A COMMUNITY WHERE FAMILIES ARE STRONG AND ALL CHILDREN BELONG

Supportyourway.ca is a web based tool that is offered through the Provincial Respite Services Network. It is supported by the Ministry of Community and Social Services and Ministry of Children and Youth Services.

Respiteservices.com is one of the options that is available through this resource and is actively supported by over thirty host agencies across the Province. This tool provides access to a bank of people to provide respite or other direct support services. The contractors who are active on the site have been screened and want to work with people with disabilities. They work independently from FRS.

Family Respite Services is an active participant and host agency for Supportyourway.ca and respiteservices.com for Windsor and Essex County. We assist families, in a variety of ways, to have a short break from caregiving. We pride ourselves on being a family centred, flexible respite care program. We know that the respect and individual attention given by the direct support providers are key ingredients in making this a successful support for families in our community.

What does this resource provide for you?

- A safe and easy place to get connected to families who are looking for a direct support provider.
- A way to advertise the skills, interest and experience that you have to offer.
- A way for you to search for a match that fits your experience, availability and skills.
- A site that is easy for you to update your profile to reflect any changes and availability for families to see.
- Access to support from staff at FRS to assist with the process.

CONGRATULATIONS ON JOINING THE RESPITE PROVIDER REGISTRY!

Welcome! We are very happy that you have decided to provide services for a family through respiteservices.com.

After attending the final "Activation" session, your profile will be made active. Once you become active, an email will be sent to you with your username and password. Please review your on line profile and make any pertinent changes (for example: your availability, education, experience, etc.) All direct support providers/respite providers must provide a current online classified ad. If a classified ad is not submitted, your profile will be made inactive and access will be denied until you contact an Access Coordinator.

RESPITE PROVIDER REGISTRY AND PROFILE

Once your profile is made active, you can view the family classified ads and make requests to have your profile sent to the family.

VIEWING FAMILY CLASSIFIED ADS
PLEASE NOTE: YOU DO NOT USE YOUR USERNAME AND PASSWORD TO VIEW CLASSIFIED ADS…

Visit the website-respiteservices.com

- Use the drop box to select Ontario and then Windsor/Essex
- That will bring you to our home page that says "Welcome to Windsor/Essex"
- On the left hand side of the screen you will see menu options-Click on Respite Provider Registry
- Select "Family Classified Ads"
- This will bring you to all the family classified ads in our area. You will note that each ad has an ID number in the top left hand side. This is the number that you request in order for your profile to be sent to a family.

Families also view the respite provider classified ads and may request that your profile be sent to them. At this time, you will receive an email stating that your profile has been sent to a family.

Either a parent or coordinator may contact you. A family may not proceed any farther at this point if they feel that your experience/availability does not meet the needs of their family member.
Once a family calls, if they have not reached you and have left a message, return their call **within 48 hours.** Even if you no longer have availability at the time, contact the family to tell them so.

Families frequently contact Access Coordinators, stating they would prefer a return call from a direct support provider regardless of their current availability.

INITIAL CONTACT

When you first connect with a family via phone or email, remember to review:

- ✓ Days and times needed
- ✓ Location where work will take place
- ✓ Worker duties (general description of the tasks)
- ✓ Book a time to meet with family and the individual you will be supporting
- ✓ If you have allergies ask about pets or smoke, etc.

If at this time, you feel that your level of experience or availability does not meet the family or child's needs, please let the family know. Families will respect your honesty with them.

THE FAMILY INTERVIEW

If you and a family arrange to meet in person, please remember the following:

- ✓ Call to confirm the interview date a day ahead
- ✓ Bring a copy of your resume
- ✓ Discuss your related experience
- ✓ Ask about expectations regarding availability
- ✓ Ask about specific duties and activities that are needed
- ✓ Ask about goals/activities or programs
- ✓ Ask about any physical, behavioural or medical issues you should be aware of
- ✓ Ask to see a profile of the individual (if one is available)
- ✓ Ask about any strategies or behavioural responses that are used and in what situations
- ✓ Begin to establish a rapport with the individual you will be supporting (you may want to do a short activity or play a game)
- ✓ Discuss and agree on a rate of pay for the work and method of payment
- ✓ Discuss and develop a contract regarding your employment status (independent contractor, employee of the parent or employee of FRS (Special Services at Home)

HOW MUCH ARE DIRECT SUPPORT PROVIDERS PAID?

Families use various types of funding to pay for their respite support. Respite rates vary depending on the needs of the child, the responsibility and the experience of the direct support provider. Respiteservices.com supports the living wage* initiative in Windsor/Essex county. If you are an independent contractor you negotiate the reimbursement that you will receive with the family.

*A living wage is calculated as the hourly rate at which a household can meet its basic needs. It reflects what earners in a family need to bring home based on the actual costs of living in a specific community.

HOW DO I GET PAID?

Before you sign an agreement with a family to begin supporting their child, have an open conversation with the parent/caregiver about payment and your employment status.

It may take up to 4 weeks to receive reimbursement depending on the family's funding source(s).

It is highly recommended that you keep track of the hours you work in order to avoid any discrepancies with the family, and for your Personal Income Tax purposes.

Direct Support Providers are *<u>not</u> Family Respite Services employees.*

The Respite Provider Registry does not provide supervision.

Inform your vehicle insurance company if you are going to be transporting the person you support.

UPDATING YOUR PROFILE

PLEASE NOTE: YOU WILL NEED YOUR USERNAME AND PASSWORD TO MAKE CHANGES TO YOUR PROFILE

You may make changes to your profile at any time.

- Make changes to your classified ad.
- Make changes to your education, experience and availability.
- Make changes to your contact information.

Your profile will continue to be sent out to families until you indicate you no longer have availability or have chosen to not actively participate in the registry. Your profile will not be sent out to families if you do not respond to any contact initiated by families or Access/Family Coordinators. Please assist us in keeping the direct support provider/respite provider registry current.

Access Coordinator Contact Information:

Shannon Luelo 519-972-9688 ext.136
sluelo@familyrespite.org

Wendy Gosselin 519-972-9688 ext.145
wgosselin@familyrespite.org

YOUR PROFILE STATUS

Once you are a registered worker with the Respite Provider Registry there are four statuses your profile can be in.

PENDING: There are two ways your profile can be pending:
1) you have just submitted your online profile
2) you have updated your profile (once you have been made active) and the changes have not yet been approved by an Access Coordinator.

ACTIVE: Your profile is up to date and you are ready to receive calls/contacts from families.

INACTIVE: This is when you are currently not available to take on any more respite contracts. Your profile will also be put in an "Inactive" status if a family calls respiteservices.com stating you have not responded to them in 48 hours.

ARCHIVED: There are three instances in which your profile would be Archived:
1) you have not responded to our update, your profile will be placed in this status meaning it will not be sent out to any families
2) we have decided to remove you from the registry due to concerns
3) you have moved outside of Windsor-Essex County (in which you can register with another participating community) or have decided you no longer wish to be part of the Respite Provider Registry.

Sample Respite Provider Profile

Worker Profile

Provided By : Shannon Luelo
respiteservices.com
3295 Quality Way, Windsor, ON N8T 3R9

www.respiteservices.com
Phone : 519 972 9688 x.136 Fax : 519 972 8902
Email Address : sluelo@familyrespite.org

Status : Pending

Worker ID # :

Name : Worker Profile
Email Address : worker@hotmail.com
Gender : Female
Occupation : Student
Education / Training : 2nd year Child and Youth Care (CYC).
Related Experience : Challenging Behaviours, Visual Impairment, Down Syndrome, Attention Deficit Hyper Disorder (ADHD), Autism/Pervasive Developmental Disorder (PDD), Developmental Disability, Seizures
Skills : Epi Pen
Types of Support : Speech & Language / Communication, Behavioural, Personal Care (toileting), Alternative Communication Devices, Medication Administration, Sensory Integration

Street Address : 3295 Quality Way
Apartment / Unit :
City / Town : Windsor
Postal Code : N8T 3R9
Community Region : Windsor
Main Intersection :
Phone Number : 519 972 9688
Alternate Phone Number :

Other Experience : Babysitting experience with children who have ADHD and Autism
School placement experience through CYC program, providing support to students with disabilities.
Skills / Strengths : Positive, Creative, Think outside the box, independent and hardworking.
Comments / Hobbies / Interests : I enjoy music, outdoor activities, arts & crafts.
Additional Notes :

Valid Driver's License : Yes
Willing to use own vehicle for respite support? : Yes
Spoken Languages : French, English
Other languages spoken (not listed above) :

First Aid Expiry Date :
CPR Expiry Date :
Crisis Prevention Intervention Expiry Date :

Type of Worker : Respite Worker, Direct Support Services
Gender Preference : Any
Age Preference : Preschool, School Aged, Adolescent, Young Adult, Adult 22-30, Adult 31-50
Rate of Pay : $15+
Will work in the following community / regions : Windsor, Tecumseh, Lakeshore

Referral :

Will work with Agency? : No
If yes, specify the type of work :

Date Modified : October 16, 2017

Before School :
Morning :
Afternoon :
After School : Any
Evening :
Overnight :
Saturday : Any
Sunday : Any
Holidays? : No
March Break? : No
Relief Shifts? : No
Summer :

Classified Ad Posted : No

Expires On :

Education and Experience : I am a 2nd year Child and Youth Care student. I have experience providing support to children with various disabilities through school placement as well as babysitting. I am able to be creative with activities and I particularly enjoy music, arts & crafts and being outdoors.
Availability : I am available after school and weekend for approximately 6 hours per week and would be flexible with days and times.

Created On :

Sample Contract Agreement

Sample Contract

CONTRACT FOR SERVICES
Between

_____
Parent/Guardian
And

_____
Respite Service Provider

The Respite Service Provider agrees to provide services as a respite worker to _____and carry out family/parent relief, as well as developmental programming, which may include social skill training, orientation and mobility training, behaviour management, recreation and leisure time pursuits, community integration, personal care and supervision, and/or other related duties as required. These services will be provided for a specified and agreed upon time period which falls within the MCYS approved time frame, beginning _____ and ending _____. If either party wants to cancel contract of Respite Service than written notice of _____ is required.

Services will be paid by the MCYS Funds in co-operation with _____ (family) in the amount of $_____ per hour on a _____ basis.

Both the family and respite provider have agreed upon the following days & hours of work. If the days and hours of service are required to change by either party, _____ notice is required.

_____
_____
_____

Respite Service will be provided by the Respite Provider to: _____
(Name of Individual receiving support)

Extra expenses (admission/mileage etc) that are required during the time that respite service is being provided _____ be compensated by the family.
(will / will not)
Travel time to and from family home/location will not be paid.

It is agreed that any damage to special equipment incurred during the time the respite service provider is working will not be the responsibility of the respite service provider and proper use will be demonstrated.
It is agreed that this is a contract for Special Services at Home and that the respite service provider shall acknowledge responsibility for declaring this income and paying all the taxes thereon.

The parties have agreed to the foregoing terms and conditions on the:
_____ day of the month of _____in the year _____.

_____	_____	_____
Service Provider Signature	***Printed Name***	***Date***
_____	_____	_____
Parent/Guardian Signature	***Printed Name***	***Date***
_____	_____	_____
Witness Signature	***Printed Name***	***Date***

Balancing Your Duties: Working in Someone's Home

As a direct support provider you are often required to perform your duties in the family's home. Sometimes there are members of the family other than the child you are caring for at home while you are there. Sometimes you are on your own with the child. This puts you in a position of trust and personal responsibility. This may be unlike other work that you have done. There are many things for you to consider. The primary thing is to be sensitive to the needs and rights of the parents and the child. Parents have the right to expect that you will keep their family information private and confidential. They also have the right to determine how their child is to be cared for.

Setting boundaries is a formal way of saying that you need to keep in mind the reason you are in the family's home. Families want you to be comfortable and often you feel like you are "one of the family". However, you are there to provide the care for the child and to fulfill the responsibilities that you have agreed to. Having healthy boundaries allows you to be clear about what your role is, not feel that you need to solve problems that are beyond your responsibility and to minimize problems that either you or the family will have. Here are some things that you need to consider:

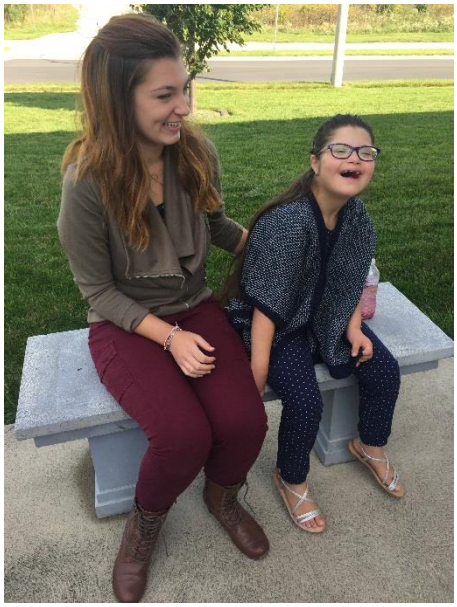
- When you are in someone's home go about your business providing the care of the child while allowing them as much privacy as possible.
- Never lend money or borrow money.
- Be a good listener but you are not there to solve family or personal problems.
- Be aware in your interaction with the child and other children in the family that you are not the parent, nor are you there to evaluate, change or comment on parenting styles
- Keep your times that you socialize with the family to occasions that are focused on the child, such as the child's birthday party.
- Keep your communication professional and be aware of boundaries when using social media.
- Do not discuss your own personal problems with the family or use any of your respite/in home time to do personal business.
- Treat the family with respect and call if you are going to be late, give adequate notice if you must cancel and consider their need to schedule your time first.
- Dress appropriately to show your respect for the family and your role as a caregiver.

Key Responsibilities

- Provide safe, stimulating and recreational support both in the home and in the community
- Provide care and supervision according to the individual needs of the child
- Provide respite/support services as requested by the parent/guardian
- Network with community groups, facilitate inclusion and act as a positive role model
- Share and implement creative ideas and suggestions for activities

Some Tips for Maintaining a Good Working Relationship

- Identify and discuss problems as soon as they arise. Be prepared to negotiate a solution to the problem.
- Keep communication open and on-going. You may want to maintain a communication book to keep everyone informed and be responsive to any suggestions or recommendations documented.
- Discuss specific strengths and needs of the individual you will be providing support with the family and any strategies used to support him/her with communication, behaviour or in various situations in the community or at home.
- If serious problems arise document date, times, issues and concerns. Abuse or suspicion of abuse is to be reported to the Children's Aid Society.
- Discuss activities, any cost associated with activities and travel expenses with the family. You are typically not expected to pay for entrance and activity fees or travel (mileage or transit) during the time you are providing support. Remember: many places in the community offer discounts, on entrance fees and activities for the support provider or individuals with a disability.
- Request that the family demonstrate the proper use of any communication aids, assistive devices or equipment that their son/daughter uses.



Be Responsible, Relax and Have Fun!

Privacy, How Does That Feel?

BY ALISON OUELLETTE (A PARENT OF A YOUNG MAN WITH A DISABILITY)

We all need privacy, our own space to rest and regroup ourselves, or just have some quiet time, maybe even a little snooze. As families who have a family member with a disability we are often in a 'catch 22' situation. I want to share some of my feelings about this dilemma that we find ourselves in and I welcome any comments from other members of the Family Network. I decided to take a risk and whine a little on paper for all of us parents who have shared these confusing emotions on the subject of privacy. Privacy for us is a nebulous moving target. Sometimes we get it but that 'bull's eye' is extremely hard to hit and we don't get it as often as we would like.

Every day when a worker shows up at my door step and rings the door bell and walks in the door, I experience this mixed bag of feelings; anxiety, relief and intrusion simultaneously. My stomach tightens up and I usually sit up a little straighter. Some days I run to get dressed at that "DING" and other days I just want to hide under the covers. Have you ever had one of those days when you simply want to slouch like a rag on the couch or stay in bed? I want to leave my hair a mess, wear absolutely no makeup, dress like a slob and not move off that couch or get out of bed for anyone ? Have you ever felt those simultaneous pangs of guilt and breaths of happiness? I am glad to see the respite worker but truly don't want to see anyone at all. There are days when I have wanted to stay that slob. Days when I thought I just wanted to disappear.

Privacy is such a precious commodity. Most people take it for granted. I have really learned to appreciate and savour the moments when it is just Dave and me. I have had members of my own family; sisters and brothers say "Doesn't it bother you to have someone in your house to help with David all the time?" I want to say "YES". But I must say "No". It is a strange feeling when I have to answer that way and cover up my true feelings. I would love not to have that intrusion each time the respite worker comes. However, as a parent whose son needs significant care every moment of the day, I have had to live with these incompatible emotions. I have to say "No it doesn't bother me; all the while my stomach is turning inside. If I were to be totally honest someone may think that our family doesn't need the support. How could I do that when we desperately need the help? How does that feel?

Yes we are very grateful for the support and the sight of Dave's support worker walking up the driveway. Some days I absolutely can't cope another minute without them. We admire and love these people who provide David with the excellent care & support he needs. Meanwhile we try not to get too attached because they come and go so often. It hurts when a worker leaves. I can tell by the way Dave hangs his head that he is sad and depressed when they leave for another job. There have been moments when I have anxiously looked out the window and wished it was 1 hour later since that's the time she is scheduled to arrive. But when that time arrives our family undergoes the undeniable interruption in our family privacy.

David's brother and sister always ask, "How come it always turns out that the worker is arriving just when you are yelling at us? Mom I feel so stupid when that happens." I know my other children felt uneasy whenever there was a new worker. They loved some helpers like a family member and others would not even give them the time of day because they were only working with Dave. Some of David's workers have shared with me their own twinges of uneasiness when they walk in our house. They know and appreciate the fact that our personal privacy is intruded upon every time they come through that front door. They try not to intrude but their very presence makes it impossible to ignore. They always respect our privacy but they need to appear now and then as Dave wheels from room to room in the house.

With a mixed feelings and a deep sigh I have learned to manage with the dinner and the bed time schedules that workers appear to support our family and Dave. We have learned to treasure the time when we do have our family privacy. This private time to yell and scream at will or to dance around the house if I'm in that funny mood. We love the privacy of snoozing on the couch with no one interrupting to ask a question.

It is very difficult to live with these conflicting emotions but believe me they are real and normal for our family situations. What I have learned is the power of connecting with other families and sharing these feelings is very helpful. These connections can never be underestimated. Keep in touch and stay connected.

This article originally appeared in 'Network News', winter 2000 Edition 17, a publication of the Windsor Essex Family Network.

See more articles written by Alison at http://home.cogeco.ca/~aco-web/

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Best Practices and Important Information

The following guidelines include important information and best practices for a direct support provider working independently from FRS when supporting a child.

Most Direct Support Providers provide services as an independent contractor. You are encouraged to discuss and develop a contract with the family about your employment status and expectations for your services.

DISCIPLINE

It is the role of the parent to provide any disciplinary measures for their own children. The role of a direct support provider is to use positive reinforcement to encourage appropriate behaviour, development and interaction. Any consequences for unacceptable behaviour must be appropriate to the situation and always followed by reassurance and a suitable explanation.

Best Methods of Responding to Behavioural Issues

If the family or direct support provider anticipates that behavioural issues might occur, than a plan should be developed with the family and direct support provider.

Appropriate Responses and methods that may be included in this plan are:

- Listening
- Talking to the child/individual
- Modeling appropriate behaviour
- Redirecting the behaviour to a positive activity
- Changing the topic
- Creating a diversion
- Making a suggestion that the child may want to spend some time alone in a safe setting to calm down (not "time out" for punishment)
- Complimenting and reinforcing positive choices and actions

Inappropriate Responses that are not recommended:

- Punitive approaches such as "time out", placing in a corner, withholding food, etc.
- The use of physical intervention that is aggressive, including spanking, striking the child with or without an object, shaking, shoving or kicking.
- Harsh or degrading comments
- Deprivation of basic needs such as food, shelter, clothing, or sleep
- A child can NEVER be locked in a room
- Any action that causes pain to the child
- Punishment of a person by another person or group of people condoned by or instigated by staff or caregivers
- Requiring the child to assume an uncomfortable position such as kneeling, squatting etc.
- Noxious stimuli – a caregiver must never administer a punishment where a noxious stimuli is applied e.g. soap in the mouth, water in the face etc
- Any procedure where an electric shock or aversive stimulus is used.
- Mechanical restraints such as ties, tape or other ways to restrict an individual's movements unless the use of these has been approved in advance. (e.g. special automobile seat belts may be used with special permission)
- Direct support providers are not permitted to restrain children in response to behavioural issues. It is expected that because you are caring for children you will take the normal, age appropriate precautions such as holding a young child's hand while crossing the road. However, direct support providers cannot hold a child who is having a "tantrum" or administer other holding techniques that they may have learned in other job settings.

PROMISE OF CONFIDENTIALITY

All Direct Support Providers Agree to the following:

- First, that my relationship with Family Respite Services will, from time to time, bring to my knowledge confidential information concerning families.
- Secondly, that all children and their families who are involved with Family Respite Services are entitled, as a matter of right, to know that such information shall be held in the strictest confidence by those who come in possession of it.
- Third, that it is the stated policy of Family Respite Services that such confidentiality be strictly recognized and preserved.
- Fourth, that no information in any form, regarding any family/child in our program shall be made public on any social media network (such as Facebook, blogs, YouTube, Twitter, Instagram, etc) without express written consent of the family/legal guardian.
- Fifth, that the Health Care information given to me to allow me to access emergency care for the child I am matched with, including the Health Card number, is strictly confidential.

I therefore promise to keep confidential any and all information and I promise not to disclose it to anyone other than Family Respite Services employees except where the family signs a release of information which authorizes the disclosure of specific information about them. ***The only exception to this is the reporting of child abuse which is a legal obligation.***

I understand that if I disclose any confidential information which I may have knowledge of, that Family Respite Services has the right to remove me from my role as a respite provider (or volunteer) immediately.

SERIOUS OCCURRENCE/ INCIDENT REPORTING PROCEDURES

Family Respite Services staff must immediately notify the Executive Director/designate* on learning of a Serious Occurrence. The Ministry of Children and Youth Services must also be notified in compliance with Ministry policy. A Serious Occurrence may be designated as being "enhanced" when emergency services (Police, fire and/or ambulance) are used in response to a significant incident involving a child while receiving services through FRS and/or an incident is likely to result in significant public or media attention.

PRACTICES/PROCEDURES

The following are Serious Occurrences which must be reported:

1. any death of an individual being supported by FRS;
2. any serious injury of an individual being supported by FRS;

This includes:

- any injury to a child caused by FRS staff or associate
- a serious accidental injury received while receiving service from FRS
- an injury to a child which is non-accidental, including self-inflicted, or unexplained, and which requires treatment by a medical practitioner including a nurse or dentist.

3. any alleged abuse or mistreatment of an individual being supported by FRS which occurs while participating in a service. Abuse includes verbal abuse, physical harm, sexual molestation or sexual exploitation, to require but not be provided with medical treatment**; This includes all allegations of abuse or mistreatment of clients against staff, associate families, volunteers and respite providers/in home workers.
4. Any situation where an individual supported by FRS is missing and FRS staff considers the matter to be serious***;
5. Any disaster, such as a fire, on the premises where the service is provided;
6. Any complaint concerning operational, physical or safety standards of the service that is considered by FRS staff to be of a serious nature; including any report of adverse water quality.
7. Any complaint made by or about an individual (being supported by FRS) or any other serious occurrence concerning a client that is considered by FRS staff to be of a serious nature.
8. Any use of a physical restraint by an employee with a child receiving service in a licensed children's residence under the Child and Family Services Act, including Weekend with Friends and 4147 Spago Cr.

*Designate is defined as the manager "on-call" at the time. **With respect to children, abuse is defined in CFSA Section 37.2 and specifies the obligation of reporting to the Children's Aid Society information regarding a child's abuse and need of protection. ***CFSA Regulation 550/85 Section 95(2) specifies reporting requirements where a child is absent from residential care.

Reporting an Incident

- Sometimes incidents occur that are not "Serious Occurrences", but which should be noted to help us provide services or develop solutions with a family. Even when you are not an employee of FRS, it helps us to have an accurate record of things that happen so that we can plan for the child.
- An "incident" is an unusual event or behaviour, an act of aggression towards others (children, people in the community etc.), any injury or illness of the child, or any other occurrence that a Direct Support Provider thinks should be reported.
- Talk to the parent if possible and let them know that something happened that was of concern.
- Call the Family Coordinator at FRS and provide specific information about the situation.

Emergency Pager: 519-259-4305

ADMINISTERING MEDICATION:

You may be asked by a family to administer medication for the child/individual. You cannot administer any medications unless the family has provided written directions and permission.

The family should advise you about the directions regarding the dosage, frequency of administering the medication and any potential side effects. Go over any request to administer medication carefully with the parent/caregiver. Ask the family to demonstrate how to measure and administer the medication. Please feel free to ask questions. Many of the individuals in the program have medications which can have serious side effects, so giving clear instructions are very important. The parent should be notified if an illness occurs, so a clear plan of how to reach you in case of emergency is necessary. Direct support providers must have written authorization to give any medication, including over the counter medications such as Tylenol, aspirin, cough medicine etc. Without this written authorization we advise the direct support provider not to give any medication to avoid allergies and drug interactions.

Best Practices -Administering Medication

- Always talk with the parent/caregiver about what the medication is, what it is for and how it should be administered.
- Talk over any potential side effects, what to watch for and what action to take.
- Talk over how to keep track of medication given. Develop a log or other system.
- Talk over what happens if the child misses a dose. Sometimes people get busy, so you need to talk this through.
- **Make sure that you have an emergency phone number in case you need to reach the parent if their child is ill or injured.**
- If the child is injured and needs to see a doctor while receiving respite supports please call FRS. **We need to complete a notice to the Ministry within 24 hours- even on the weekend. Call our emergency number- 519 259 4305.**

Reporting Child Abuse/Neglect

The legislation regarding child abuse and neglect is complex. It is hoped that the following information will guide all Direct Support Providers. Please talk to one of the Family Coordinators if you have any questions. This legislation applies to children under the age of sixteen.

WHAT TO REPORT:

The following is a brief summary of what must be reported to the CAS. A more complete summary can be obtained from the CAS or the Family Respite Services office.

Section 1: Abuse: (Abuse by Commission)

Physical Force and/or Maltreatment (by a parent, caregiver, family member or community caregiver). This includes any statement made by a child or observations of a child or situation that would lead you to suspect:

Excessive or inappropriate physical force.

This includes situations where a child has been harmed in any way, or where there is risk that a child may be harmed. It includes generally acceptable modes of physical punishment which is overdone or prolonged or where excessive force is used. It also includes unacceptable or inappropriate modes of physical force such as slapping, kicking, shaking etc.

Cruel/Inappropriate Treatment. This includes:
Deprivation of food/water, or deliberate locking out

Abusive Sexual Activity:
Any sexual activity between a child and a caregiver, family member or community caregiver. This includes sexual touching as well as non-contact sexual acts such as voyeurism, sexual suggestiveness or sexual harassment.

Threat of Harm:
This includes situations where children are put in very dangerous threatening situations, or where threats are made directly or implied (eg. Someone says they are so mad at the child they don't know what they might do)

Section 2: Neglect (Harm by Omission)

Inadequate Supervision
This includes where a child has been hurt or is at risk of being hurt because of being left unattended or with inadequate supervision. This might be a child left alone, left with an inadequate caregiver or playing in unsafe circumstances.

Neglect of Child's Basic Needs
This is where the child's caregiver either deliberately or through lack of knowledge or judgement or lack of motivation, fails to provide the child with adequate food, shelter, clothing or safety. This includes where a child may be harmed by neglectful or dangerous nutrition, personal hygiene, household sanitation, physical living conditions, and clothing.

Caregiver Response to Child's Physical Health
This applies to situations where a parent does not provide or consent to medical treatment to cure, prevent or lessen physical harm or suffering. This includes where a child is not receiving medical treatment for an injury, illness, disability or dental problem.

Caregiver Response to Child's Mental, Emotional, Developmental Condition
This is where a child suffers from a mental and/or emotional and/or developmental condition that if not treated will affect the child's development and the caregiver does not provide treatment. It also includes situations where caregivers do not follow through and take the actions necessary.

Caregiver Response to Child under 12 who has Committed a Serious Act.
This is where a child under the age of 12 has killed or injured another person or has caused loss or damage to another person's property and the caregiver does not provide services or treatment that is necessary to prevent the recurrence of this activity. It also includes situations where this activity occurs with the encouragement of the caregiver or because of the caregiver's failure to supervise the child adequately.

Section 3: Emotional Harm

Caregiver Response to Child's Emotional Harm or Risk of Emotional Harm
Emotional harm refers to a repeated pattern of negative caregiver behaviours or repeated destructive interpersonal interactions by the caregiver to the child. It is the most difficult type of abuse to define. Examples might be: repeated rejection, degrading, shaming, humiliating, singling out one child to criticize or perform most of the household chores, terrorizing, isolating, exploiting/corrupting (eg. Encouraging prostitution or encouraging developmentally inappropriate behaviour), ignoring.

This psychological maltreatment may lead to situations where a child may be at risk to himself (eg. Severe depression, self destructive behaviour, delayed development) or to others (eg. Aggression.) It might also be demonstrated by the child being unable to function at all in one or more major roles such as school, with friends etc.

Adult Conflict
This refers to situations where a child suffers physical harm or may be at risk of suffering harm as a result of fighting or conflict between the adults within the home. It also refers to situations where children suffer emotional harm as a result of repeated exposure to conflict between adults in the home. The most serious is where a child is actually hurt as a result of being caught in the midst of physical aggression between adults, or where the child is demonstrating serious emotional problems as a result of being exposed to violence.

Section 4: Abandonment/Separation

Orphaned/Abandoned Child
This refers to a situation where a child has no parent as a result of a parent dying, or where a parent has deserted the child. An example might be where a parent makes arrangements for someone to care for the child and then does not return to resume caring for the child at the agreed upon time.

Caregiver-Child Conflict/Child Behaviour
This section addresses situations where a child is at high risk of separation from the family because of a high degree of conflict in the family or as a result of the caregiver's difficulty in managing the child's behaviour in the home. The most severe situations are where there is physical danger as a result of the level of conflict within the home.

Section 5: Caregiver Capacity

Caregiver has a History of Abusing/Neglecting
This refers to situations where a child may be at risk because of a caregiver's history of neglect or child abuse. Examples might be someone who has previously abused a child having a new baby or someone who has a history of sexual abuse moving into a capacity of being a step parent.

Caregiver Inability to Protect
This addresses situations where there is a risk of harm to a child because the caregiver does not protect the child. This refers to situations where a child is being abused and the caregiver does not protect the child.

Caregiver with a Problem
This refers to situations where a parent has a physical/mental/or behavioural problem that impairs their ability to provide adequate care for their child. It includes situations where a caregiver has a substance abuse problem, psychiatric problems.

Caregiving Skills
This addresses situations where the parent does not have the necessary skills to parent a child. Examples might be a very young, first time parent or a parent with limited cognitive functioning, or a parent who has poor skills because they grew up in a family which was neglectful or abusive. The most serious situation is where a child may be at harm because a caregiver does not have the skills to care for the child or develop a bonding or nurturing relationship with the child.

WHO MUST REPORT:

Every person who performs professional or official duties with respect to children, including health care professionals, teachers, principals, daycare providers, social workers, clergy, youth and recreation worker, lawyers, service providers and employees of service providers.

This means that any direct support provider providing support funded by an agency such as Family Respite Services must report any situation where they suspect that a child is in need of protection. It is not necessary to have definitive proof to make a report. Even if there has been a previous report made with respect to the same child, there is a duty to report any additional concerns to the WECAS. Failure to report may result in a fine of $1000.

TRANSPORTING CHILDREN

Many direct support providers are involved in assisting individuals to participate in community events. It is therefore accepted that you may also be involved in transporting individuals in a car or by public transportation.

Direct support providers should observe the following:

1. All direct support providers involved in transporting individuals must have a valid driver's license, a safe vehicle and at least $1,000,000 liability insurance. Employees of FRS must provide documentation of insurance coverage to FRS. Direct support/ Respite providers should provide this to the family.

2. **You should discuss with your individual insurance carrier that you will be involved in occasionally transporting an individual in your car. Some insurance carriers require that you have special coverage for this.**

3. You will not be receiving reimbursement from FRS for mileage. If a family asks that a direct support provider transport their child on a regular basis, you may ask the family for the cost of the transportation. It is suggested that direct support providers keep track of their costs as a work expense for income tax purposes.

4. It is the responsibility of the direct support provider to ensure that everyone in the vehicle is wearing a seatbelt at all times that the car is in motion. If a child takes off a seatbelt they should pull over and stop the car immediately.

5. Infants and young children must be in proper child car seats that have been properly installed in the vehicle. Some older children with disabilities also use car seats with inserts in them to give them proper position and stability. Parents are responsible to provide this equipment. Children under the age of 8 who weigh between 40-80 pounds must be in a Ministry of Transportation approved booster seat.

6. If a direct support provider does not have access to a proper car seat or booster seat from the family they should contact the FRS Coordinator so that we can assist in discussing solutions with the family.

7. If a child is behaving in a manner that endangers themselves or the driver of the car, the direct support provider should pull over immediately.

8. It is suggested that direct support providers carry a cell phone & First Aid Kit, in case of emergency.

9. The direct support provider should discuss with the family any concerns they might have about a child's health or behaviour that might affect transporting them in a car or on public transportation.

Health Precautions

Many parents and direct support providers are involved in the direct care of individuals who require assistance with diapering, toileting, eating and other daily living activities. Some caregivers have wondered if this puts them at risk of contracting infections. Caregivers should remember to take proper precautions when doing these activities. Literature would suggest that direct support providers should take what are known as "universal or standard precautions" in order to reduce the risk of either contracting infections or spreading infections to other persons. It is helpful to look at what the risks are for caregivers and what wise precautions are.

Caregivers who are involved in diapering or toileting are at risk for such things as diarrhea or other intestinal infections which might be spread from one person to another if you do not wash your hands thoroughly. Caregivers might occasionally come in contact with blood if a child has an injury, but you are at low risk of getting any kind of infection. **Hand washing is the single most important health precaution that you can do.** Talk to your physician about their suggestion regarding immunizations for Hepatitis. Following universal/standard precautions ensure that you work safely with all individuals. Caregivers involved with FRS need to be more concerned about contracting or spreading the normal childhood type illnesses such as the flu, colds, etc. Caregivers need to be aware of not spreading illness from themselves to the individuals that they care for because some children have lowered immune systems. If you have been ill, talk to the parent of the child.

Universal/standard precautions include washing toys, especially when the child tends to put them in their mouth, with a mild bleach and water solution on a regular basis and bagging diapers in a plastic bag so that others will not come in contact with them. Some caregivers feel more comfortable wearing rubber gloves, but this is not always practical if you are going to community activities. **Washing your hands well and often is always the best prevention for disease.** Following these precautions will help you and the child you care for to stay healthy. There are many publicly available resources to give you more information about correct hand washing techniques.

Water Safety

Family Respite Services recognizes that supervised water based activities are a normal part of the lives of children and youth and that parents may wish for their children to be engaged in these activities during their respite periods. It is our goal to set a framework for both the direct support provider and parents so that the children and youth can safely participate in these activities. We consider these to be best practice so that everyone's safety is protected.

Direct support providers are not screened to include any information about whether the person can swim or is comfortable around water based activities. Direct support providers who are employees of FRS are not authorized to take a child swimming except in places where a licensed life guard is present.

Family Respite Services does not deem this to be the responsibility of the agency. ***Therefore, any decision made to have a direct support provider supervise a child in a water based activity is the full responsibility of the parent.***

Procedures

1. ***Before any swimming takes place***:

If either the parent or the direct support provider wish the child to swim or use a wading pool/ splash pad during the respite period, a discussion should take place between the two parties first so that a safety plan is developed.

Therefore, the direct support provider should never take the child swimming without the parent's consent.

2. ***Deciding on whether to include swimming during the respite period***:

The discussion between the parent and direct support provider should cover, but not be confined to:

- Can the child swim? If so, at what level?
- What kind of support does the child need to safely participate in a swimming activity?
- Would the parent normally expect any kind of behaviour issues at the pool (e.g. leaving the pool, bathroom/toileting issues, and difficulty if there are others in the pool etc.)?
- Can the direct support provider swim and are they comfortable in a water activity?
- How should the direct support provider handle changing, transition times, supervision, the use of a life jacket, getting in and out of the pool, etc.

3. ***Developing a Safe Plan together***:

Once the parent and direct support provider agree that swimming is a positive activity the parents and workers will together develop a safety plan. This safety plan will include guidelines for all swimmers, non-swimmers, behaviourally challenged individuals and siblings/ friends.

For children who are swimmers:

The activity plan should include:

- Wherever possible, it is ***highly recommended that the swimming be at a pool where there is a trained lifeguard in place.***
- If the swimming is to take place at the home of the parent or the associate family, there should be **a safety plan** and **a poolside emergency kit** available prior to the event.

This safety plan should include:

- a working phone and emergency contact numbers available pool side
- never more than one child for the worker to supervise

The poolside emergency kit should include:
A first aid kit & a readily available life ring or floatation device.

- If the swimming is to take place at the home of the associate family, the child's parents should be invited to come to see the pool, review the safety plan and make the decision about whether it is a recommended and approved activity for their child.
- If the child is accessing a splash pad or wading pool, the respite provider/ in home worker should be available to the child at pool side, closely monitoring the child's activities.

When siblings/ friends are joining in on the fun:

- If there are other children (e.g. siblings) who are using the pool at the same time, there should be no less than two adults*. One adult should be assigned the task of supervising the other children.
- *When the client is a non-swimmer requiring a lift out of the pool and there are other children swimming who are themselves weak swimmers, there should be no less than 3 adults*.*

** With parent approval, people assisting the worker can include responsible individuals who are at least 16 years of age.*

4. Boating: is ***not a recommended activity*** during respite time