



What We Heard

*Summary of CLBC's engagement with Home Sharing Providers
and home share providing Agencies*

Prepared for:

**The Honourable Shane Simpson,
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On February 19, 2018, the Minister Responsible for CLBC, the Honourable Shane Simpson, provided the CLBC Board of Directors with a mandate letter requesting that, "CLBC engage home sharing providers and their representative groups to identify support needs and return to the minister with recommendations for improvement by June 29th, 2018."

1. Context

Home sharing¹ is a residential service option in which an adult with a developmental disability shares a home with someone who is contracted to provide ongoing support. Legally, the home sharing provider is an independent contractor. Home sharing, however, generally involves close relationships between members of the household sharing their space and daily lives, and the individual receiving support. Many home sharing providers and individuals who live together come to see one another as part of their extended family.

Home sharing is person-centred in that it allows individuals to select a provider and home environment that meet their unique goals and preferences. It can provide a balance of support and independence. Support is often flexible and evolves with individuals' changing needs.

CLBC funds this service by contracting directly with a home sharing provider or with an agency which hires coordinators who recruit, screen, approve, monitor, and support up to 25 home sharing providers each. CLBC generally prefers the agency-coordinated model as it can provide more support for the individual and home sharing provider than is available through directly contracted arrangements, resulting in better quality assurance. About 10% of current home sharing arrangements are directly contracted and 90% are agency-coordinated.

Home sharing is the fastest-growing CLBC residential option. It has become the most common residential service requested by and offered to people coming into the CLBC service system. It has grown from supporting about 2,600 people in 2010 to over 4,100 in 2018, an increase of almost 60%. Home sharing now accounts for over 60% of all CLBC-funded residential settings, compared with just over 50% in 2010.

Heading into the engagement, CLBC was aware of significant pressures on home sharing that are jeopardizing its sustainability. They represent the program context within which the engagement took place. These include no rate increase in a decade, the high cost of housing, steady growth in demand for the program, recruitment difficulties, a lack of other options for emergency housing, and regional variations in practice. Some of these reflect the larger social and economic forces within which we operate, and others are more directly related to the program and how it is managed. These pressures are outlined in greater detail in the table below.

¹ Home Share is one of two service types under Shared Living in CLBC's Catalogue of Services; the other is Live-in Support. In Home Share, the individual lives in the home of the care giver and in Live-in Support, the caregiver lives in the home of the individual. For the purpose of this report, we will use home sharing, the more commonly used name, to refer to both service types with the exception of the financial information provided above.

Outside CLBC control	Partially within CLBC control	Within CLBC control
<p>High housing and rental costs, especially in urban areas, resulting in lack of affordable housing</p> <p>Steady growth in eligibility for CLBC and demand for home sharing in context of a lack of other housing options</p> <p>No increase in home sharing rates since 2009</p> <p>Lack of emergency housing for people with multiple and complex needs resulting in more crisis placements and unexpected breakdowns in home sharing</p>	<p>Home sharing is not appropriate for everyone and yet there are few other options</p> <p>Agencies struggle to find qualified home sharing providers</p> <p>Home sharing providers cannot find and/or afford respite</p> <p>CLBC and agencies struggle to adhere to the policy of one person per home sharing arrangement because of recruitment and funding challenges</p>	<p>Regional variability in implementation of home sharing policy and expectations</p> <p>Migration from directly contracted to an agency-coordinated relationship</p>

Put together, these key pressures are jeopardizing the sustainability of the program, in large part by deterring qualified people from choosing home sharing as a way to support adults with developmental disabilities. The engagement validates and expands upon this understanding and provides a rich data set for better understanding these and other issues and their impact, sometimes at quite a granular level. The results illustrate the complexity and interconnectedness of issues and have given a voice to home sharing providers. They provide added evidence that action is required to sustain home sharing as a viable service within CLBC’s residential options.

2. Engagement Methodology

We used three methods in this engagement:

2.1 On-Line Survey: Home Sharing Providers

The survey was developed by CLBC in consultation with leadership of the two home sharing providers' networks. The on-line survey link was made available to directly contracted home sharing providers via e-mail from CLBC's head office. It was e-mailed to agencies with active home sharing contracts with a request for coordinators to distribute the link to their home sharing providers. It was also posted on the CLBC website and social media and shared with staff through CLBC's Info Flash. The survey was live from April 9 - 27, 2018.

708 people responded – about 17% of home sharing providers: a strong sample size from a statistical perspective. This sample was representative of the geography of the province. It tended to reflect more experienced providers, with nearly 60% of respondents having over five years experience providing home sharing support.

2.2 Feedback Sessions: Home Sharing Providers

We convened a feedback session in each of CLBC's five regions during the month of April. An average of ten people attended each session, reflecting a mix of directly contracted and agency-coordinated home sharing providers. A seat in each session was held for a delegate from each of the home sharing providers' networks.

Sessions were designed to run 90 minutes but many went at least an hour longer due to the intensity of interest. The intent was to gather feedback to the question "*What is not working well?*" and generate recommendations. Participants commented that the opportunity to share feedback and meet other home sharing providers was valuable.

2.3 Feedback Session: Agency Home Sharing Coordinators

On April 17, 2018 we conducted a face-to-face feedback session with 50 home sharing coordinators from around the province, arranged as part of their already-scheduled provincial meeting. Although this was not strictly in the project scope, home sharing coordinators are an integral part of the home sharing providers' experience. We felt they could provide valuable feedback on home sharing, and so took advantage of the invitation to attend their meeting to collect that feedback.

3. What We Heard

We have summarized the results of the engagement in this section of the report. Generally, many of the things that home sharing providers told us are interconnected; however, in an attempt to understand and communicate their feedback, we have organized the findings into a series of subject areas. Unless otherwise noted, these findings represent what we learned from all three engagement methodologies, as the themes were generally consistent. There are a few places where the home sharing coordinators had something different to say and we have noted that. The themes are presented in the order of priority identified by the providers.

3.1 Home Sharing Rates and Expenses

This was the single most important issue to home sharing providers. They felt that the program is no longer financially sustainable and that they are subsidizing it in a number of ways as described below:

a) Rates

Home sharing providers see current rates, which they report have not been adjusted in ten years, as threatening the sustainability of the model. They feel that rates have not kept pace with the cost of living or increases to other positions within the community living sector. Further, this has negatively affected recruitment and retention as rates no longer compete with comparable career options for potential providers.

Nearly 90% of respondents to the survey identified a rate increase as their most important concern. This priority was consistent across all five CLBC regions and across levels of experience, from less than one year to more than ten years.

Rates, cost-of-living pressures and related financial concerns as detailed below were the most common things respondents commented on when asked what would make a positive difference to them as a home sharing provider. Here are some examples of their comments:

“...A friend of mine has been doing this for 12 years – zero pay increases - while the cost of everything has gone up.”

“Focus your energies on resolving the financial concerns of the caregivers/home sharing providers...in a decisive, clear manner that produces real financial results...”

Providers also expressed concern that historically, when individuals on OAS/GIS received increases, the individuals have contributed more to the home sharing providers but CLBC has reduced the contracted rate by a similar amount.

b) Out-of-pocket costs

Home sharing providers told us that their expenses have increased significantly over time, and that this is having several impacts:

- It makes home sharing a less viable career option for providing support.
- The positive aspects of the service are being delivered and sustained as a result of their financial sacrifices, affecting them, their families and futures.
- The value of their role has not been recognized financially, as the real value of the rates they are paid has been eroded over time.

Providers outlined the out-of-pocket costs that they are expected to pay out of the rate they receive (approximate amounts noted):

- WCB (\$27/month)
- Criminal record checks and five-year renewals for everyone in the home over 18 years old (\$28 to \$75/person)
- Additional car insurance with \$5M third party liability (rates vary)
- Additional home or business insurance with additional \$2M liability (rates vary)
- First aid to be renewed every three years (\$100/person)
- Doctor's form confirming fitness to deliver supports (\$70/form)

In addition, providers identified other costs not strictly required by the contract, but that many providers incur as part of doing a good job. None of these costs are written into the contracted home sharing rate or otherwise funded or compensated for by CLBC:

- PWD rates do not cover an individual's basic needs. Home sharing providers feel compelled or obliged to subsidize basic things like bedding, clothes, toiletries, personal items and special diets not covered by PWD, and prescriptions not covered by basic medical.
- The individual's financial contribution to home sharing is \$ 716/month for individuals on PWD and \$1,005/month for individuals on OAS/GIS. These amounts are out-of-step with market rents and food costs and providers are compelled to subsidize. Providers noted that most people in the lower mainland can rent a basement suite out for three to four times the PWD individual contribution amount.
- Where home sharing providers want to include an individual in a family vacation, but the individual is unable to cover all their costs, the provider is

often put in a position to subsidize. It is very difficult to exclude the individual who lives with you. It is also no longer a rest for the home sharing provider since the individual will require some level of support throughout.

- If an individual requests the home sharing provider to support them to take their own vacation, the provider is often expected to pay their own way.
- Home sharing providers are expected to include the individual in the family's recreational and entertainment activities. These activities can cost money. Where the individual cannot afford it, they are often subsidized by the home sharing provider since excluding someone is deeply uncomfortable and would not reflect an inclusive service.
- If the individual cannot take transit or HandyDART, the home sharing provider is expected to drive them to and from community inclusion, appointments etc. Pressures include the cost of gas and the time it takes to drive in Metro Vancouver or for people in rural areas where it could be an hour or more to a city centre.
- When an individual dies, Ministry of Social Development and Poverty Reduction pays for a very basic cremation/funeral. Generally, home sharing providers feel the individual deserves better. Where there is no family or Public Guardian and Trustee contribution, they often feel compelled or obliged to provide what they feel is a 'proper' funeral, at their own cost.

c) Respite

Tied to the above concerns about rates and expenses are the needs for respite and additional supports, and a sense that agencies and/or CLBC staff are not responsive to home sharing providers' requests and needs.

Respite generated particular discussion and was a source of both concern and confusion among providers. They felt that current amounts provided for respite are too low and no longer cover what is being charged or what people expect to be paid for providing this type of support.

In most instances, home sharing providers are responsible for finding respite providers, and for ensuring that they are qualified. They reported that rates charged by respite providers vary between \$60 and \$250 per 24-hour day depending on the region or the complexity of the individual's needs. In many cases the respite provider refuses to provide the respite, or the respite amount is too low to enable providers to recruit qualified respite providers. For example, if a home sharing provider takes a two-week vacation, in many cases they will pay more for

respite than they earn through their home sharing income in that entire month. This deters many from taking a much-needed break.

Home sharing providers would like clarity and standardization on respite rates, and consistency and transparency on the allocation process. They would generally prefer to see a separate item in their rate for respite, over and above the rate based on the GSA, recognizing that the actual amount that needs to be paid out for respite varies widely and is the decision of the home sharing provider as an independent contractor.

The most common suggestion from home sharing providers was that CLBC fund agencies to recruit and manage respite for home sharing and families. Due to the vulnerability of many people living in home sharing, they felt that a well-managed respite program that includes a 24-7 emergency respite response would ensure true support for individuals living in home sharing and a lower safety risk.

d) Damage

Providers told us that practice varies in how excessive damage to the home is compensated - that some regions fund damage by an individual and others do not. In staffed residential (group homes) CLBC may compensate service providers for damage where it is not a BC Housing facility. Home sharing providers reported that they need consistency and responsiveness when the individual they support damages property. Home insurance is an option but cost increases once a claim is made. Providers have also heard that insurance companies are difficult to work with as they lack the understanding of the type of support they provide. Providers made several suggestions about how to manage this issue:

- Where damage is part of an individual's behaviour pattern, it should be acknowledged as a 'flag' in the GSA in advance.
- Where damage is unexpected, each region should have a home share contingency fund. Breaking down a door can be \$2,000 in damage.
- CLBC could pay a damage deposit to providers.

e) Community inclusion hours

Home sharing providers feel that individuals need to have adequate support through the day – for example, at a community inclusion program, employment etc. – to ensure providers can work outside of the home. This is something most need to do because of low home sharing rates.

The hours of out-of-home support programs such as community inclusion are not always reliable – individuals may be ill or sent home if they are having a

challenging day, or agencies may close programs for training days/statutory holidays. The provider is typically expected to accommodate such changes and may need to take time off work. Some individuals may be retired, and the provider is expected to make plans to support the individual during the day. Providers indicated that there is no financial compensation for this, and it affects the lives of both the provider and the individual, especially when there is very short notice of a change.

Individuals funded through the Personalized Supports Initiative (PSI) often go into a home sharing arrangement with minimal or no community inclusion supports allocated. This means the home sharing provider is under increased pressure to provide or organize supports during the day.

Providers would like a commitment from CLBC about support hours and compensation for the support they provide, should the agency not fulfill those hours, or should the individual stop attending community inclusion.

3.2 Program Structure, Standards and Policies

Providers identified areas where they want to work in partnership with CLBC to address what they see as systemic barriers to successful service delivery that are negatively impacting recruitment and sustainability of the program. Addressing some of these may have additional financial implications.

a) Individuals with complex support needs

Getting more support when caring for someone with complex behaviours or health care needs was the second highest priority identified by home share providers, after financial concerns. This includes individuals with mental health needs, addictions, street involvement etc. Those who support these individuals felt strongly that the GSA is not well designed to assess those with complex needs. They asked that CLBC either add a section that captures these needs or allow facilitators to use 'flags' for complex needs.

b) Support from other government programs for complex support needs

Further to the above concern, home sharing providers also reported that it is increasingly difficult to get the right kinds of services from other government programs for the individuals they support. This can include mental health supports, low-cost dental care, income assistance, and addiction support. They struggle to navigate the referrals and processes of other government programs needed by the individual they support. These programs do not understand the

home sharing provider's role in the life of an individual. Home sharing providers often spend time advocating for additional supports from these programs. They can get caught in the middle when different parts of government disagree on who is responsible for support/payment for individuals.

Agency coordinators support home sharing providers in their own network, but both providers and coordinators told us that often the workload of coordinators, who each works with 25 providers, means they cannot provide the support required around individuals with complex needs. Directly contracted home sharing providers reported they rarely get this level of support from CLBC staff because of workload issues.

c) Individuals who are aging

Providers reported that very little is being done at a local level to address the needs of individuals living in home sharing as they age. They felt that aging is a transition that is not being planned for or supported in a proactive way. Home sharing providers reported feeling alone in dealing with the changing needs of the one they support. This might range from new health care needs and more medical appointments, to physical adaptations in the home, to support for dementia, death and dying. Many of these emerging supports require additional skills, time, expenses, and renovations. Planning and appropriate funding are seen as critical to assisting individuals to age in place.

d) Crisis/emergency response

Both providers and coordinators reported that home sharing has become a catch-all model for residential support when someone is in crisis. Agencies are expected to have some capacity to respond to emergencies, but it usually ends up with individuals being placed in a 'temporary' home sharing arrangement in which the contractor may have limited knowledge of the individual and no transition time. Home sharing standards were not designed to be a crisis response model. The home study process, which is a careful thoughtful person-centred matching process, is in direct conflict with how home sharing is being utilized for crises.

Poor transition planning and a rapid matching process often lead to the breakdown of the home sharing arrangement. Home sharing was never intended to be an emergency solution. Home sharing works best when good solid planning and relationship-building occurs very early on. It does not work well in crisis situations.

At this time, there are limited options for individuals when an emergency happens except going into home sharing. Working in partnership with agencies to develop

alternatives and perhaps training some home sharing providers who might only provide supports in emergencies were suggested as solutions.

e) Transition planning

Providers felt there is very little emphasis on proper transition planning/support/information when an individual moves into a different home sharing arrangement, when a home sharing provider moves from directly contracted to an agency, or when a former child-in-care moves into home sharing. Providers reported inconsistency in policies and how they are applied – for example, who pays for moving costs.

Coordinators echoed this concern, saying that the current standard 30 days notice in contracts is inadequate to address the realities of how long it takes to find a home for an individual, offer choices, do a thorough home study, collect requirements such as criminal record checks, first aid etc., and do proper transition planning. They reported that this process in this market, with current funding levels, can take up to four months or sometimes more depending on the complexity of the individual.

f) Inconsistencies in agency-coordinated and directly contracted

Requirements through agencies are much more rigorous than through CLBC directly. CLBC does not require directly contracted home sharing providers to have WCB coverage and on average only monitor once per year, thus meeting the minimum policy requirements. Agencies require providers to have WCB coverage and additional home and car insurance. They monitor several times a year.

g) Personalized Supports Initiative (PSI) funding cap

The PSI funding cap is set at a GSA Level 3 (\$1,988/month, inclusive of individual financial contribution). If an individual has an actual GSA of Level 4 (\$2,495/month), CLBC only pays \$ 1,988 regardless of the real GSA level. The provider is not receiving a funding level that reflects true support needs. This affects a relatively small number of people in each region, but these individuals tend to have very high complex needs such as addictions/mental health. For example, Surrey anticipates 16 individuals in this situation in 2018-19.

3.3 Training and Support

Providers felt that training opportunities are inaccessible and inconsistent. They clearly want access to more training and networking opportunities, and they want to see this done in partnership with CLBC and agencies to ensure consistency. The costs of mandatory certification and optional training impact their net funding, and they

recommended that at a minimum mandatory training be covered by CLBC outside of existing contracted rates.

Agency coordinators reported that they currently receive training in conducting home studies but do not necessarily receive in-depth training in areas such as quality assurance reviews, fetal alcohol spectrum disorder, having difficult conversations etc. They felt this would add to the professionalism of their work and equip them with the tools to do a good job.

Both providers and coordinators identified the need for mandatory core training for all home sharing providers, as well as specialized training in areas that have emerged as the model has grown. This would be funded and provided in partnership. They identified priority areas for specialized training as:

- Supporting people with complex needs such as addictions and mental health
- Wellness and self-care
- Behavioural training
- Aging
- Harm reduction
- Trauma-informed practice
- Substitute decision making
- RDSPs, taxes and trusts.

3.4 Information and Communications

Providers identified several areas where they felt information and communications are inadequate and/or inconsistent:

- Communication of funding allocation decisions to coordinators and providers can be slow or in some cases non-existent.
- Information on the roles and responsibilities of home sharing leads and agency coordinators in the support of providers and individuals is lacking.
- There are no regular, networking or information events for home sharing providers at a provincial or regional level, resulting in very little consistent information being delivered to all home sharing providers.
- Directly contracted home sharing providers are not given direct information around the changing and at times complex requirements of being an independent contractor - insurance, taxation etc. Agencies do provide this information.
- There is a disconnect with partners that are required to be involved with home sharing providers - for example insurance companies and WCB - so often home

sharing providers are denied coverage or pay more because of the lack of understanding of the type of support they provide.

- Providers lack knowledge about home sharing-specific policies.
- There is often very little communication to agencies and providers about the needs of an individual, which leaves the provider vulnerable and potentially unqualified to provide proper support. Home sharing providers want to be better equipped with all information, so they can assess risks and what is really involved and ensure they are compensated fairly.
- There is general confusion about how respite funding is allocated and delivered.

They identified that solutions will require partnerships between CLBC and agencies.

3.5 Recognition and Recourse

Providers expressed a lack of understanding about how to make a complaint about either CLBC or their agency, and also concerns about repercussions if they did. Home sharing providers would also like an opportunity to discuss the outcome of allocation decisions that affect them, and a formalized process to renegotiate the contract or challenge the GSA for undisclosed support needs of the individual and/or when there are changing needs.

Home sharing providers reported feeling unappreciated and unrecognized for either their work or for the importance of their role. They would like to see their associations recognized, and want to be involved in planning for program and policy changes that affect them and the home sharing model – at both the micro and macro levels.

3.6 Inconsistencies in Regional Practice

Home sharing providers and coordinators told us that there's too much variability in decision-making depending on the region, manager, and when in the fiscal year a request for service goes in. They reported that decisions about whether respite is paid for daily, whether damages are covered, how 'flags' on the GSA are addressed, and coverage for items not paid for by Health look completely different region-to-region. They find this extremely confusing. They ask that CLBC work towards standardizing funding allocation decision-making.

3.7 Issues Specific to Coordinators

Coordinators reported feeling increased expectations and undue pressures from CLBC. Since 2007, the growth of this role, and the expectations placed on it have been exponential, as home sharing quickly became the residential option of choice for CLBC-supported individuals.

Coordinators reported that they are required to support home sharing providers, individuals, and their families, and they are responsible to recruit home sharing providers who have the skills and experience required to support individuals with very complex needs. This in itself can be a very specialized skill-set and can often require a team to coordinate when done well.

Coordinators told us about being faced with crisis-driven referrals from CLBC and being required to respond to requests for emergency housing in a timely manner. This often is very stressful as the process of doing a home study requires adequate time to access the qualifications and experience of the home sharing provider etc. Coordinators often feel placed in situations that compromise quality in their work.

Coordinators expressed concerns with how the GSA is used and often feel that individuals are not adequately assessed on the GSA, leaving agencies vulnerable when finding out the individual has higher needs than the funding provided. They also reported that CLBC responses to funding requests, whether one time only or ongoing, still vary greatly.

Coordinators often follow up with their liaison analyst to request additional funding for home share providers but reported experiencing a wide range of responses and response times. Coordinators requested more provincial consistency and shorter response times from CLBC.

4. Next Steps

CLBC is committed to continued engagement with representatives from stakeholder groups to address sustainability and support issues raised by home sharing providers and home share providing agencies. A Home Sharing Working Group will be established to review findings from stakeholder input, consider research and field literature, and provide input and feedback for non fee-related change initiatives.