – 2 or 3 or? Is this going to change?
- Sustaining / supporting health of providers as well as individual
- Relationship – difficult for individual to lose
- Isolation
- Decrease in recognition in terms of money for providers (or training or support, particularly if not delivered by agency)
- Individual choice limited due to funding for families
- Predict the cost of aging client / caregivers
- Supply / demand – increased demand for market
- Lack of capacity to monitor and lack of relationship between care providers and agencies; too high a ratio – 35:1
- Individuals suffer most when placement can't be sustained

Actions

1. Proper planning – assessment, screening, planning, transition, training, supports (for both individual and caregiver); time and money to do this
2. Use our "voice" collectively as advocates (BCACL)
3. Market / recruit as career; value we place on each other
4. Partnering with colleges for recruitment; community living as career, not job; need new recruitment strategies; attracting the younger generation
5. Supports: C/G and coordinator relationship; costs 10% consistent; 1/15 ratio acceptable; respite / vacation / family involvement; 1/35 ratio not acceptable; activities / therapies (evenings and weekends); supporting the "whole family"; role as counselor
6. Outside party involvement; some agencies do this; i.e., assessment, criminal record check; references; background checks, "back check" company; where is the funding coming from
7. Lack of options; choices dwindling; crisis response planning and options

QUALITY ASSURANCE AND SAFEGUARDS

What is Working

- Encouraging homes to visit E/O
- Joint training
- Smaller and easier to sustain values
- Good relationships for everyone involved; increase safety and quality assurance

- Home is owned / controlled by the individual, not the care provider
- Supplemental supports (day services, respite, etc.)
- Agency-run homes:
    - Accredited set of standards
    - Manual
    - Screening
    - Thorough matching
    - Person-centred choice
    - Gradual transition
    - Ratio is 1:15 (manager, family support contractors)
    - Small groupings; i.e., 1 – 2 maximum; and again **CHOICE**
    - Contracts reviewed annually
    - Access to managers twenty-four / seven
    - Manager on-site and easily accessible
    - Combination day / residential; increased monitoring
    - Training
    - Quality of provider, program and agency
    - Monitoring
    - Good matches
    - Professional supports within agencies
    - Setting up clear guidelines and expectations from the beginning

What Is Not Working

- Sustainability
- Recruitment
- Accessibility
- Isolation (care providers)
- Lack of regular CLBC contact
- Family support is moving away from choice driven to financially motivated (cost saving)
- Whose home is it? (In the event of a problem, who leaves?)
- Fear that some natural families may be shut out
- Funding pressures to increase ratios
- Who monitors the agency / contractor
- Increase in liability
- Decrease in stability for individuals
- Little or no monitoring or support for contractors
- Isolation
- Moving too quickly
- Is this limiting choice; i.e., the only option
- Service providers working in isolation
- Need to "partner with CLBC, etc.
- Number of qualified contractors
- No funding for training; no increase in skills
- No set formula for funding and training
- All agencies are experiencing inability to recruit and can't support one another due to lack of internal resources
- Limit on accessing qualified caregivers due to huge commitment twenty-four / seven

- No support regarding respite
- Economics – underpaid
- No history of what happens to the home in five years time
- Behavioural and aging issues
- Asking agencies to monitor themselves
- CLBC distances self from investigations
- Lack of physical proximity
- Increase in numbers more difficult to maintain or ensure values
- No crisis planning
- How much more can agencies take on; stretching resources too thin
- Relationships take time
- Not equipped to deal with dual diagnosis referrals, addictions, etc.;
- Privacy of caregiver in their homes
- Roles and rations should be more individualized
- Coordination / support for individual and care provider; e.g. individualized respite needs

Actions

1. Encourage interagency cross visits / training
2. Share training more than we do
3. Could do more networking
4. Be more proactive
5. As a group, agree that problems can't be solved just by moving contracts to another agency
6. Develop and agree on a set of standards and present to CLBC. Standards to include staff ratio to contractors and job description of 'contractor supervision'. Individual and agency crisis planning
7. All agencies currently delivering / holding family care contracts; share these so someone can set up a model contract
8. Set "policy" that agencies will work with individuals and funder to preserve choice, keeping focus on person-centred planning
9. Set up community care providers support network that has adequate funding / resources
10. Set up monitoring process external to contract provider in conjunction with other BCACL contractors
11. Safeguards / standards that allows individuals to live a lifestyle of their choice without fear of funding being unilaterally eliminated
12. Provincial marketing campaign aimed at seeing working "in the field" as an attractive option

RISK MANAGEMENT (Applies to Agency-Operated Homes)

What Is Working

- Because there is funded coordination time, the following are in place
    - Information sharing
    - Monitoring
    - Detailed risk assessment
    - Detailed information; i.e., risk
    - Family-based
    - Long term commitment
    - Good relationship
    - Choice

- Philosophy / value based; absolute focus by care provider on individual
- Individualized service
- Able to pay care provider sometimes
- Compensation matches need for training for care provider
- Compensation for family-centred home provider; agencies network; draw on expectations of others
- Contract reflects training expectations
- Access to special resources, even within agency; i.e., respite, day support, etc.
- Networking with other agencies
- Family care looks different for each unique need
- Being able to say "no"; not placing people inappropriately
- Agency provides site; less risk for individual – increased risk for agency
- Involvement in respite (screening and/or delivery)
- Being available twenty-four / seven
- Screening and matching
- Informed choice
- Looking at care provider who will give long term commitment
- Already know the person
- Good transition period
- What kind of insurance?
- Families
- Interagency supports / review
- Peer reviews
- Keep it small
- Direct relationships
- Capacity to say no
- Increased awareness of risk
- Matching training to risk
- Unpaid networks

What Is Not Working

- CLBC holding contracts
- CLBC want family care developed for crisis
- Sustainability – changing requests for compensation from family-centred homes
- Compensation for changing needs
- Lack of clarity re: which standards to be followed (CLBC, CARF)
- Not enough support (funding, people) to monitor
- Resources not accessible or funded (specialized; e.g., behaviour, nursing, occupational therapy)
- Funding does not match need – agency time and funded time
- Set standards for funding – accreditation
- Contractor vs employee re: risk
- Poor monitoring; monitoring only once every six months which may lead to negligence
- No time for proper planning matching
- Risk assessment sometimes not appropriate for family situation
- Clear guidelines re: liability for agencies / care providers re: taxation, WCB issues, care giver insurance; reputation
- Respite does not always reflect individual need or funding needs

- Crisis plan if home breaks down; also funding to address transition
- Lack of agency coordination time
- What does monitoring look like; lack of appropriate measures
- Economics: supply with regards to recruitment
- Grey areas for all including family care respite
- Family care is not "be all and end all"; options is the key
- Low wages makes if difficult to recruit for backup
- Absence of backup or supports for changing situations / crisis emergencies
- Organizations don't have sufficient backup support / resources / plan
- Some family situations are high needs
- Number of care homes
- If it doesn't workout the individual has to leave
- Local agreement with union
- decreases risk to individual – have 'known' providers
- increases risk for agency – Revenue Canada
- increases risk for care provider – Revenue Canada
- If it doesn't workout the individual has to leave
- Unionization of care providers
- Aging of individual; continuing to meet needs of individual in place
- Caregiver aging; able to meet needs of individual
- Caregiver reluctant to identify risks for fear of losing contract
- Lack of "role" clarity with respect to CLBC / agency; e.g., investigations, critical incidents, agency operations
- Support function is not available; e.g., 1:35 does not match agency values, monitoring needs, support and training requirements; should be "need based" as opposed to numbers
- Downloading of risk to agencies and care providers
- Funding
- Self policing
- Who do we represent – the person or the caregiver; lack of role clarity
- Unpaid network

Actions: In order to ensure that risks are appropriately managed, based on client need/agency capacity/geography:

1. We recommend obtaining legal advice re: "liabilities" in the contract; to ensure that risks are minimized and shared with CLBC
2. We recommend (strongly) that we will negotiate acceptable case loads based on accreditation standards / client needs / agency capacity, including a definition (is this number of individuals or number of caregivers)
3. We recommend developing a mentorship and a solid information package for those agencies who do not, as yet, provide family care
4. We recommend further consultations, and approval, of CLBC standards for family care
5. We recommend CLBC share the costs associated with unknown risks (WCB, benefits, Revenue Canada, etc.)
6. Organizations will determine optimal number of people served by the agency in family care
7. Develop an independent training system / networking for caregivers (can use agency staff but not be contracted by agency)
8. Who conducts investigations of caregivers?

COMMUNICATION

What Is Working

- Set out budget space to arrange day program
- One-to-one day program support
- Offered through same agency; leads to easier communication (family and service provider)
- One coordinator and one assistant (2:22 people served)
- Small program to nurture relationships and problem solve
- Funded coordinated support
- Family care network group
- Planning is person-centred
- Potential stability (as distinct from Ministry) for future roles
- Support for families in transition

What Is Not Working

- Communication across service agencies, host agencies, day program, FMCH
- In-home day programs – what does this look like? (Not accessing day program outside home) (have close contact with care provider)
- Not a lot of "wiggle room" for coordinators to support people when crisis situations arise; no administration for new placements
- Difficult to get coordination support
- Conceptualized as a relationship-driven model, but organized into two service-driven models
- Potential for risk, harm, isolation; second set of eyes needed
- Administration happening as side duty; need standard process (agreed upon vs negotiation ability) and need an agreed upon model; disparity in the number of care homes per coordinator.
- What is the role of the coordinator – exactly? (role of service provision vs. care providing; cost for training; whose home is it?)
- Communication as a sector – what is the standard? What is accepted? "Sticking together"
- CLBC / Health combined funding brings additional workload and communication challenge
- Respite – who has it / who doesn't
- Family care providers – unionized
- Successorship within existing contracts
- Family care providers are operating in isolation; not many opportunities to share ideas / training
- Triangulation between family, facilitator, analyst; i.e., "hot potato"
- "Good" plans are waitlisted; leads to cynicism, frustration; seems like "lip
- service"
- Funding when available is often insufficient in view of planning
- Role definition – what does supervision mean?
- Tightening of risk management vs. employee/vs. Contractor
- What is CLBC's role?

Why?

- Funding
- Why are agencies taking on the risk / responsibility without the funding support?

Actions

1. Agree upon standards across agencies; role descriptions – coordinators / assistants; FTE ratio
2. Share existing resources / Manual F.C. Model; Provincial Networking (family care) group to share best practices information at annual conference; international / coordinated meetings twice a year; present a united front (not only with family care issues). Need to find a way to support each other
3. Clarify / describe CLBC's role / expectations as Family Care option / service expands; relationship, responsibilities, monitoring

RELATED CLBC INITIATIVES

What Is Working

- People can be identified who do want to move to an alternative model
- Interviews were respectful
- Sitting down with CLBC
- Explain who the people are
- CLBC representative was pleasant, respectful. Their job is to protect the individuals, families, caregivers – to be the "bugger"
- Family finally has had a chance to talk with CLBC
- We can see this as opportunity to come together, to express our thoughts, concerns and needs
- Emergency response – meeting with other organizations to support each other in crises; building skills
- Residential Review – people are given an option; method; political exercise would work for us
- Parent governors; parents have more control

What Is Not Working

- Lack of honesty
- Existing family care homes with societies and with CLBC have not been approached
- Offensive
- Sets up false expectations
- Lack of initiatives
- Lack of infrastructure to fulfill the plan
- As much thought has to be put into the support network as the initiative
- We are expecting CLBC not to act like government
- Driven by the Treasury Board
- R.F.P. - can't follow through because of Treasury Board
- For those people presently served in family care – are they happy where they are living
- Residential review – waste of money; not sincere; why now (motive, method, madness)
- Resources are spread even thinner
- Fear levels in families have gone up
- Families wondering if they are being undermined
- Focused on one outcome only
- Standards – uncertain of what they are; uncertain how they would be monitored
- Residential review – political exercise; identified savings method; mixed messages
- CLBC – disconnect between the initiatives and reality at signing level
- As CLBC asks us to take on more care homes, where do the liabilities lie? Who will monitor?
- Method of arriving to true conclusions

- Lack of trust of agencies
- Role of the "social worker" within CLBC – who does that work?
- In smaller communities, finding staff to be available for individual support
- Conflict of interest in some family situations
- There is no one taking responsibility at CLBC when reporting safety issues
- Lack of funding

Actions

1. Ask for more upfront collaboration and communication before next initiative (offering from us)
2. Extend residential options to the rest of the adults to measure their satisfaction
3. Wait list review – planning back by?
4. Build a dialogue between unions and CSSEA / employers on empowering individual/family choice of caregivers within the collective agreement
5. Ask for an evaluation of the roles of facilitator/analyst; successes (liaisons), challenges, recommendations for change (Who's creating collaboration opportunities? Different experiences in different regions)
6. Develop a clear process / protocol for communication between Provincial CLBC and agencies for initiatives (e.g., standards initiatives)
7. This group prioritizes and develops a list of initiatives to present to CLBC; include CLBC to collaborate when appropriate. Such initiatives may include capacity building, sustainability, educational training, monitoring.