



PATHWAYS TO INDEPENDENCE

VIRTUAL PEER GROUP MEETING NOTES

AUGUST 31ST, 2022 1:30PM TO 3:30PM

Pathways to Independence is an online community of British Columbians with disabilities who meet to share information, solutions and receive updates on matters related to independent Living.

Hosted By:

Paul Gauthier

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Special Guests: Ministry of Health

Ms. Kiersten Fisher, Executive Director

Ms. Alyson Clark, Manager for the Disability Support Team

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Technology for Living Updates

Peers on Pages

[Peers on Pages \(POP\)](#) is an online fully peer workshop that provides an opportunity to share writing and to receive feedback, writing tips and guidance. The facilitators will encourage, support and assist participants when requested. Limited personal one-on-one feedback outside of workshop sessions at Facilitator's discretion. There will be options for editorial consideration to publish through Technology For Living (TFL) communication resources.

Led by Monica Gartner, author of *Overcoming the Impossible: A Life of Trials and Triumphs*. The group frequently has special guest speakers.

Currently the group is made up of approximately six participants and the program is expanding with an additional six participants. If you are interested in learning about writing and to network with like minded people, please contact Monica Gartner at mgartner@technologyforliving.org

Simon Cox Student Design Competition

Technology for Living is still looking for new project ideas for the Simon Cox Student Design Competition. The ideas would increase your independence, so we encourage you to submit your ideas!

[Simon Cox Student Design Competition](#)

Technology for Living Recruitment – Part Time Financial Clerk

Technology for Living is recruiting for a part time Financial Clerk. Peers are encouraged to apply.

View position description through the following link.

[Financial Clerk Job Posting](#)

If you require additional information for the position, please email Joan Kluge, Financial Officer, at jkluge@technologyforliving.org

Special Guest: Ministry of Health

Kiersten Fisher, Executive Director

Alyson Clark, Manager for Disability Support Team

Ministry of Health, with Kiersten Fisher, Executive Director and Alyson Clark, Manager for the Disability Support Team

Introduction by Paul Gauthier

I would like to introduce and welcome our guests Kiersten Fisher, Executive Director and Alyson Clark, Manager for the Disability Support Team from the Ministry of Health, whom we are very fortunate to have join us. I also thank our speakers who have volunteered for this meeting in order to present information pertinent to the Hiring Crisis as it relates to the Choice in Supports for Independent Living (CSIL) Program.

This is a fantastic opportunity for Kiersten and Alyson to hear firsthand from CSIL Employers, just how grateful we are for the program and at the same time, learn more about some of the issues which we would like to see resolved.

CSIL gives us the freedom to hire our own attendants, train and manage them in the manner that best suits our needs and our independence. Many people here have seen the CSIL program go through multiple changes over the years and now, while it's still a revolutionary program, it's struggling to meet all of the needs of the community in today's society.

The nine volunteer speakers will give you the issues, their perspective, and some solutions on how the issues could be overcome.

Peer Speakers Michael, Ean, Roger, Joe, Art, Chris, Elaine, Laura and Gloria

Ministry of Health, Kiersten Fisher, Executive Director

I am the Executive Director of what is now known as the Home Health and Community Care Support Services Branch in the Ministry of Health. I have been with the Ministry of Health for close to 12 years now. I have been four years in the Seniors Services Division; the name not totally reflecting all of the work we do with Home and Community Care Support Services and programs like the CSIL program. My previous role throughout the pandemic for which I had accountability for, was long-term care and Home Health.

The Ministry of Health has undergone recent realignment where we looked at the portfolio's that we each held at the Executive Director Level. The shift was purposeful in order to bring all of the Home Health Services together. Previously, my colleagues and I each had accountability for one aspect of the more Home and Community Services and aspects of long-term care in assisted living.

We've now got Long-Term Care and Assisted Living under a portfolio and I've got all of the Home Health Services, Home support, Community based nursing, the CSIL Program, and the added care funding program for Community Living BC (CLBC) clients. I believe it's a really good shift and my hope is that we can have a more holistic view of the service delivery for clients in the community and to make sure that we're providing the services that people need, where they need them, and when they need them.

We're still very integrated with our Long-Term Care and Assisted Living colleagues, recognizing it is a continuum of care, but we focused now on bringing an eye to Home Health and the Community Service programs.

I'm really excited to hear from you today and just take it all in and absorb the information and if I'm asking any questions, they definitely come from a place of curiosity and openness, and of really wanting to understand. That's usually my leadership style, as Alyson can tell you.

I will let Alyson Clark introduce herself as well. I have had the pleasure of working with Alyson on the Long Term Care team, and she's fantastic. She has recently taken on the Manager role for our team. I'm really excited to have her here as well.

Alyson Clark, Manager for the Disability Support Team

I have just stepped into the acting Manager role for the Disability Support team, and I'm very excited to be here. I have been with the Ministry since 2019 and I'm coming from the same place as Kiersten in terms of being new to the portfolio, and I'm very interested to learn and hear from all of you. Previous to this role I was a Senior Analyst in Long Term Care and Assisted Living and prior to that I was in community based Mental Health and Senior Services.

Lack of Required hours, with Michael and Roger

Michael My name is Michael, and my wife is on the CSIL program under the Vancouver Coastal Health Authority. I am going to tell you, her story.

My wife was in the throes of completing her Master's Degree at UBC, back in 1990, when she was diagnosed with Multiple Sclerosis (MS). The MS hit her very, very hard. She was forced to cancel her PhD studies, which she was about to embark on after having completed her the Master's and she was confined to a wheelchair within three years. She made the application for the CSIL program and after some time with partial support, the case manager came to her house and did what we regard as the last meaningful assessment of hours.

That assessment happened many years ago. Since then, we've had a huge turnover in case managers. There have been no further increases since the original assessment even though my wife's condition has worsened and she's now legally blind and needs more daily assistance and care. Without an increase to her hours, for most of the last thirty (30) years I have provided what we would call pro bono help to her.

The idea of not having people working on evenings and weekends is awful. I do the care work Monday to Friday, for part of the hours, and then I also do the weekends, including evenings for both Saturdays and Sundays. This became more of a problem when my own health began to deteriorate due to aging and a back issue, for which I have had recent surgery in conjunction with my wife's increase to her needs.

We need to have more support. We have talked to our case manager, to no avail. The big problem is not just the lack of hours, but that we are also competing with agencies and care homes. We felt it was necessary to increase the wages for the people working with my wife, but it was a double whammy. My health not enabling me to do what I could do previously and the fact that we felt we should support a higher level of pay for the people who are working for my wife. These additional hours caused us to ask, again, a new and inexperienced case manager to consider more support. The case manager said she would come and do a reassessment of my wife's needs.

The case manager came to our home with another person whom we hadn't met before and they spent a couple of hours here and I'm going to tell you this part of the story although it's very private, is an example of how the health authority CSIL staff assess hours. My wife went to the toilet for a morning bowel movement and sat for 15 minutes with no success. She was then digitally induced. I heard one person say to the other, of the two people there, that they timed it at five minutes. She was on a stopwatch going into the toilet and that time allocation only covered the actual [induction] procedure. I feel that was quite demeaning, to use time and motion to do that sort of thing. Anyway, that's what happened.

Some days later, we received an email informing us that we would not be receiving additional funding and it was justified by saying that many of the activities that my wife does, for example, she goes to the swimming pool three times a week, were not supportable. I have been told that other supportive programs like the Community Living BC does support outgoing activities to improve the quality of life, whereas CSIL doesn't support any physical activity. I think that's not looking to the well being of the people on the program.

With the extra paid hours and the increase in wages we're now having to top up monthly CSIL funding by a considerable amount of money. This last August I had to put \$5,500 plus the \$300 minimum requirement [client contribution] into our CSIL account. We have been putting \$3,000 and \$4,000 monthly to keep the balance in the black.

In closing, I'll say this; I think it's important to recognize that many others don't have the kind of money that I've just mentioned. That means there are a lot of people that could be going without the care they deserve, or going into poverty, or having to choose what they can and can't afford or do.

Kiersten Fisher Thanks for sharing your story, there are in fact some very personal parts of your story. I know that kind of respect and dignity is very important and I'm sorry that your wife had that experience. Thank you for sharing that very personal story. There are a couple of questions I have.

When I was reading some background on the program this morning it was about the kind of frequency of reassessments and recognizing that one of the things that we're talking about internally about different populations, including CLBC clients is kind of aging and with aging comes increased care needs. I do wonder, and I don't know if you can answer this, or maybe Paul knows if there is a any sort of general frequency with which reassessments and assessing hours is done. It sounded from your point of view, Michael, that it wasn't something that was done on a regular basis, and in fact, it was something that you needed to request.

Michael That's quite right, we do get an annual visit. Well, not every year, but mostly, what's been happening is the case managers are quite often recent hires. They really don't know the program that

well; they have a spreadsheet that they use and they take that away and basically talk to their management. Then their management advises them on what can and can't be supportive.

Paul Gauthier The Time Analysis Tool is what Michael is talking about. They do come once a year, sometimes when you don't want them to come versus when you want them to come.

Michael I would like to finish up by saying that our case manager came yesterday. She said the evaluation mechanism hadn't been updated since the 70's. I don't know whether that's accurate, but she said that the process of making the assessments was really out of date.

Roger I am currently living in Surrey and under Fraser Health. I really appreciate Kiersten and Alyson being here today, to hear from us directly because this is an issue that has been bothering CSIL employers since the inception of the program.

Just as a little bit of background on the assessment tool that's being used. My understanding was that it was actually created in Europe for seniors in an institutional setting. Somehow, they have tried to take this and use it for people in a CSIL population, which is an entirely different group of people.

I have been a wheelchair user for 37 years now, and I have consulted with government written reports for the Province of BC and City of Vancouver and I have worked with the Legislature in Nova Scotia. I have been around for a while, and I can't believe that here we are in 2022 and we're still dealing with this whole assessment piece, and, because of the shortness of time, I'd like to look at a couple of possible solutions to this problem that we're dealing with.

I think that one of the big problems is, and, Michael, you alluded to this. It's the lack of knowledge of the Ministry staff and Health Authority case managers. We usually get an annual assessment; I have been a part of this program since it started and every year it seems like I have a different person who comes into my home and attempts to do this assessment. Nine out of ten times they don't understand how CSIL works, and I ended up educating them. I would suggest that 90% of the time, we never get what it is that we asked for and we certainly don't get what we need.

There's a critical piece in a) I believe that we have to relook at this assessment tool period, and b) at the very least, the Ministry should look at some type of education module for the Health Authorities, so they can at least orient the Case Managers or CSIL staff, on how this program system should work.

There needs to be some type of ongoing monitoring because there's absolutely no consistency. I moved from Burnaby to Surrey recently, and I had to start the whole process all over. It was a totally different system that I dealt with in Burnaby, from what I dealt with in Surrey, and I'm still in Fraser Health.

I have purposely stayed away from moving to Vancouver or anywhere else simply because, to be honest, I was afraid of what could have happened with my assessment process, and I have been at this for a long time.

Lastly, I would like to say that I really appreciate, Kiersten, you are mentioning this holistic approach, I think that we need to have a way that CSIL employers are more actively involved. We do have lived experience. We do know our requirements. We feel it's kind of an us versus them situation. Instead of me being able to go to my Case Manager and look for assistance. I'm always afraid to go to them because I know that it's going to be some kind of a battle and it's going to come down to a budget. Thank you very much for this opportunity.

Kiersten Fisher Thank you Roger for offering that kind of a solution. Provincial consistency across and within Health Authorities is something we hear about on multiple different levels in the Ministry of Health, and it is something particularly during the pandemic that we started to tackle. I appreciate your suggestion about provincially consistent education and training, just recognizing that staff turnover is something everybody's facing right now. Thanks for that suggestion; Alyson and I will take that away for sure.

Roger This is something that wasn't on my list but when it comes to the education and training, it's assumed that anyone [person with a disability] who comes onto the CSIL program knows how to do everything; hire fire, train etc. It would be wonderful if we also could tap into something as employers.

I have worked for the government, and I have run my own business, so I have always had opportunities for training. We have been doing this since the 90's yet there's absolutely nothing offered for us as employers to help us. Not only just interact with the Health Authorities but to interact with our staff. They used to throw around the word "brokerage" as in "We can't do it because it's brokered". I'd be challenged to find any other position that exists that doesn't get any kind of training or support. We get absolutely nothing.

Lack of parity with wages and benefits, with Ean and Joe

Ean I am 39 years old, a business owner and live in the Interior Health Region. I'm ventilator dependent, unable to swallow and require frequent oral interventional suctioning. Due to the complexity of my progressive neuromuscular condition, I require a full 24-hour support. Alas, my health care wellness assessment is far less than 24 hours of care per day.

Moreover, the calculated rates must not only cover wages but employers' costs and expenses. This means I am forced to stretch dollars to survive. My home support workers are severely underpaid and do not receive any benefits. As a result, many have left and moved to the Health Authority or agencies who can give them a competitive wage and benefits.

This high turnover not only impacts my quality of care, but also adds to a constant level of stress, by interviewing and training new staff who, ultimately, leave me. Did you know that McDonald's is offering full time with benefits and only \$2 an hour less than me; I simply cannot compete. The wage should be appropriate, not minimum wage, or a basic homecare wage, but to reflect the care routines carried out. Many of us here are not receiving the hours we need. We are assessed below our needs and wind up going without care. A greater emphasis on assessments needs to be implemented. Thank you.

Joe I just turned 68 years of age a couple of days ago. I was a fully functioning public servant here in British Columbia until I turned fifty (50) and I was injured at work; I have been off work ever since. I continue to sing jazz and have fun doing that kind of stuff and am certainly grateful for the CSIL program coming into my life when I turned fifty. It's been able to help me continue with my passion in life, which is to get out to nightclubs and do concerts and make records and I continue to do that to this day, but we are all struggling here.

When I signed the contract with CSIL, I thought I was signing a contract with a Health Authority that would allow me to have them as a partner but basically what I now have is a competitor. I just did a scan of the Island Health job board yesterday and there's currently twelve (12) open positions for

Community Health Workers, and their starting salary is in between \$23/\$27 and \$25/\$45 an hour plus benefits. Some of those positions have been open for over 90 days.

Everybody's struggling to find staff. We're certainly no exception to that. I'm very lucky, I have three great staff who have been with me for quite some time. I would like to give them a raise and give them some benefits as well. I have a Live-in employee who is with me five days a week and she's fantastic. I don't know what I would do without her. She told me a couple of days ago, "You know, Joe, I do a lot of stuff for you for free."

Kiersten Fisher My only comment would be that I think the CSIL employers are facing similar challenges to what we're hearing across the health sector right now in terms of competing for workers. I know that those Island Health job postings are likely vacant, because Community Health Workers get paid more in long term care than they do in the community, which is a real challenge.

We're facing it everywhere. I have seen the advertisements on the local ads and for the local A&W here and can see how much they're paying an hour which is just compounding issues everywhere. Alyson and other colleagues have let me know how the CSIL funding works and the what the CSIL rate is and how it's tied to the CBA in terms of rate increases, and I know that there's negotiations underway right now with those rate increases so that we anticipate will also be reflected then in the CSIL rates.

Then they were also hearing inflation pressures, I know that your CSIL rate was supposed to cover a number of things, and everyone everywhere is facing inflation right now. We have flagged the CSIL program as one of the governments funded programs where inflation is having an impact and are looking to government centrally to provide some direction about how and when we anticipate if there'll be any relief on some of the inflationary pressures, because I anticipate that's impacting you as well.

Joe We do have a solution. The solution is once when you establish that the contract is settled and you've established the hourly rate for us the CSIL employers, to just have that rate go towards wages and benefits. When I look at all the other expenses that I have to cover within that \$33.40 an hour with CPP premiums going up, my health care insurance going up, all these kinds of extra expenses are keeping us from being competitive. That's the bottom line, we're just not competitive.

Paul Gauthier There is a need to add the overhead on top of the hourly and benefits.

CSIL Eligible Expenses, with Art and Roger

Art I got to admit, I'm really struggling, and the stress is crushing, to say the least. I'm going to struggle a little as I give this, but first comment is, as we know, we have a Ministry named Ministry of Social Development and Poverty Reduction. Ironically, we must pay our workers poverty level wages to support us, and we are the people who are supposed to benefit yet we're seeing two cycles of poverty created rather than one relieved, it makes no sense.

Let's work on what that title really means. I'm talking to the government of BC and really, yes, Kiersten, we appreciate your being here. It's a great opportunity and a wonderful thing. We hope that you can really make things change.

We're running a business, employing people, advertising for people, maintaining human relations, doing all these things that a business would normally do to make a profit. Yet we do this just to stay alive.

Let's take a look at those administrative costs that we have to pay when really, we should be paying for employees and fair benefits, etc. Everything from advertising, bank, bookkeeping, computer electronics, printing, copying, food, insurance, internet service, legal office supplies, postage, and delivery, supplies and salaries. Well, that's a lot that we have to cover. I'm not going to go into all those little areas where the amount we're allowed is insufficient, but I'll leave it for others to comment on that. Those are all just the predictable regular and average, everyday things and we have the irregular and the unpredictable as well. Irregularly, we really appreciate our employees, and we want to show them some kind of special consideration.

Having some little extra money, we can spend on a gift or dinner for, as an example, 10 years of service. Those kinds of things that when we have regular expenses, like book for emergency work, we think "what if somebody has come in in the middle of the night to change a catheter?" I've had that done; we don't have any way of showing appreciation for that. We don't have allowable funds to pay for fuel charges if the person's got to drive here or they've got to travel by taxi or Uber in the case of an emergency. There's sick pay, of course, but there's training new staff that's not even acknowledged in our calculated assessment rate.

Agency support, they're supposed to be there for you, theoretically, and it's supposed to be affordable to pay agencies if something goes wrong and you're short a person, but you've got to train those people. The rate for agencies is now ranging from \$50 to \$75 per hour. We've got to train their staff, and to keep them on hand we've got to give them work on a monthly or a weekly basis, because if you don't provide them what they need in terms of access them when we need them, then we won't get service as easily.

Basically, CSIL employers are training workers, so they can take advantage of the experience, and then move to the Health Authority. Once again, our competitors; this is like government welfare. Does that come through? We're doing all the work and the government is benefiting from our suffering, we were supposed to be the recipients of the benefits.

The province is saving a lot of money on these administrative costs whereas agencies, or the local Health Authorities have got to cover their administrative costs. Those costs are being covered or they wouldn't be in business. People with disabilities are making sure we have staff in this job, really, this responsibility lies with the local Health Authority. They are supposed to ensure that we've got people to support our needs, but instead, we're competing with them. All reasonable expenses really should be considered when you are looking at the budget for a person receiving CSIL services, every little reasonable expense. We are basically in the business of recruiting, screening, training, and providing health care workers for the healthcare industry. That's our job as employers and we do a fabulous job of it, thank you very much. It would be nice to get some credit for it and we do those jobs right now for free.

Kiersten Fisher I picked up on the essence of what you are saying, in terms of the costs that are required to be covered by CSIL employers and the competition with the Health Authorities and the inadequacy that is felt about that funding.

Roger I think that Art articulated quite well most of the points. Kiersten I just want to say that I worked with one of your predecessors, a Minister, at one time. I spent almost two years negotiating with the Province around CSIL with a couple of our colleagues. One of the Ministers pulled me aside and

privately said, "I'm not going to go public with this. I just want to let you know that you folks on the CSIL program do such a wonderful job, that it's always going to be challenged for you to get anything out of the Ministry because you're too good at it."

I think it's been almost a curse, our nemesis, that we have been stretching dollars, finding solutions and ways around things since the 90s. Government knows that and realize that "Hey, if these guys can do it, let's just let them continue to do it."

Unfortunately, COVID came and for many of us, that was the straw that broke the camel's back. All of these expenses and items that Art was referencing, we have been managing to make it through, albeit not necessarily in the best ways, but this was just too much. We felt that we were deserted by government, we didn't get the support. We weren't getting served. It's like, we were just left in the wilderness to make all this stuff work, but this time we couldn't pull the rabbit out of the hat. I would like to see a relationship with the Ministry that gets rebuilt, because when we started this whole program, Paul was there before me, we had a great relationship and to be honest, that's been lost.

This program was built with a cooperation between government and community. That's how it operated in the early stages. We were really proud of what we created. For example, I'm from Nova Scotia and people back there were talking about BC and all the wonderful things the province was doing, and the CSIL program. They were aware of us [people with disabilities receiving individualized funding in BC]; we were like the pioneers. Now, they look at us and ask, "Wow, what happened?"

I would just love to see that relationship get rebuilt, and for all of these problems that we're talking about, find a solution. We as CSIL employers are willing to be a part of that process if you let us. That's pretty well, all I have to say, I'm very encouraged that you're here. I'm just so pleased that this is happening and I for one, throw my hat in the ring. If there's anything I personally can do, I'm quite willing to do it. Thank you.

Preapproval of Care Agencies, with Chris

I am part of the Fraser Health Authority. I have been around since before CSIL started; I was part of the pilot project. I know CSIL like the back of my hand. Mr. Gauthier, who worked collaboratively with the Ministry of Health in this whole process, has also been my mentor for 27 years. The topic I wanted to discuss today is the Preapproval for Agency Services. This is managed differently between Health Authorities. Consistency would be great but some of the Health Authorities are saying "You need preapproval from us before you call an agency, otherwise, we will not approve the funding for the agency." This is a bit of a challenge because if we have to get an agency after hours, or on weekends, we can't get prior approval. If I'm being really frank, even when I do call my Case Manager, I don't get her on the phone right away and that's no fault of her own. She's got a huge portfolio, just want to be very clear with that. I'm a little bit passionate about the situation.

There are CSIL Employers who have employees calling in sick on the weekend, or in the night and at midnight there is no way to get preapproval from the Health Authority. As a result, the CSIL Employer can go up to 15 to 18 hours without support; left languishing in bed, at risk and unfed, until an employee comes in for their next scheduled shift. Even when presented with this situation, the Health Authority will still refuse to pay for the agency and when the CSIL Employer cannot afford the agency fees, they go without support.

I would like to see each Health Authority have a process that everybody can work towards in regard to ensuring that we have consistency. That if we are not able to get a hold of our Case Manager in that hour, that we can request approval within reasonable time.

I'm not saying we should go to town with the money, but within reason that we can call the agency and not be concerned about whether or not we are going to be approved or reimbursed, that we don't go into deficit.

Kiersten Fisher Just a couple of things. I just wanted to say to Chris, the use of agency was something that I picked up on in some of the notes the staff gave me and some of the temporary pandemic policies. I'm really just pleased to hear your comments and your view on some of the barriers there because it is something that I think Alyson and I will be talking about in terms of what we've been hearing about that preapproval process for agency staff, and especially with the workforce challenges right now. Thanks for those comments.

Payment to Family Members, with Laura

Thank you so much, ladies for coming to hear the CSIL employers speak today. My name is Laura, and I am a CSIL employer in the City of Richmond under the Vancouver Coastal Health Authority. I am 41 years old; I have had severe arthritis diagnosed since the age of one year. That has been forty years, four decades, of painful arthritis. How it can affect me varies throughout the day on my levels of pain, energy, and the ability to move my limbs. I have been a CSIL employer close to thirteen years or so now. I have hired many assistants over that time. Then in my mid 20s, due to complications with medications for the arthritis, I did actually go totally blind as well. Now I have what I call those "extra kind of challenges".

I would like to say that there has been, since COVID hit, what I would call a terrifying lack of availability of the labour pool for caregiving assistants. Last year, I tried for the first time in a while to hire a caregiver.

Prior to the COVID pandemic I would put up an ad and I would get literally twenty or more applications in one day. When I started to advertise last year, I got four over the course of a week and certainly not the range of differences that I would normally find and ability to be able to then pick and choose who I wanted. That was a lot harder. Then in the fall, it got even harder.

My ads were out for one month before I finally had seven applications. One of my criteria in skills is the ability to speak English fluently, which I definitely require due to my blindness. Also, they were vaccinated because that new rule had been put into place. It's very difficult in the area in which I live to find someone who speaks and understands English well and also to be vaccinated and have the skills that I require on a daily basis for my care and for my safety.

There's a couple of solutions here that I want to put out to you both for your consideration. Number one, for myself, and I know a lot of the other CSIL employers feel the same, is that we have to potentially use that ability to hire immediate family members, such as our parents or spouses. That restriction was lifted during COVID. Unfortunately, it was put back on the 1st of July, and we would like to see that restriction lifted once again and permanently lifted.

Demonstrate that you trust the CSIL employers to know how to be able to fill those gaps in the employment, when there is an inability to find care aides in order to fill some of those shifts, even on our part time basis that we need, and we have to reach out to our immediate family members.

Also, for those of us who may have our immediate family member as a legal representative, that it's still okay, for us to be able to make that choice to hire our immediate family member. Another solution that I would like to put out to you is to not have that kind of regulation that we are required to hire new staff who are vaccinated, and really make that our decision.

As employers, we should be able to make the decision who has the skills and can do the care that we need. It's up to ourselves if we are vaccinated, to make that decision. Certainly, the labour pool of skilled caregiving assistance would be greatly opened, maybe not greatly, but it would definitely be more available for those pool of candidates if we were able to make that decision ourselves. Those are some of the solutions that I'm putting out there for your consideration. Thank you so much for your time today.

Kiersten Fisher Thanks so much, Laura. I really appreciate the ideas being put forward. I know I'll have to follow up with the team after I know there was some Legislative challenges with the hiring of family members, which I think you've alluded to, but we'll take that away. I am not as familiar with the requirements around vaccination. I was when in long term care and home support, but I'm not sure I realized that it extended to CSIL employers too, so just appreciate you raising that. That's something that we can take away as well as government's kind of looking at the future of moving from Pandemic to Endemic and I think we can take that up with the Provincial Health Office as well.

Access to Government Employment programs, with Gloria

I live in Dawson Creek, and I am part of the Northern Health Region. I will tell a long story and make it very short. Over a year ago, my adult son got COVID and was flown out to Vancouver; he spent seven months there. He developed three [COVID] infections in his spine and as a result, he is now a quadriplegic. This has been very traumatic for him and our family.

When one of our workers came to me and talked about the permanent residency through the Provincial Nominee Program, I looked it up and I found this program was designed to be the provinces only direct economic immigration tool for keeping new British Columbians. It provides a pathway to permanent residents for skilled in demand work.

In an attempt to keep staff, I sent all the requested documents to nominate the worker, and after submitting the requested documents, the PNP representative questioned that I was a valid employer. I was asked for a copy of the Legal Representation Agreement that I have between myself and my son, and for the CSIL contract with the Northern Health Authority. At first, the PNP rep didn't even know what CSIL was. The PNP rep was not willing to review the program, so we were not recognized as valid employers.

After I submitted the documents, I was told that I was not permitted to nominate workers for permanent residency because one, we're not a non-profit or corporation, and we did not have a business license, and two, because we live outside of the Vancouver area, we needed three or more employees. Also, the worker needed to make a certain wage and work thirty hours per week. So unfortunately, the staff's application was denied due to the CSIL program not being recognized. Now

the worker is seeking employment elsewhere and so that she can get the hours and wages from a “recognized employer”.

I believe this will affect the future of having candidates applying for positions that involves the CSIL program. This has been very emotional not only to my son but to the staff member because she didn't want to leave her job and our family.

When I looked up the program online, again, saw that PNP has a quota that they tap on. I wonder how the Ministry can work in conjunction with this program to help recognize CSIL. My solution would be we are employers using government funding, how can we get recognized as employers? I'm requesting that the Minister of Health educate this program and other similar government programs so that CSIL employers can be eligible to nominate workers. If the Ministry of Health could communicate with other government sectors devoted to solving the hiring crisis in BC and request the CSIL employers to be allowed to participate with exemption that they may not have a business license, etc. that would make a lot of difference to many CSIL Employers. Thank you so much for letting me take this opportunity to express my concerns.

Kiersten Fisher Thanks, Gloria, I appreciate you raising that. It's a different issue that I wasn't aware of. I think you have run into the government bureaucracy of the Ministries not knowing what other Ministries programs are. I'm familiar with the Provincial Nominee Program from working with our Health Sector Workforce Division. What I'm not familiar with is all the nuances of their eligibility criteria. Sounds like it's quite bureaucratic but Alyson and I can definitely flag it for our Health Sector Workforce Division.

I know that the program has been reviewed and revised in kind of a recognition of the current labour market. This is something that we can flag for them, at least for consideration in terms of the CSIL employers' ability to nominate people or if there's any sort of way to partner and collaborate with Health Authorities for nominations. It's something that we can't make any commitment right now but it's something that's definitely worth exploring. We can follow up with our colleagues on that, who are much more connected to that program.

Gloria Great, thank you.

COVID 19 Pandemic, with Elaine

I am very new to Island Health but was in Fraser Health for a very long time. I want to thank Laura for giving her opinions about COVID-19, so I will be very brief. Basically, it's not over. The science is changing, strict health policies are changing, but CSIL employers are still part of the vaccine mandate. As was indicated, we are living with impossible hiring barriers, not able to draw from the full pool of competent, helpful workers who are not vaccinated. It should be a choice.

It's understandable that some people are vaccine hesitant. I personally had an adverse, anaphylaxis reaction to the first dose, and a much stronger vaccine injury with the second including anaphylaxis and cardiac inflammation requiring hospitalization.

I had two different care workers who witnessed these reactions. It's understandable that this and familiarity with other vaccine injuries can create hesitancy. Workers have also witnessed that the vaccine does not protect against this frequently mutating virus and the jury's out about which of the many adopted policies and practices flatten the curve in the first couple of waves. This pandemic is now

endemic, but policies continue based on hypotheses at the outset of the pandemic more than two years ago.

The temporary CSIL policy exemptions came to an end, but as long as CSIL employers are part of the vaccination mandate, as specified by the Provincial Health Office, that already limited employee pool becomes infinite decimal. A good option is to remove CSIL employers from the mandate and allow us to make our own decisions about which employees to hire. This will vastly increase the number of potential employees and when we get sick, relying on care, rather than inconsistent policies, we would benefit from our logical solution, thank you.

Kiersten Fisher I think we'll just follow up with the PHO, Provincial Health Office on that one.

CSIL Employers are a Valuable Resource, with Art

Back to expenses for a second to mention that it is something that many of us cannot afford, but fortunately I have been able to take advantage of a time or two, is the Foreign Worker Program offered by the Federal Government, now called the Pilot Program. It's part of the general Foreign Worker Program that is open to businesses. Employers of every type can bring in staff from other countries, in times of a labour shortage.

This requires payment of a minimum of median wage, whatever that prevailing rate would be in the market, and a minimum of full time work, which is defined as thirty hours or more per week. You could package that into a program, and considering what your limitations are with CSIL, it's not easy to do but it is a valuable program. We need it because we, as CSIL employers, are one of your best resources.

Emphasizing the value of that program again though, please look into it, make sure we can use it. We are not just an expense; we are not the enemy. We are a valuable resource. If you take a look at the people in this meeting, you will find everything from performers, entrepreneurs, professionals, singers, dancers, everything you can imagine. By and large, we are a highly ambitious, motivated, contributing population that wants to do more for themselves and for their communities. We are being held back right now for no reason.

Inspiring motivated contributors are increasingly valuable taxpayers and with a little bit of support, we can do much more recruitment and provide a training ground for health care workers. That's what we are in the CSIL program. Changes need to be made. We would love it if this were the first step forward in righting wrongs of potentially decades.

Many changes have been made in so many other areas. Look at Mental Health and recognition for it as just a thing that deserves respect and consideration. Look at things like gender equality, we've made progress there. The list will go on and on. It just hasn't come back to us yet. The Canadian Constitution, our Bill of Rights, states that we are supposed to be able to live with dignity, without fear and we are living in fear right now. The BC Government promised to help; it was a big and loud. It was in the newspapers, on the internet, it was stated, "we are here for our most vulnerable segments of our population". Well, the BC government has been completely absent, nonexistent, completely ignoring us during COVID and the years since. We would love it if you can make some changes occur!

CSIL employees are already contributing, and with a little more support we can do much more. The health care system is, as we all know, in crisis, so support us so we can help deliver more workers to the

system. That's basically what we are in the business of doing. Just help us do a better job of it. We can do something nobody else can do.

This is something we don't get recognition for, and again, is that we can take a person off the street tomorrow and train them as a health care worker to do the job of an LPN or an RN, without any formal credentials, and take that pressure off this system right now. As Ean will tell you his worker is required to be trained to work with a ventilator, and that's not a task that most RNs are trained to do.

Already, we're asking for more than the qualification of an RN, to work with person with a standard disability. We can do a great job of bringing people into the Health Care system by employing them at home giving them reasonable wages, which is what we're asking for. They can take courses and train to be a health professional. This is all possible if the budget was increased; we can deliver you hundreds of people, hundreds, at least one hundred per year within our community, into the healthcare system if you give us the support.

We paid our dues. We have made our contribution; we make massive efforts. The bottom line is that this is my ask. We received nothing during COVID in the past two and a half years; give us an emergency response benefit. What would I ask for? I would ask for \$15,000. Prior to COVID at a \$5,000 surplus I now have an \$8,000 deficit. Eight plus five equals \$13,000. I'm asking for \$2,000 more to get me a little bit of peace of mind.

My other suggestion, and I know that we in this community don't like band aids but this is band aid solution that almost also might work. Back in 2010, twelve years ago, I could pay one and a half times the prevailing minimum wage to my workers. That made working for me a reasonable offer. Now I can barely pay minimum wage. Let's have a little offering here and let's get that back. Let's increase the CSIL funding right now per CSIL client by 50%. Those things that I'm asking for aren't outrageous.

We have seen the minimum wage go up 70% between 2010 and now and our CSIL funding, at least mine, has gone up 30%. I'm way behind, while the province has mandated the increase in minimum wage. So hello, we're here, please wake up to us, thanks very much Kiersten we appreciate your listening to us. By the way, I'm from the Vancouver Coastal Health Authority.

Kiersten Fisher Can I just ask one clarifying question I just missed you said ten years ago, you could pay how much more than the minimum wage, I just missed the number?

Art I could pay 1.5 times the minimum wage and I'm roughly speaking here, roughly ten to twelve years ago, it was about \$10. I was paying \$15 an hour. I only increased my wages a little bit because I had to when COVID struck. I really wanted to pay more but that's all I could pay so I gave my employees a little extra. I still lost three people virtually immediately to that Healthcare System, where workers were offered an immediate wage increase as part of the government's response to helping other sectors of the population. They completely forgot us, you can look at it, it's on the web.

Paid Sick Pay, with Chris

My next topic is the Paid Sick Pay. The Ministry of Health put out a directive to the Health Authorities to reimburse CSIL employers for the Paid Sick Expense. Vancouver Island Health Authority is denying Sick Pay reimbursement to CSIL employers. They are telling CSIL employers to use their surplus if they have it. They say that they haven't received the directive for the reimbursement, and they have, as far as I

understand. We agreed that the Sick Pay is beneficial to employees, but it can be a challenge, especially if we don't have a surplus.

Paul Gauthier The Ministry directive said that only if there are over a one-month surplus, would they expect you as a CSIL employer to pay it, because there was a Provincial directive.

Chris Based on the feedback from CSIL Employers in the other Health Authorities reimbursement can take anywhere from thirty to ninety days, but the employer is being reimbursed. We are asking the Ministry of Health and the directors to make sure that everybody is aware that this is what has been brought forward, and that people are allowed to be reimbursed. That would be my request, that it would be brought forward to all Health Authorities so that we are being unified, and we have the same directive. Thank you very much.

Paul Gauthier Kiersten, I just happen to know this particular one, because Chris was talking to me about it. CSIL employers in the Vancouver Island Health Authority are not aware that they're allowed to be putting in for Sick Pay reimbursement. It is a real concern on the island side of things. There has been some communication with them, but I think they just missed the directive there, that's all. I believe that someone higher up has not passed on the information because it is being done in all the other four Health Authorities. There does not seem to be any problems in the other Health Authorities.

Kiersten Fisher I am familiar with this one, because I was copied on the emails that our team sent to Island Health just within the last week or two here. Just reiterating the Provincial direction on this and that we've been assured by Island Health that they are following suit with the other Health Authorities. It was just recent that the communication went forward to Island. I think we followed up with Island on a couple of challenges around use of the Standard Contract, and then the Sick Pay was another one. I'm not sure, Chris, if that maybe has been resolved now or if there is recent need to follow up with them again.

Paul Gauthier I know that on August 15th a CSIL employer was denied. The big issue here is that it needs to be retro back to January 1st of this year and all Vancouver Island Health Authority CSIL employers need to be made aware that if they paid Sick Pay from January 1st, that they should be reimbursed. I think that's a really important point for people on the Island.

Kiersten Fisher Yes, I can follow up on our team on that one, Paul, thanks.

Paul Gauthier Thank you and thank you, Chris, for bringing that problem forward.

CSIL Employer Relationship with Health Authorities, with Joe

I just wanted to talk about the relationship between the Health Authorities and CSIL employers, as you well know, Kiersten, we're pretty grateful that the program exists. When I came to the province in 1995, I worked for the Office for Disability Issues that survived under the NDP government back until the Liberals came in, and they shut our program down because they told us we weren't needed anymore.

We were certainly involved in a lot of the policy discussions along with the community members, with respect to the CSIL program. Back in 1999, we were sitting at the table with the Minister in the Blanchard building and talking with people about parity with the Health Authorities. Twenty-seven (27) years later, and it's still the same; we don't have parity.

There's still a lot of people who are on this call today, who are pretty effective self advocates, and they can get places, but there's a lot of people that don't have those kinds of skills. I think we could use those kinds of skill building exercises amongst ourselves.

A lot of people are afraid to complain at all about the program, because of many of the Case Managers out there. What I have heard, are people who are being threatened with going into an institution or a nursing home if you can't manage the program. It's a business, and we have to be responsible about those kinds of things. Complaints and requests for more hours are often met with a push that the CSIL employer should move into a facility.

Very importantly, a lot of CSIL employers hide caregiver abuse from the Health Authority due to the threat of losing CSIL funding because they fear being deemed incapable of managing the program.

Complaints made to the PCQ Office, go nowhere. The CSIL employer receives an email back that the PCQ Office has decided in favour of the Health Authorities decisions.

We would like to not be treated differently because we're people with disabilities, as though we're a drain on the system. Personally, I remember I had a great Case Manager when I first got on CSIL and then another one came in about five years later and stood in my living room and basically berated me for being on a Cadillac program that was unsustainable. I managed to massage that relationship over five years, and we did depart on good terms.

I have had several Case Managers since. I don't fear them, but there is a lot of control these people still have over my life, but I have been a disabled person since I was born, and I have always had a fiercely independent streak in me. Probably because of my Irish heritage.

We're not people with diminished capacity; a lot of people here work and are pretty dynamic individuals. I've certainly met a good lot of them and I'm good friends with some of them on this call today too, as well. I had a wonderful chat just a couple of nights ago with Ean in the Okanagan. That guy's got a smile that lights up a room. He's a character and he is here with the severe disability that he has and still manages to help a lot of people like me with technology in their homes to become even more independent than we already are.

I think what is important here is that the CSIL program, a program that's been around since the mid 90s, is a long-term investment that the Province has made but they need to make sure that it's quality executed. We need to invest in education of case managers and the other CSIL staff working in the Health Authorities.

I think there was a lot of discussion about that earlier on, that we can have some about the details of the program because the last two or three Case Managers I've had, they have said, "Joe, you know way more about this program than I do". I basically say, "Well, you can learn".

As lifelong learners, communication and interpersonal skills courses should be made available for workers in public health. All that is available. It certainly was, to me, when I was in government, to actually provide support when we asked for it.

We would like a cheerful and respectful answer in return when we ask questions, and not be threatened or to have it implied that CSIL employers need facility care or that we are incapable of making our own decisions. We want to live in the community, just like everybody else does.

The last comment here is to overhaul the PQC Office with accountability and higher expectations, because when CSIL employers file complaints with the PQCO, they are met with condescension, and an automatic agreement with the Health Authority staff, aka lip service.

Closing comment - Relationship smoother, with Elaine

First, I want to thank all the peers who spoke so eloquently the words I feel, thank you and Kiersten, I want to thank you so much for listening, and for agreeing to meet with us today. It is so appreciated. This is hopefully the beginning of a dialogue that moves us all into the realm of partnership and care and the nurturing of this very important program, CSIL.

My story begins more than 20 years ago, with me receiving agency care, and being punished for requesting and needing fragrance free workers. Living with a rare and degenerative neurological disorder, my family doctor quite agreed that my major disability was chemical sensitive. I remember having upwards of fifty different caregivers one month with an agency and being threatened with being put in a nursing home for my "difficult" requests.

As luck would have it, Paul Gauthier wheeled into my life, assisted with a transition to the then fledgling CSIL program, and my life, health and outlook improved dramatically. Hospital and medical care were reduced significantly, I returned to work as a teacher and my cost on the system in terms of dollars and other resources was minimized; I remained so grateful.

Over the years, I saw many things that could be improved, almost all of which were systemic entrenchments like the medicalization of disability. I saw the same lack of continuity I initially had with agency care, become part of the management of my case. Oh, how I hate being a "case". Most of the time, not knowing my case manager, let alone knowing who my case manager was, I began to prefer being left alone. Instead of crowded with inappropriate questions by strangers, or complaints about how many stamps or blank cheques I purchased with my budget, I have seen and participated in some wonderful partnerships between health care and people living with disabilities where we appear on the same public speaking panels where we participate in shared goal setting problem solving and education.

This meeting can hopefully be the beginning of that new partnership. We become part of the planning and consultation while having our humanity recognized. We see you as the compassionate, helpful human beings that brought you into your careers. When together we work for what we're for, instead of what we're against, this amazing life saving choice and supports will continue to allow all of us, together, to maximize the potential of this progressive program. Thank you so much.

Paul Gauthier Thank you, Elaine, that was a beautiful way to end. An amazing group of speakers. Thank you for representing all CSIL employers in this room.

Kiersten, the people who have presented today discussed topics from the previous discussions had by this group. That they were able to deliver the topics to you is really appreciated. I wasn't going to say much, but I'm just going to say one thing, that is because I saw someone write something in chat to us around the appeal process, was one of the things that I'm just sitting here thinking about as I was listening to everyone is "boy, wouldn't it be nice to be able to have a way for CSIL employers to have a direct avenue to the Ministry of Health without having to go through the PCQO process, that a lot of things can be resolved, frankly, with just a simple phone call and a discussion with some people that are in the know."

If there's a way to team up on that Kiersten, it may be something worth considering. So that people with disabilities don't have to go through the drawn out, undignified way of going through weeks and months of tedious processes, when it comes to something that is so urgent in their lives. It's something to consider.

We would like to have some relationship with Health Authorities, to be able to go to a higher up quicker, so that it could actually be resolved, because sometimes it's just that someone didn't have the right information. Today you heard that people are not trying to ask for the moon, but they're asking for things to be able to live a quality life and to fully participate in society.

Kiersten Fisher I just want to thank really, truly everyone for the open, honest, and respectful dialogue today. What I heard loud and clear is that just the value that you have, in terms of this program, and how it supports you. I heard that there's many, many challenges, and that the evolution of the program, hasn't necessarily kept up with needs. There's a number of challenges affecting many sectors that are impacting you as well.

I have taken a lot of notes; you probably saw me writing and just some things for follow up, but I think what I also heard is just how much you value this program. It isn't that you are not supportive of the program, but that the program is really important to you and that it needs to work for you. That's my takeaway and that there's a number of issues and areas that we can look into.

I just really appreciate the comments around partnership. It does sound like there's some significant history here and some lack of trust. I think I'm just going to call that what it is in terms of relationships with the Health Authorities. Being able to talk about that and address it is a really great first step to be open and honest. I don't presume to be able to solve all of the problems, or even solve them quickly. I can promise to be here to listen and engage in this dialogue. I really did take away some notes around things that we can look into, maybe more quickly and more easily.

Just even some of the challenges I wasn't aware of. The team has briefed me on a number of things that have been raised in the past, but then some new items came up for me today. I do think these kinds of conversations are really important. I value them and just want to thank everyone for your time today.

Linda Roger, and Paul also mentioned that we get a reassessment every year. Not the last year but prior to that I went over three years without an assessment. I'm aging with a disability and my MS is more than three and a half years older by the time we get the assessment.

The second thing I'd like to just reiterate what Art said is that a lot of things come out of our hourly rate. This evening, I'm going to send a cheque for \$951 dollars to Canada Revenue Agency for the month of August. That is almost 25% of my net annual monthly funding.

The third thing I want to say is to just congratulate the fact that we are reimbursed for sick time. I put in a request for reimbursement for sick time for January and March and I got it in July. If you're lucky enough to have enough surplus to pay it before you get the reimbursement that also helps. I just wanted to say Kristen and Alyson, thank you so much for taking the time to meet with us.

Paul (peer) I wanted to say to the Ministry of Health people that the disabled community wants to see the Ministry of Health stop admissions to George Pearson Centre. It is dangerous and degrading; a dehumanizing place and you know that. The Ministry knows that if the CSIL program did not exist, almost everybody here would be dying at Pearson, you need to stop it. The first principle of health care

professionals is, do no harm. Every time you let people be taken to that facility, and you incarcerate them at Pearson's, you are harming them.

Paul Gauthier Very important because we did hear today, people being forced into care facilities. Your point is well is taken.

Closing comments by Paul Gauthier

We want to thank you for attending today Kiersten and Alyson, this just might be one of those historic moments where the Ministry of Health has been able to come together with community in such a close and intimate conversation. I hope you will take what you have heard today and move forward. I'm always available if you need some clarification later on, on what was spoken about today.

The meeting sets a precedent for the future and you, and your colleagues, are welcome back anytime. I think everyone would agree that would be the case. Thank you both for being here today.

Kiersten Fisher Thank you so much for having us, Paul, and thank you everyone for engaging with us.

Chat Comments

1. I currently get 20 hours a day. I do qualify for 24 hour care but I don't get the 4 hours. I need to be rolled/repositioning and be suctioned multiple times a night. I'm a quad, vented and my funding is shared between CSIL and CLBC. My workers currently get \$18.50 per/hour. I see people with less care needs paying way more.
 - a. My CLBC case worker (*Name Redacted*) asked/initiated a conversation about M.A.I.D. My caregiver was here when she brought it up.
2. I've had my annual CSIL review done by my case managers assistant not my case manager themselves
3. These problems are NOT just about the current crisis. They have been chronic and ongoing for years.
4. Minimum wage is a big contributor to our struggle on top of inflationary pressures
5. I have lost really good care staff to long term care facilities that provide benefits which i can't provide right now
6. Same here. Lost full time person to group home offering much higher wages, benefits, more sick days, etc.
7. Also the assessment process need not be repeated every year for most of us with a permanent disability should NOT have to be reassessed unless there are changes which would usually be for more hours due to aging, illness etc.
8. There is a benefit to Gov BC to increasing the investments in CSIL. All of us are medically vulnerable and the costs to losing our care worker is increased use of the health care system (including ER). Certainly this is something our household is trying to avoid, I'm sure others are the same. It cheaper to keep us at home and our quality of life is better at home too!

9. And done with dignity and respect. I've had an appalling experience with a RAI assessment. It was so appalling and disrespectful; I didn't know to whom to report it.
10. We need to address the Appeal Process (or lack thereof). it is especially important for the assessment system
11. So hard to find backup emergency care
12. It even differs in individual cities in the health authority
13. re agency costs, at the beginning of the pandemic the Ministry indicated CSIL funds would be augmented, but that has not happened.
14. I have a lot of friends with disabilities on Vancouver Island that should be on CSIL. But have been forced into facilities and told CSIL is not an option? This has happened to most of my younger friends.
15. This happens in all the health authorities too :(
16. Family members are not only providing care as "volunteers". Many also already give up so much to care for their son, daughter, wife, parent etc. This is an existing staffing pool that is already trained, and willing to take on more of the care if only they could be paid. They struggle with full time jobs and providing the care that CSIL is not covering for their loved one.
17. WE NEED CSIL to live our lives like everyone else. To work and just live
18. Family members may have to take unpaid time off from their employer to work for their CSIL family member, unpaid. This isnt fair.
19. The Working Holiday Program is a resource but the students can't work with CSIL Employers if their visa restricts them from working with people with disabilities [health services]. Why is that restriction there? Can the ministry address that with the Feds?
20. I work for Spinal Cord Injury BC and hear from many people per month on all topics related to disability. The only topic that we get more calls about than CSIL is accessible housing. The issues raised today are ones I have heard many times, unfortunately. I hope that today's conversation is the first step in rectifying the concerns so many of us have about CSIL.
21. Hi Kirsten and Alison. Again thank you for being with us today. I am inserting this to chat as I believe it is another huge issue for CSIL Employers it is a intergovernmental issue, like the PNP. All employers in BC are subject to all mandates and protocols within the Employment Standards Branch of BC. The ESB is a government bureaucracy governing both employees and supposedly employers, however it also has not been updated since the early 90's.

I had an abusive employee - she stole a considerable amount from a household account. The difficulty in firing and then protection from her until I could, the discrepancy re their classification of employee ie caregiver vs babysitter is dangerous and the rights of a elder or vulnerable employer are non-existent.

I went through 4 years of legal battle/expense with this abusive person due to the total lack of support of CSIL admin and the ESB. It cost over \$20,000 which CSIL did not cover plus time & PTSD to me

I won the APPEAL and ESB fired the three adjudicators

It was then addressed by the Employment Deputy minister then, Trevor Hughes who promised to address the outdated ESB

He asked for letters of this issue from consumers.

Needless to say ES is also an issue

22. Why can't CSIL Employers access the Government Registry of Home Support Workers?
23. I have experience with the Foreign Worker Program.. I applied for a worker Jan. 2020 and got a letter from the worker this week that she accepted a job in England, she could not wait any longer
24. Inconsistency of the Program, both the onboarding, assessment and the operational policies ... its crazy how much variation there is in the CSIL Program across the province. If this sick pay situation is the case, I'd like to receive a note from Island Health indicating this change in policy pls.
25. Even if you are a good advocate, your contract can be held over your head.
26. At SCI BC we hear from people who feel that they could be forced into facility care if they are perceived as being unable to manage CSIL, yet the problems people have brought up today make it very difficult to manage well on CSIL.
27. Being reassessed every time you move between health authorities needs to be emphasized. Thanks
28. It shouldn't be assumed by the Ministry staff that CSIL Employers are dishonest and trying to exploit the system. We just want to live a decent life like other folks in BC.
29. I ended up in a facility after my request for more hours from VIHA . I appealed through the PQCO and the decision supported the health unit. I spent 2+ yrs in an extended care facility. With the guidance from IFRC and Paul Gauthier I'm back living in the community with CSIL support. Facility was inappropriate.
30. Kiersten and Alyson - thank you for making the time today. To my fellow CSIL-employers - Wow! I am so impressed with our collective voice. So eloquent, passionate and powerful. Paul - thank you

31. Thank you all speakers. You did amazing. Thank you Paul & team. And thanks Kirsten & Allison. Nice to see and be with everyone
32. Here's a serious issue but also a bit of a joke: my family has said the Fraser River must have healing powers, because crossing it guarantees that CSIL thinks I'm less disabled - & reduces my assessed hours!
33. To everyone who spoke and brought up a lot of the most important issues surrounding CSIL, thank you! Everything was put out so eloquently. And thank you Keirsten and Alyson for coming to listen
34. Thanks to all the speakers for so clearly articulating the issues and solutions too. People with disabilities deserve to live in the community independently with dignity and this requires change. Let today be a hopeful and productive exchange of ideas. Thanks to everyone involved.
35. Agree with comment of monthly CRA tax if \$\$\$, service needs are needed. Why are we paying for care when medically required?

Meeting Participants Additional Comments Post Meeting

1. One thought is that while the Federal Government has seen the need to aid people with disabilities and has increased the OAS by 10% the Provincial Government seem to be sitting on their hands in a time when costs, wages, food etc are soaring.
2. I now have had 4 people cancel their interviews last minute, students wanting under the table cash, and homeless recovering drug addicts. Is this what the government wants? A lot of people are not liking the 4hrs sleeping time no pay
3. I have run featured ads for 3 consecutive months with short breaks in between. In the 3 months, I received a grand total of 4 applications, all of which were from non- vaccinated individuals and two of the applicants should have had care aids of their own. I have yet to receive an application from a vaccinated applicant let alone an experienced one. My existing employees are over-taxed and stretched to the breaking point.

All of this is amplified by the fact that the maximum starting wage that I am able to offer is at least \$5.00/hr under the rate being paid to certified care aids by Interior Health. All of this is causing me a great deal of stress and I feel is instrumental in bringing on a bout of depression unlike anything I have ever experienced. I'm becoming very concerned that if the situation doesn't change very soon, I will end up losing more of my existing staff and ultimately will lose the ability to maintain my independence. Without an early resolution to our present predicament, I fear losing my home and ending up in the system.

At the very least, if something could be done to lift the restriction on hiring non-vaccinated employees, that might, and I stress MIGHT help to alleviate the problem of obtaining qualified employees. I sincerely hope you are able to render some assistance in this regard

4. If I had Respite Services through the Health Authority, I would use it. Home support clients can access planned Respite Service. CSIL clients cannot.

Community Updates and Open Discussion

Community Updates and Open Discussion

Accessible Nature Wellness Program, with Kari Krogh

I am pleased to announce that there will be an online program October 29th, 2022. The program will feature the leadership of our three new BC Nature Forest Guides; Karen Van Biesen, Kim Egger, and Linda McGowan.

Details for the program will be sent out as we draw closer to the October date.

Open Discussion

Peer I wondered if there was a plan for step two, like a follow up to this. I'm wondering, the Ministry reps, they gave a lot of feedback. I'm just wondering, are they able to provide more feedback to what was said today?

Paul Gauthier Yes, the plan will be that now that she's in her role. What this has done has highlighted the major issues that all of you wanted to bring forward. The Association of CSIL employers (ACE) will be having the regular quarterly meetings with the Ministry of Health which will include Kiersten and Ross Hayward, the A/Assistant Deputy Minister. The issues of this meeting today, will be on the agenda.

Once the notes are compiled Hilary will ensure that Kiersten receives a copy for her and her team to review.

Upcoming Pathways Meeting & Agenda

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Date & Time

Wednesday, September 28th, 1:30pm until 3:30pm

Topics

1. **Technology for Living**
 - a. Prop Battery Backup Presentation with Wayne Pogue, Biomedical Engineering Technologist
2. **Community Updates**
3. **Peer Group Discussion on the Ministry of Health**
 - a. Hiring Crisis Follow up

To Register, 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>

THANK YOU FOR YOUR ATTENDANCE AND CONTINUED CONTRIBUTION TO THE MEETING!