

# **RSS/FSCD/GSS PRIVATIZATION**

## **BACKGROUND: JULY 2020**

- **INTRODUCTION**

The Government is exploring an Alternative Delivery Model for the Edmonton and Calgary Region 24-hour Direct Operations programs - from Government Direct Operations to Contracted Service Providers. These include:

Residential Support Services (**RSS**) in Edmonton. This includes 9 residential homes serving 54 adults with severe disabilities and 1 respite home with 7 beds for 30 families. Average age of residents is 40 to 70 years – many have lived there for decades

Family Support for Children with Disabilities (**FSCD**) in Edmonton. This includes Rosecrest Home for 17 medically fragile children and 9 respite beds. Hardisty Home has 7 respite beds for 48 families

Graduated Supports Services (**GSS**) in Calgary. This includes 7 residential homes serving 33 adults with severe disabilities. Average age of residents is 40 to 70 years – many have lived there for decades.

- **LETTER FROM COMMUNITY AND SOCIAL SERVICES (LYNN BELL), JUNE 10, 2020**

This letter came out of the blue, in the middle of the pandemic and talked about exploring alternate service delivery models for RSSS/FSCD/CSS. The timeline is 90 days consultation with AUPE, but no consultation was described for the parents/guardians. We “will be kept informed.”

What is the rush? Why is the government proceeding in a pandemic? Why not wait until times are safe and there can be meaningful consultations with parents/guardians who have a legal and moral responsibility for their loved ones’ lives. (It took a year and a half (2013-2014) for the proposed closure of the Michener Centre in Red Deer to be resolved, and for the Centre to remain open for current residents).

- **WHY ARE RSS/FSCD/CSS UNDER GOVERNMENT DIRECT OPERATIONS?**

The government has made the argument that because 90% of services for developmentally disabled people are done by private service providers, the remaining 10% should be done that way, too. This 10% is RSS/FSCD/CSS; residential homes and much needed respite care for some of the most vulnerable and medically fragile children and adults in the province.

In the 1970s and 1980s ideas about care began to change, away from large institutions to community care. The Alberta Government, under Premier Peter Lougheed, recognized that one size does not fit all and that because there is a wide range of developmental disabilities there was (and still is) a need for more comprehensive supports – delivered directly by the government, but in community settings - for people who are totally dependent on care. This is the 10% -RSS/FSCD/CSS homes in Edmonton and Calgary, but with residents from all over the province, because only these two major centres have all the needed services - impractical to provide in rural areas.

Choice is an important concept for this government – more choice in health care, in schooling and so on. As parents/guardians we want to retain that choice (that little 10%) for our loved ones and not have it removed arbitrarily.

- **WHAT ARE WE DOING AS PARENTS/GUARDIANS/SUPPORTERS?**

We have done a lot since June 10, considering the pandemic, that it is summer and that we didn't know many of our fellow parents/guardians/supporters:

- Building a network with concerned parents/guardians/supporters and connecting to spread the word – some parents did not receive the June 10 letter.
- Making plans, using social media, contacting the media, writing letters, connecting with extended families and the community.
- Supporting political action and a petition, and requesting meetings with the Minister of Community and Social Services, our MLAs and the Advocate for Persons with Disabilities.

- **OUR KEY MESSAGE: THE MAJORITY OF PARENTS/GUARDIANS/SUPPORTERS ARE AGAINST PRIVATIZATION PLANS**

**We want RSS/FSCD/GSS to remain as Direct Operations of the Government. We want to retain that Choice of being part of the 10%, as the best option for the care and safety of our loved ones.**

**Pros for Direct Operations: Our Reasons**

**Continuity of Exemplary Care in a Stable and Loving Home Environment**

- Many residents have been together for years, even decades, and, with many long term staff, have formed family units. Through time and experience staff learn about the wants and needs of each resident. The smallest change in residents' environments can

cause turmoil in their lives, and they are very sensitive to changes in feeding patterns, personal care, and what activities they are engaged in. They may not have a voice but they understand when their environment and care changes; this matters to them.

- Staff are hired, regularly trained and their performance evaluated according to government high standards. This means a low turnover of staff and less confusion/disruption for residents.
- Staff have specialized training to meet the complex medical needs of residents (e.g., First Aid, CPR, Use of AED, Care and replacement of G-tubes, medication delivery, oxygen therapy, suctioning, chest physio, trach care, insulin delivery, range of motion exercises, restrictive procedures).
- In-home specialist care: e.g., doctors, dentists, physical therapists, occupational therapists, speech- language pathologists.
- Specialized programs and supports: education, music therapy, cultural sensitivity, celebrations, palliative care

### **True Commitment to Inclusion in the Community**

- Inclusion does **not** mean that services are delivered by private sector providers or civil society, as it is now called.
- RSS/FSCD/CSS are the “right places” for their residents. For example, the Vision of RSS is “A community where everyone belongs.” The Statement of Client Rights includes “Community Access,” and staff both bring the community into the homes and ensure residents go out into the community for leisure activities, concerts and to volunteer at schools, city facilities and summer festivals. Homes are truly “Homes in the Community.”

### **Direct Government Accountability for Quality Care Ensures Vulnerable Children and Adults are not Put at Risk**

- The Government **cannot** guarantee quality care when they do not have direct control of operations.
- Government Standards for hiring, training and performance of staff in addition to negotiated compensation ensures consistency and level of care, appropriate staff ratios and a positively rewarding career for staff that encourages them to be committed to the homes and residents on a long-term basis.
- Homes are well maintained and necessary equipment, including adaptive equipment is provided through the dedicated budget; residents spend their own money to personalize their rooms and enhance common areas.

- Homes are regularly accredited through the Creating Excellence Together (CET) Standards and score very well. “Premier’s Awards of Excellence” have been received in the past (now discontinued).
- Parents/Guardians/Supporters are confident about the quality of care and have very positive support for the programs. We love RSS/FSCD/CSS!

**Cons against Privatization: Our Reasons**

**Stability and Consistency of Care will be affected through changes in staffing and home arrangements.**

- In privately operated homes staff are more likely to have less qualifications and less training. Training is crucial to the care of medically fragile and completely dependent residents. In fact, private service providers may be unwilling or unable to take on care of children/adults with complex needs. These are sound reasons why RSS/FSCD/CSS need to continue.
- Do private operators have qualified people to fully train staff, take the time to make sure they are qualified and can meet the needs of children and adults?
- Staff are likely to be paid less than in positions in direct operations homes. This means there will be more turnover of staff and they often have to work at more than one job to make a living wage. This will result in less stability and continuity of care. COVID has demonstrated the dangers of that in long-term care homes.
- Staff/resident ratios are likely to be worse. In RSS homes, for example, there are 2-3 staff per 5-6 residents during the days and evenings and 1-2 staff on nights. Are staff expected to do housekeeping duties, taking time away from being with residents?
- Residents may not be able to continue to live in their current homes, with their familiar surroundings and personalized bedrooms. Family units may be broken up. We should learn from the Michener Centre, where moving residents out had dire consequences, including deaths.
- How will in-home medical care and education continue, without the links the homes currently have with AHS and the school board?

**Level of Commitment to Inclusion in the Community**

- Do private service providers have the same level of commitment to Inclusion as evidenced by the Vision, Mission and Values of direct operations homes? Is there a Statement of Client Rights that guarantees rights in all aspects of residents’ lives?
- Will there be budget and staff time so that residents can be involved and volunteer in community activities, as they are able to do now?

## **Accountability for Quality Care will be at Arms-Length from the Government and may not Meet Our Expectations**

- The priority on accountability may not be as well developed or consistently applied in the private sector. The CET Standards may not be used.
- Standards and guidelines may not be developed; this will affect the quality of care as all staff may not understand expectations for resident care.

## **POLITICAL ENGAGEMENT**

- On June 17, a few people participated in at a Press conference with Marie Renaud, MLA. Marie made a Member Statement in the House and asked questions of Premier Kenney during Question Period.
- On June 25, a few people took part in videos to express their concerns. Marie made a Member Statement in the House and asked questions of Minister Rajan Sawhney during Question Period. Minister Sawhney offered to hold a meeting with us after Question Period. The Minister, her office staff, ADM Jason Chance, Marie Renaud and some parents/guardians/supporters were present. The Minister has now visited Rosecrest, and GSS in Calgary.

## **CONSULTATIONS**

- The only consultation being offered by the government is a Family/Guardian Survey for approximately 300 parents/guardians. It arrived by email on the afternoon of July 10, and is to be completed by August 8, 2020. COVID is naturally the reason given for a short and impersonal consultation.
- The Survey is limited and limits our ability to respond to it – only 17 questions on a Google document, using a LIKERT Scale – designed to collect quantitative information – and limited space for comments. Generally speaking, surveys do not capture the complexity of issues and present only superficial results.
- As parents/guardians/supporters we want our voice to be heard. We want to present our points of view especially the pros of direct operations and the cons of privatization and the effects they have on our loved ones' daily lives. Even in the time of COVID, this could be done by virtual town hall meetings.
- The consultation is very narrow. Others who would like to contribute are not being asked for their input, e.g., medical staff, rehabilitation staff, long term retired staff, other family members and supporters.
- A Request for Information (RFI) has been issued by Community and Social Services to parties interested in assuming operations of RSS/FSCD/CSS homes.

## QUESTIONS

- We have many unanswered questions about what may happen, but here are three:

Why is the government not striving to make excellent services even better, instead of trying to discard something that works? They will not be able to guarantee service quality if the programs become arms-length.

Are the financial savings worth the disruption and confusion that change will cause to the residents? We want stability and for our family members to be able to age in place.

They estimate \$3.48 million in savings by privatizing. \$3.48 million works out to 0.006% of the 2020-2021 Government of Alberta operating expenses of \$56.039 billion, or 0.06% of the combined Children's Services and Community and Social Services budget of \$5.546 billion.

Or, if we look at "savings" as a cut:

- Edmonton RSS - \$900,000 per year for RSS & Baldwin. 93 people, \$9,677.41/year cut. \$806/month, or \$26.51/day.
- Hardisty/Rosecrest: \$1.18M/year. 84 people. \$14,047.62/year cut per person. \$1,170.63/month or \$38.48/day.
- Calgary GSS: \$1.4M/year. 33 people. \$42,424.24/year cut per person. \$3,535.35/month. \$116.23/day.

Does this government want to be known as the government who did not protect the most vulnerable members of our society, unlike all previous governments going back to Premier Lougheed's time. Does this government want to let our loved ones down? For what? It takes a village to raise a child...

- **BOTTOM LINE: WE SPEAK FOR OUR FAMILY MEMBERS AND FRIENDS WHO HAVE NO VOICE. WE WANT CHOICE AND A FAIR DEAL FOR OUR VULNERABLE CHILDREN AND ADULTS. WE DO NOT WANT SERVICE QUALITY TO BE COMPROMISED. WE WANT THE GOVERNMENT TO RETAIN DIRECT OPERATIONS OF RSS/FSCD/CSS.**