

# **Attendant Services/Assisted Living Providers Service Network**

## **Terms of Reference**

### **1. Definition of OHRS Functional Centres**

OHRS FC 72 5 82 33 COM IH & CS – Personal Support/Independence Training<sup>1</sup> (otherwise known as ‘Attendant Outreach Services’)

Pertaining to services to assist service recipients with routine personal hygiene activities, activities of daily living and train the Service Recipient to carry out these activities. This may include the core components of independence training service; through working with Service Recipients and/or family members to teach the activities of daily living and necessary skills to increase personal independent (sic) functioning in the community. The skills (that) may be taught include physical development and health, sensory-motor development, communications and social skills, emotional and spiritual development, independent living skills and behavioural management. This service is provided for Service Recipients living with families as well as those living in institutions and making arrangements for living in the community. The services are provided at the Service Recipient’s residence and may be on a continuous basis.

Includes:

- Coordination costs – direct staff compensation
- Compensation for employees delivering the training
- Transportation costs to service recipient’s location.

OHRS FC 72 5 82 45 COM IH & CS – Assisted Living Services<sup>1</sup>

Pertaining to the activities provided to Service Recipients who are living in a supportive housing setting or own residents and required assisted living services, accessible on a 24-hour basis. This service may include homemaking, personal support, attendant services and core components of independence training (see above). The supportive housing setting is a location where (an) organization may be responsible for providing services to a number of Service Recipients who live in their own units and housing is not a components of the service. Organizations providing these services will ensure their staff in various locations are onsite and/or accessible on a 24-hour basis.

Includes:

- Compensation costs – homemaking, personal support, attendant workers and related care coordination.

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<sup>1</sup> Source: OHRS Chapter Ten, Ontario Ministry of Health and Long-Term Care, Health Data Branch (version 12.1 2023/24).

## **2. Purpose of Network**

The purpose of the Network is to engage community Health Service Providers (HSPs) in substantive and meaningful strategic discussions to:

- Collaborate, as health system leaders across the East region, to provide input on policy/policy changes, performance standards, indicators and/or service targets as well as quality improvement initiatives that support service provision and improvement of the client experience;
- Identify and consider options to address service gaps and funding levels;
- Share innovative ideas and leading practices;
- Support individual members of the Network in their provision of Attendant Service;
- and
- Work towards alignment of service-related practices for greater consistency across Ontario Health East;
- Provide recommendations for reforming the service and, therefore the health care system

Successful outcomes of discussions will:

- improve quality of and access to the service; and
- be broadly-supported (ie thru consensus) by Network members.

## **3. Members**

The Network will consist of leadership representatives from Health Service Providers (HSPs) who:

- a) receive government funding to support the Attendant Outreach program and/or the Assisted Living program; and
- b) Hold a Service Accountability Agreement with Ontario Health.

These are the voting members of the Network.

Non-Voting Members may include:

Champlain Community Support Network (CCSN) staff representation – standing

Ontario Health East (OHE) Representation – by invitation

Home & Community Care Support Services Representation – by invitation

Other organizations that provide the same or similar service but are not funded to provide service as defined by the OHRS – by invitation.

Additional participants may be included as guests, on an ‘as needed’ basis.

#### **4. Participation and Role of Members**

Each HSP that is funded to provide Respite service is invited to appoint a member representative to the Network. We commit to the following:

- Ensuring that the viewpoints of Attendant Services and Assisted Living Service Provider HSPs are fully and consistently articulated, and to help build trust and momentum, we commit to make our best efforts to attend meetings regularly.
- Being prepared for meetings. Listening attentively to the range of all members' perspectives.
- Pursuing and creating solutions that meet the broadest range of the most members' interests.
- Contributing to an atmosphere of productive discussions.
- Offering possible alternatives when we say "no" to an idea.

#### **5. Consensus Decision-Making**

In the event of a vote, each agency/HSP holds one vote which shall be held by agency representative appointed to this Network. Decisions of the Network shall be made by consensus.

Consensus means reaching agreement amongst all members of this Service Network. Consensus is neither compromise nor unanimity. Consensus means that Members will put forth their best effort to achieve the best recommendation at the time, for the largest number of Attendant Outreach and Assisted Living service providers.

Consensus involves the following concepts:

- 'I can live with it'
- Abstaining / not voting
- Flexibility to move towards the most amenable/least objectionable option
- Patients/clients are at the centre of our work
- Everyone at the table is equal – bringing different experiences, resources, knowledge/strengths.

Should consensus or agreement not be reached, a decision may be made to consult, in a timely fashion, with a broader constituency of CSS providers. Should further discussion not yield consensus, a majority vote will decide the outcome of the discussion.

#### **6. Meeting Frequency**

Meetings will be held as needed and no less than semi-annually (ie x2/year).

## 7. Dissemination of Information

Meeting notes will be distributed to Members.

Updates on the discussions and activities of the Network shall be shared broadly with other groups.

8. **Executive:** The Chairperson is an appointed representative of an organization funded to support provision of Respite service, as defined by OHRS. The Chairperson is elected from among the voting members. Meetings shall be called by the Chairperson. The Chairperson will also provide regular updates to the Network Leadership and other community Networks/Committees as needed.
9. **Terms of Office** – The terms for each of the positions of Chairperson will be for a period of 2 years. Incumbents may be re-elected to another term if they wish to continue.

If a vacancy exists, another member from the Network shall be elected.

*May 2017*

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