

PATHWAYS TO INDEPENDENCE

FEBRUARY 25TH, 2021, 1:30PM TO 3:30PM

ZOOM VIRTUAL PEER GROUP MEETING NOTES

Hosted By:

Paul Gauthier

Individualized Funding Resource Centre Society

Ruth Marzetti

Technology For Living

Guest Speakers:

- Dr. Jim Salzman, from the Office of the Chief Medical Health Officer
- Catarina Oey, Regulated Canadian Immigration Consultant
- Art Jonkerino, CSIL Employer
- Updates: Taylor Danielson, with Technology For Living

More than ever, people with disabilities must come together as a unified group in society. How we support and help each other through crisis and every day hurdles will strengthen us as a community and as individuals. Living independently is a choice and comes with additional challenges. Through unification people with disabilities make a difference; each voice is important.

The goal of Pathways To Independence meetings are for peers to come together and share information and updates on current issues facing people with disabilities.

The February 2021 meeting was attended by approximately 88 people.

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Technology For Living – Taylor Danielson

Simon Cox Student Design Competition – Update

Each year Technology For Living hosts the Simon Cox Student Design Competition, which is an opportunity for university students from across British Columbia to showcase creative assistive technology design solutions, which facilitate a greater independence in the home for people living with physical disabilities.

The competition is now well underway, and if you have any ideas for future competitions, please contact Taylor Danielson at the email address provided below.

Technology For Living will be broadcasting the competition event on a live stream on YouTube, in May. The final date will be announced at an upcoming Pathways To Independence Peer meeting.

The May event will showcase all the projects the students developed, with an awards ceremony with special guests presenting the awards. Paul Gauthier will be announcing the people's choice awards. The dates will be announced, and everyone is encouraged to join the live stream.

Anyone with interest in the technology and services that Technology for Living provides are encouraged to follow us on Facebook, Twitter, and on our YouTube channel.

The YouTube series is called We Talk Tech and features Ean Price and Wayne Pogue of TFL. They often welcome a special guest to talk about the various devices and services we provide and give their personal opinion; they're pretty fun videos. You are encouraged to check them out.

YouTube Channel: <https://www.youtube.com/user/BCITS>

YouTube: WE Talk Tech E04, Take control of your home lighting using smart technology
<https://www.youtube.com/watch?v=r9v0nEUzmo>

YouTube: WE Talk Tech E06, Switchbot vs Fingerbot – Battle of the mini robots
<https://www.youtube.com/watch?v=Ou4TcUsSvKM>

Email your ideas to Taylor at: tdanielson@technologyforliving.org

Comment

Paul Gauthier: I was having a challenge being able to drink independently. After Taylor, at TFL, did some research for me, I now have a straw system which can appear and disappear. I just push the button and suddenly there's a straw right in front of me. If I'm on Zoom, the straw doesn't sit in front of me; I can push the button and it will appear and then disappear after I have taken a drink. The greatest thing about Technology for Living is that you can put forward ideas and thoughts about what you need, and they figure it out for you. This straw system has made it better for me so that so that I can have a drink when I want it, and when I'm in meetings my mouth is not completely dried out before the end of the session.

Paul's straw system is the Neater Straw, made by Active Healthcare Solutions Ltd. This item and similar products can be found on the Active Healthcare Solutions Ltd. website:

Website: <https://activehs.ca/>

Neater Solutions: <https://activehs.ca/neater-solutions/>

Contact: Wahbi Ghanbur, Western Canada Territory Account Manager

Telephone: 778-706-8910 or email ghanbur@activehs.ca

COVID-19 Vaccine Updates with Dr. Salzman, from the Chief Medical Office with VCH

Disclaimer: In this ever changing environment of vaccine knowledge and protocols, the information presented by Dr. Salzman on February 25th, 2021, may be subject to change. Please consult your personal physician for the most current information on the COVID-19 Vaccine.

Paul Gauthier

There are many questions around the vaccination phases and eligibility. The roll out and eligibility is a Provincial responsibility and each of the Health Authorities look at the rollout differently. The doctor's expertise is around the vaccine and the virus.

Update: All Home Support Clients, including CSIL Employers and their staff are eligible to receive the vaccination in Phase 2. You should have received notification from your Health Authority, and if not, email paul@ifrcsociety.org

Dr Salzman

We are taking our directions and orders from the Provincial Government. They're in control of the roll out; they receive the vaccine, and then it's distributed to the various health authorities. Most importantly, the Provincial Government is setting the groups and these phased roll outs of the vaccine.

Paul Gauthier

We have been able to team up with Dr Salzman and connect on vaccine information newly made available to the public. The news is reporting a lot on the new variants and there are concerns about how the new variances are being managed.

Dr Salzman

There is a lot of talk about variances in the news daily. The nature of any virus is that it can change; it can mutate. This is true for any virus and perhaps a vaccine may not be as effective. A mutation is also known as a variant. It doesn't mean the vaccine doesn't work at all. It just means it likely does not work as well.

I would not decide against getting a vaccine against COVID because I'm worried that the currently available vaccine may not work against a variant that is being reported to be in the community that I live in.

On an ongoing basis the variants slightly shift in how they mutate. As a result, scientists are working to keep one step ahead by modifying the vaccines that will become available in the future.

If you get the COVID vaccine, there may be a modified one afterwards to deal the variant and will be treated a booster shot.

Some people may be think, "Well, why don't they wait until all the variants have been identified and then I can wait because in a year or two there will be a vaccine that might address all of the variants". This will not work if you get quite sick with COVID in the interim; the majority of people will still benefit quite strongly with the current vaccines.

Remember the ones that are currently available are over 94% or 95% effective against the main strains. It is hard to predict what variance will become the dominant strain in a region. From a public health point of view, we don't change what we do; we still talk about masking and social distancing and do not have large gatherings. We still strongly recommend the vaccine when it becomes available.

Paul Gauthier

Many people are concerned about not being able to get the second dose of the vaccine and what happens if someone fails to get a second shot? There may be a supply issue, or they may not be able to get out for their second shot due to health reasons.

Dr Salzman

We always learn from others who are ahead of us and a prime example is Israel. Israel was very quick to start immunizing and are further ahead of the rest of the world with immunization for the percentage of their population. What we learned from Israel, we also learned from local researchers as well, and that is that one single dose of vaccine is still highly protective.

The scientists conducted clinical trials based on two doses. It was their best estimate of two doses being necessary, and the subsequent evidence is strong that one does is going to be very protective.

For anyone who has had the COVID-19 infection, they will probably still need one dose of the vaccine as a sort of booster for additional protection.

The priority is getting one dose of the vaccine. I think the number of doses that will become available over the next several months is going to be sufficient that I don't think there'll be a problem in getting a second dose.

Paul Gauthier

There are many people with disabilities who are really concerned about getting the vaccine; the concerns about getting it versus not getting it.

Dr Salzman

I think that concern is applicable to many things in life; nothing is without risk. I do feel that the benefits of the vaccine are quite evident in 95% protection against a very serious virus infection. Many compare it to catching a cold; that you can't choose if you get it or not. COVID-19 is not like that. Some people get quite sick and obviously people have died; there is clearly a risk of getting infected and a vaccination does allow you to choose.

I appreciate people's concerns due that this vaccine was rushed and whether enough research was done and enough people with various conditions were studied. The vaccine development was very quick, no one can argue that point, but from my point of view, as a doctor who deals with vaccines, I can tell you that there are vaccines which have been around for 75 years, which people are still hesitant to use. As an example, some people say that measles vaccine might still make them sick and that they have heard about autism associated with this vaccine.

The COVID-19 vaccines are new and are scrutinized worldwide. As I mentioned, Israel has immunized a huge percentage of their population. The US has given millions of doses as has the UK and many European countries. There have been rare allergic reactions, which is not unique to the COVID vaccine, but we've not heard about other things that caused significant worries. I am always going to say that in this situation, the benefits of the vaccine far outweigh what I consider quite minimal risks.

There are several types of calls that come into the health department; physicians and nurses, and other medical professionals who ask why we haven't called yet. Asking when is it my turn? I'm not going to be able to resolve that uncertainty about the timing of when the vaccine available to them. There are a few unknowns. What's interesting is that a few weeks back, it was lack of supply of vaccine due to decreased shipments.

I think we're going to be dealing with the opposite end now. Canada will be receiving millions of doses over the next several months. Suddenly vaccines will be plentiful. Hopefully it's in the not too distant future, so I don't want to speculate, but a time will come when anyone who wants a vaccine can get a vaccine without delay. By that time, hopefully they will be able to go to their family doctor, or local pharmacy, where there will be these immunization stations. Clinics will be set up at large venues, like community centres etc.

Questions and Answers

Q. I have two caregivers who are breastfeeding. Have you heard anything about safety for this group of people?

A. It is recommended for breastfeeding women and for pregnancy as well. The Society of Obstetricians and Gynecologists in Canada are saying that they recommend the COVID vaccination in pregnancy because it would help pregnant women against COVID infection, since they could get quite sick with it.

Breastfeeding will not be considered a contraindication, because all the vaccines for COVID are considered inactivated or killed vaccines. There is no scientific possibility that it will transmit infection by getting the vaccine. There are some live vaccinations, measles as an example, but the COVID vaccinations are killed. You can't catch the disease from the vaccine.

Q. Is there any benefit or danger to getting multiple vaccines from different brands once they are widely available?

A. There are only two vaccines currently approved for use. The Pfizer vaccine and the Moderna vaccine. There are some more on the horizon. I mentioned booster shots as a possibility to deal with the variants for better protection. If someone is offered Pfizer vaccine as their first dose of the vaccine, the current recommendation is they should receive the Pfizer vaccine for their second dose.

The only time we wouldn't do that is, would be if someone received their first COVID vaccine in another country and then moved to Canada and they don't know what vaccine they had received. We would give them what's available.

There are millions of people in the world who now have had these vaccines. There is a lot of people to be studied; scientists may study a thousand people who have had the Pfizer vaccine for their first shot and then give them something else as their second vaccination and see how they'll do in the clinical trials.

Comment: Nancy Lear

I wanted to add to what the doctor was saying about vaccination of people living independently. Through Technology for Living the Provincial Respiratory Outreach Program, aka PROP, has been working diligently with the Provincial Health Authorities to generate a list of people that are living independently, the PROP

members. To make sure that they will be on the list, next in place after individuals that are 80 and over for vaccinations. It's coming very soon; it could be the end of March or early April. The timeline is whenever they get to it, it's in the works. If you haven't received a phone call you should be receiving one soon. I have received my phone call from a case manager already, and I'm already on the list.

Paul Gauthier: Nancy lives in the Fraser Health Authority region, and the phone call that she received would have been from the Fraser Health and we have heard that in Fraser Health the case managers have been calling to see if CSIL Employers will be wanting the vaccine. We have been told that some case managers who are nurses may be doing some of that rollout work in the Fraser health. I look forward to other people telling us what they may have heard from other Health Authorities.

There is a lot of misinformation about people with disabilities going to be in phase two, or if they've never been moved to phase three. I know that some people have heard, and we've seen in writing, unfortunately that the caregivers that are our employees will be in phase two, but people with disabilities have been moved to phase three.

Q. I have a very close family member, who is prone to aggressive and violent anaphylactic shock, resulting in an emergency intervention and a lengthy hospital stay. She is very concerned about the vaccine and has elected not to receive it. She is in her thirties, and it's generally known that anaphylaxis does tend to get a little worse in that age group. If you have any feedback on this level of the anaphylactic shock and the COVID vaccine, that would be helpful.

A. That's a hard question because we knew before the vaccine was starting to be used in Canada about these anaphylactic reactions. There's a lot of confusion amongst people, both on the patient side and the physician side, even what is truly anaphylaxis. Some people say they get a kind of scratchy throat after the vaccine and it's labelled as anaphylaxis in the clinic. Unfortunately, it's pretty hard to remove a label that someone's had anaphylaxis. What you have described to me is not that, it's clear for people who actually have it. Some people get anaphylaxis after a bee sting and it's not mild, they quit breathing and collapse. Sometimes it's with food, a nut allergy as an example.

A severe allergy seems to be a subgroup of people who need to be more cautious if there's the likelihood you're going to be more prone to anaphylaxis with the vaccine. If you talk about the attributable risks, let's say one in a hundred thousand people get anaphylaxis after the Covid vaccine. Maybe it's five out of one hundred thousand for someone with history of anaphylaxis. It's not 90%. We had a few patients at our clinics who received the vaccine who had anaphylactic reactions. No one's trying to hide that. They've been hospitalized and it's a very serious matter.

Some people strangely have never had anaphylaxis in their lives, and then when they get the vaccine they get anaphylaxis; that's rare. It's because they've never met whatever is in the vaccine that they're allergic to.

We've had people, who've had a reaction to the first vaccine and we actually said to those people they should go to an allergist to be tested for the severe allergic reaction to the vaccine, that is an option. Ideally, we could supply Allergists with vaccine in which to test on their patients, but there isn't the availability right now. People may need to wait until that option is available, but waiting continues the risk of getting COVID in the interim.

For most people, if they say I don't care what you say or do, I'm never going to get the vaccine there's no point in trying to twist their arm into it, but if we say, this could be a consideration, maybe approach an allergist, then, they may consider that.

Q. I have an attendant who has been tested positive and I have said before he comes back to work, I would like him to be retested so that I know if it's safe and he was told that if they do that, it will come out as positive he had just gone through it.

A. He's correct. Where it gets confusing is if someone tests positive for COVID, they're only considered infectious to transmit it to someone else 10 days after they get symptoms. Not everyone gets symptoms so let's go with the majority of people that do. They get a cough or a fever or other similar symptoms. Those people are followed by Public Health and contacted every day, or every second day, and their symptoms are checked to see if they have resolved or are going away.

Then after 10 days, we say, you are now free to rejoin society; go back to work to, do whatever you do. The retesting is not helpful because it can't distinguish between the dead virus and a live virus and that's a big difference because the dead virus is not infectious to someone else. Some people remain positive on a nose test for COVID, up to six months later.

If we said to people, well, you could only go back to your work after you have a negative test, a lot of people are going to be unemployed for potentially a long time. Vancouver Coastal follows, and scrutinizes, every positive case in the VCH region. Patients are given what's called a clearance letter which says they're free to return to work, school, or whatever else they do that they're not confined to their homes. You don't need them to be retested and you will be considered safe for not getting COVID from them, in that situation.

Q. So I must wait until he gets a clearance letter before he returns to work, I live in Vancouver?

A. The clearance letter is something sent by email; basically we just want people to know that the individual patient have been cleared by Public Health and are no longer considered infectious. They can go back to doing what they were doing before.

Foreign Worker Program

Catarina Oey, Regulated Canadian Immigration Consultant

Paul Gauthier

Catarina Oey has a great deal of expertise in the Foreign Worker Program. I am excited that she's here today to talk about both what the program was and what the program is now, and some of the different options that are available. This will give us a general understanding, as it may be an option for us for hiring staff.

Catarina Oey

I work mainly with internationally educated nurses from all over the world who wish to relocate and settle in Canada. I also work with those who are already here in Canada as international students and have nursing backgrounds. You have options as a potential employer to hire foreign workers; we are aware there is a critical shortage everywhere in Canada of nurses, and home support workers.

The hiring of a foreign national as a home support worker through this program:

This new program started in November of 2019. Some of you may be familiar with a live in caregiver program in the past, there are two programs. The caring for children program and caring for people with high medical needs program. These two programs ended in June 2019. There's an interim program in between.

The process for this new program:

We call it a Home Childcare Provider and Home Support Worker pilot program. This is a pretty simple process; the candidate receives a genuine, full-time job offer, from a Canadian employer. Genuine means that there's a real need for the employer to hire this foreign worker. The definition of full time work under IRCC regulations is a minimum of 30 hours per week. The candidate must meet the requirement for the language ability and education. The language ability usually asks for a IELTS five, so that if anyone is familiar with the language testing system it is usually used worldwide: IELTS.

The IELTS five means that you can communicate, you're able to understand as the comprehension is pretty good. That's usually the minimum requirement for the language ability.

For Education they must have a minimum of one year post secondary education. If the education was received outside Canada, then it must be evaluated from an approved organization on whether it's equivalent to the one year post secondary education in Canada.

The candidate must show that they can perform the job. It could be from their previous experience as a healthcare worker, as a nurse, as a care aide or maybe the education background is overall in healthcare.

After they have all these documents, including the job offer and all of their credentials completed, they'll submit the complete application together with the work permit application and the permanent resident application. When the process is completed, and they are proven to be a principle, then they'll be issued a work permit. If they're inside Canada, then they can work right away, if not, then they must enter Canada.

The last step is to accumulate hours of work as a home support worker or a child's childcare provider with 24 months in order to qualify to become a permanent resident. Some of you may have used this process for the old program when hiring a foreign worker.

If you reach out to a candidate early during the beginning of their studying year, for example, to obtain their nursing licence, that licensing process for internationally educated nurses can take up to two to three years. They must go through an assessment, an examination process and this is probably the best time for them to start working for this potential employer. In the meantime, we can look at the timeline.

LMIA

If they have enough time to wait until the pilot programs kicks in and gives them an approval, then you don't need LMIA to support the students. The LMIA would work well if the student's study permit is expiring soon, and then, they just started working for this potential employer. You want them to continue working until the new program kicks in. This is where the LMIA is still handy, but again, this LMIA option is only available if the candidate is inside Canada. They no longer have this option if the candidate is from outside Canada. They must go through the new pilot program.

Catarina has provided a PDF of her PowerPoint Presentation with additional materials, which have been uploaded to the Pathways section on the IFRC website:

[Foreign Worker Caregiver Program](#)

Also included are accompanying documents:

1. [LMIA Application In Home Caregiver Position](#)
2. [Offer of Employment for Home/Child Support Worker Pilot Program](#)
3. [Temporary Foreign Worker Program In Home Caregiver Employer/Employee Contract](#)
4. [Temporary Foreign Worker Program Medical Disability Certificate](#)

Please note: Due to the security encryptions on some government PDFs, Chrome may not be able to view them. Please try another browser or contact Hilary Currie at hilary@ifrcsociety.org to request a copy.

Government Links

1. New Caregiver Pilot Program:
[Home Child Care Provider Pilot and Home Support Worker Pilot - Canada.ca](#)
2. Hire Temporary Worker (in Canada) through LMIA process:
[Hire a temporary worker as a live-in caregiver - Apply for a Labour Market Impact Assessment - Canada.ca](#)

Art Jonkerino, CSIL Employer – Personal Experience

As an employer, I've been hiring foreign workers for the last 14 years or so and I always encourage everybody to research and try to understand this program. Get involved because it increases our labour pool. It's never that "we've got too many workers and not enough employers" from the disability community.

We're always looking for the workers and there are never enough available. I can tell you that, unfortunately, the programs as we just heard, always keep changing. You never know what's coming next. It is a bureaucratic nightmare sometimes to get through all the pages and do all their prerequisites and research and advertising and LMIA's and LMO's but it's still very worth pursuing it.

Refer to the government websites as you need to understand that they changed as well. Even the government workers can't tell you some of the things that are in there because they change them so frequently. The fortunate part of it is if you start the program, then whatever applies when you start your application, or have it put in process, they don't change the program on you midday. What you start with, you can finish with.

Another good thing about it that you can say is that as long as you're in process, let's say you have a worker working for you, and they have a student work permit or a VISA about to expire, you file the paperwork, and they're in a kind of a safe zone and they can't be refused or kicked out until they officially get a denial.

What I'll add too is that I currently have two students working for me. They're both in Canada under work permits, and we've applied for both to continue working under the pilot program and that application went through approximately a year ago. It's a big mystery as to when you're going to get an answer and

how long it will take. That's a drawback, which is the way hiring foreign workers has always been. It's best not to be intimidated by that and just apply. There are plenty of students that would love to work.

They're always looking for the work experience for their resume. They're keen and eager. I have had some difficulties with students who were not committed, but I can tell you, the students I have now are fabulous. They're extremely reliable, hardworking people and pleasant to have as employees.

I have had the opportunity to work with a college called Sterling that, as part of their program for nursing and care aid students, have what's called a Work Experience Program and that is a period of about six months. I would have to check on the exact official time. It's several hours that the student needs to get as working experience, after they finished their formal courses, to get their diploma. That is normally something that's offered to larger employers, institutions, care facilities, etc. and not individual employers.

Paul Gauthier

From someone who has been a long time CSIL employer and with this experience, hearing how it's working for you gives us all food for thought that maybe this is a way to be starting to look at possible recruiting. With Catarina, I think it's great to have someone in a professional role be able to help people work through the Foreign Worker Program.

Questions and Answers

Q. I would say that most of us are looking to avoid turnover in care, the energy required in training and finding people is huge. Are more people with disabilities getting their employees from overseas or hiring from within Canada? Is there a difference in the length of retention as a result; are they're going to stay longer?

A. Nothing is protected but I must be honest, both are the same. You go through a new program and you wait until they get a proven principle, not approved as a permanent resident, but the application is as the proof they meet the qualifications, they get the work permit. Under this new program, the work permit, unfortunately is an occupation specific work permit. It's not tied with any specific employer; and it would be the employer's responsibility to retain the competitors' wage.

The LMIA process is still a good process to follow. If the wage that you offer is competitive under the median wage, then the LMIA process would be a great idea. The work permit will be tied to you with your name on it if you are going through the LMIA process. Usually, they will get two years, and to change that work permit, it's quite a hassle for the candidates to have to find a new employer. They must be able to find the employer who is able to provide them with the full time offer and go through the similar process to change the work permit over to work for them.

If you think that the turnover will be an issue, then you can explore the LMIA process, it would be safer that way. The history I have working with international students is that they are very focused on their goal. Their goal is that they want to become a permanent resident. So that's the number one goal and obviously after that two-year period, you will see some turnover rate. After they qualify, they become a permanent resident and then it's just natural that they want to explore other opportunities.

Comment: Art Jonkerino

Concerning the question that was asked about the time and money invested in training people. I would suggest that you contact the colleges that have nursing programs and that you employ a student on a work permit. That way you can work sometime with the student and of course you'll have to train them, but you can find out before you get involved in any further applications and fees etc, whether you work well together.

The more that they know you and you know them, the better you can judge as to whether they're really committed to working with you. If you find somebody who is a great worker with you and they're committed to working, you can go through this process and it is much less painful. In fact, it's a pleasure to go with somebody that you enjoy working with, as it can really work well.

Paul Gauthier

It's just nice also to be able to work with someone in a probationary period. They're allowed to work 20 hours a week. This way you get a chance to see their work and determine if you are compatible.

Q. I know the current requirements is that the workers have one year of post secondary education. What counts as one year? For example, two terms is eight months of college and is usually considered one year, does that count? My experience is that foreign workers are very reliable and stay long term. My last worker was with me for 16 years after she got her PR status and her family arrived.

A. They use an academic year, sometimes in a year they have two terms and then it's a one year program with two terms. If the education is done from outside Canada, it must be evaluated through an approved organization.

They take where the education is from into consideration; there is BCIT and then they have a WES, which is the World Education Services. This organization will produce a report and the report will state what the Canadian equivalency education system is. That says it must be one year. If the education is done in Canada, most of the time, it would be a one-year program or the eight months type of program, but it's a one academic year because that's one of the requirements to get a study permit. It's very rare that I have somebody who only come for a short, some period of study because they won't qualify for a study permit.

Q. Are there any grants or financial systems to help pay for the fees and processes of hiring a foreign worker?

A. Yes, for the LMIA process there is an exemption. From 2018, individuals seeking to hire foreign caregivers to provide home care for individuals requiring assistance with medical needs, are exempt from paying the \$1000 LMIA and processing fee. You just must provide them with a confirmation. There's a form to confirm your disability that your physician must sign to say that you qualify under this program.

Comment: Heather Chang

I do recruitment at IFRC. I often talk to international students who seek caregiver jobs. The one stumbling block is that their schedules don't match up with our client's schedule. You may want to consider that if you're considering hiring someone, and you have some flexibility. It may not be possible, but just keep in mind that their classes are scheduled at a set time. Class schedules change every three or four months.

Q. If you go through the process, and do your due diligence to get a foreign worker, are you committed to a time frame that you must keep them? Say they arrive and you have them in your home and they don't work out. What is the gap to give them two years, a year, six months?

A. There is no timeline. There isn't a LMIA contract; its a form that states what the job offer is and they will ask in the form how long are you planning to employ them. There are also terms on how the contract can be terminated. It's very similar to any other job.

Let's say you brought them in under the LMIA process. Then they are obligated to get a new work permit before they can work with somebody else, but under the new program they don't have the employment specific work permit. If the contract is terminated before the two-year term that you're planning to hire them for, then they simply look for another employer to qualify to become a permanent residence by accumulating hours to reach 24 months of employment. As an employer, you do not have the obligation to employ them for that length of time.

Q. Is it more difficult to find a worker to work in the rural areas?

A. No, I have worked with many nurses for the last six years and most of them may look for a job in a remote area. It's much more competitive in the Vancouver Lower Mainland area. If they want to get into hospitals, they're union base, so they're not able to get a full time offer right away. They must go through as a casual worker until they are eligible to apply for the full time position. Most nurses look for a job in a remote area; it will not put them off.

Comment: Art Jonkerino

Just so people understand the LMIA program, the Foreign Worker Program, which has the caregiver branch of it. It's not a program that was designed for priority of just caregivers. A Foreign Worker Program applies to all employment opportunities.

It is a very general program, whereas the Pilot Program is to do with caregivers, for children and people with disabilities. There can be some things in the application that seem tedious and difficult to get through, but it's important to note that you can contact Service Canada with your questions.

Service Canada: 1-800-367-5693

Calling to ask questions was particularly helpful when I needed to meet an advertising requirement as an example; they were able to guide me, which saved me an enormous amount of time and trouble and expense.

Comment: Paul Gauthier

Something for all employers to remember is that we have three months probation period.

Leadership Groups Updates

Paul Gauthier

Ruth Marzetti and I teamed up so Technology For Living and IFRC can support action oriented type leadership groups which focus on specific topics. We have started with four groups right now with the

peers who are interested in participating in them. We are scheduling regular monthly meetings, and we will advise the group when they are held.

Leadership Groups Currently in Place

1. Claim Contributions / Per Diem
2. Public Awareness and Political Advocacy
3. CSIL Provincial Representation
4. Home Support Hours and Re-evaluating the Time Task Analysis (TTA)

Each of the first meetings was a lively meet and greet session. The groups have decided that they will be most productive with 90 minute sessions.

Ruth and I have been discussing the idea of peers coming together in general and we began to think about other activities Pathways could support.

One of the ideas has been around Personal Wellness and what the opportunities are for just getting together to talk about being connected to each other, our communities and nature. If you have topics related to this idea, please send them to paul@ifrcsociety.org

Technology For Living Programs

Peers on Pages

Ruth, along with Nancy Lear, have been hosting a writing group, called **Peers on Pages**, and this is a great opportunity for peers to get involved in the writing group. If you are interested in joining the group or would like to know more, please contact Peers on Pages for more information and to learn when their next sessions will be held: <https://technologyforliving.org/peer-support/peers-on-pages/>

Provincial Respiratory Outreach Program (PROP)

Technology For Living's Provincial Respiratory Outreach Program (PROP) provides support to people on ventilators with much needed respiratory equipment, hospital to home transition support, 24 hour on call service by Registered Respiratory Therapists (RRT), and education for caregivers so they can confidentially support you in your home.

Please follow this link for more information and to view the video:

<https://technologyforliving.org/provincial-respiratory-outreach-program-prop/>

General Discussion

Bill 7 and Medial Aid in Dying (MAID) with Monica Gartner

Monica Gartner

I became involved in Bill 7, which is related to MAID, and really encourage everybody, regardless of where you stand on the subject, to revisit this again to learn what they have passed. I found out how dire the situation was because I joined a group through Spinal Cord Injury BC and met a woman named Spring Hawkes, also a CSIL Employer, who ran in the Provincial election last year.

She told me how dire the situation has become in the way the Bill is now being written. It's extremely easy for anyone to get medical aid in dying. Doctors can now ask, if you are newly injured, what your therapy might be and it will include asking the question if you want medical aid in dying. This happens before a person even has a chance to really contemplate how life will be.

The United Nations has sent a letter to Canada expressing that it can potentially now be a human rights issue. It could potentially affect all of us if more people choose medical aid in dying. Number one, the government will not have to support a lot of services. Number two it really marginalizes our lives even further.

I do believe that MAID needs to be there for those that do need it, but it's just not in place correctly. There are not enough safeguards.

Comment: In the news recently, there was an article that some Canadian politicians are trying to push through a Bill amendment which would allow people with mental illness to access MAID, and my concern is how they deem a person with mental illness is medically capable of making that decision.

Paul Gauthier: There was not enough time in this meeting to engage in a full discussion on MAID, and this may be a future topic which would give everyone an opportunity to weigh in on the known facts with opinions and an opportunity to respectfully convey how they believe MAID should operate.

Pathways To Independence Next Meeting Date

Upcoming Meeting Date:

- Thursday, March 25th, 2021 1:30pm to 3:45pm

March Topics

- Technology For Living, Taylor Danielson
- New Disability Legislation with Dan Coulter, Parliamentary Secretary for Accessibility
- Infection Prevention and Control (IPAC) of Vancouver Coastal Health

Peers are reminded that if they have a topic idea for a future meeting, to please send an email to pathways@ifrcsociety.org

Pathways To Independence Peer Group Meeting Notes and pertinent documents are uploaded to <https://www.ifrcsociety.org/pathways>

This was a virtual Pathways To Independence Meeting via Zoom technology. In partnership with Technology for Living, whose Technical Team, headed by Ean Price, successfully ensured that peers could connect to the meeting from across the province.

THANK YOU EVERYONE, FOR YOUR ATTENDANCE AND CONTRIBUTION TO THE MEETING!