

PREPARING FOR MEETINGS

1. Review files and correspondence.
2. Talk to others with similar needs and experiences.
3. Prepare a 1-page bio of the person.
4. Describe what must be changed & why.
5. Don't go to meetings alone - bring a family member, friend, or advocate.
6. Don't be apologetic or emotional - be polite but persistent.
7. Always take your own meeting notes for later reference.
8. Watch out for these responses -
a) passing the buck, **b)** soft soap, **c)** red herrings, **d)** procrastination, **e)** jargon, **f)** confusing the issue, **g)** we know best, and, **h)** closed circles.
9. Watch out for the "divide and conquer" approach. Is everyone being told the same thing?
10. Summarize your case and your understanding simply and directly.
11. Do not feel pressured to agree on the spot. Respond later after reflection.



PERSONS FIRST



The UN Convention on the Rights of Persons with Disabilities (article 19), to which Canada is a signatory, include 3 principles:

- a) Adaptable and flexible person-centred care;
- b) Safe, secure housing of choice for life; and,
- c) Participation in community life.

These 3 principles represent the best roadmap for meeting the needs of all persons with special care needs.

Canada is behind!

VOICES & CHOICES



ABOUT ME, NOT WITHOUT ME!

A discussion group of individuals with complex care needs, families and friends whose goals are to help every person achieve independent, comfortable supportive living for life:

- ❖ Research & Briefings
- ❖ Assistance & Support
- ❖ Meetings & Website

VOICESANDCHOICES.ORG



**ONTARIO HOME CARE
AND COMMUNITY
SERVICES ACT, 1994,
PART III BILL OF RIGHTS**

HTTP://CANLII.CA/T/2VS

3 (1) A service provider shall ensure that the following rights of persons receiving community services from the service provider are fully respected and promoted:

1. to be dealt with in a courteous and respectful manner.
2. to be dealt with in a manner that respects the person's dignity and privacy and autonomy.
3. to be dealt with in a manner that recognizes the person's individuality, needs and preferences.
4. the right to information about the community services provided and who will be providing the community services.
5. the right to participate in the service provider's assessment of his or her requirements plan of service.
6. the right to give or refuse consent to the provision of any community service.
7. the right to raise concerns or recommend changes in the service provided without fear of interference, coercion, discrimination or reprisal.
8. the right to be informed on initiating complaints about the service provider.
9. the right to have his or her records kept confidential.

RELEVANT POLICIES & PROCEDURES

HTTP://WWW.CHAMPLAINLHIN.ON.CA

Extracts from the policies and procedures of the Champlain LHIN and the Ministry of Health included on the LHIN's website. Health Service Providers (HSPs) are funded by the MoH/LHIN to provide care services for persons with physical & complex care needs. Are these being met in your experience?



**CHAMPLAIN LHIN MULTI-SECTOR
SERVICE ACCOUNTABILITY
AGREEMENT**

Article 3.1 — Provision of Services,

(e) The HSP will not withdraw any Services from a patient with complex needs who continues to require those Services, unless prior to discharging that patient from the Services, **the HSP has made alternate arrangements for equivalent services** to be delivered to that patient.

**SUPPORTIVE HOUSING
IMPLEMENTATION GUIDELINES
OF THE CHAMPLAIN LHIN** defines key service concepts for supportive living programs provided by funded HSP's including the following:

- ❖ personal support, homemaking, shopping & banking;
- ❖ offsite social, cultural and religious activities;
- ❖ Any needs not met on-site should be purchased from an appropriate service provider through program funding;
- ❖ An on site service coordinator;

- ❖ The right to a secure, stable tenancy without fear of eviction;
- ❖ The right to refuse care without fear of eviction;
- ❖ HSPs must be capable of providing services at any time, including emergency responses;
- ❖ Delinking of care from property ownership as a goal to promote secure tenancy;
- ❖ Allowance for client requests for transfers to other supportive housing providers;
- ❖ The support service provider cannot force a person to leave, or withhold essential personal support services, nor force the person into a long term care facility;
- ❖ Maximum 180 hrs of service per month;
- ❖ Supportive housing programs should be viewed as alternatives to placement in LTC facilities;
- ❖ Supportive housing programs must offer "clients" opportunities to participate in decision-making;

*Supportive Housing Policy Framework (MMAH)

*Supportive Housing Best Practice Guide (MMAH)

*Long-Term Care Supportive Housing Implementation Guidelines (Ministry of Long-Term Care)