



to the  
**VULNERABLE  
PERSONS  
ACT**



**©Copyright 2014, All Rights Reserved.**

All materials, content and forms contained in this document are the intellectual property of Community Living Manitoba and may not be copied, reproduced, distributed or displayed without Community Living Manitoba's express written permission.

# WHAT'S INSIDE

The Beginning	5
Foreword	6
Glossary	8-9
How to use this book	10
The Vulnerable Persons Act	13
Who is a Vulnerable Person?	14
The Five Guiding Principles	15-17
Introduction to the Guiding Principles	18
Guiding Principles—Exercise 1	19
Guiding Principles—Competency	20
Guiding Principles—The Power of Language	21-22
Guiding Principles—Then and Now	23
Guiding Principles—Exercise 2	24
Think About—Talk About—Act On	25
Supporting Individuals	26
Person Centered Planning	27-30
Stories	31-32
Exercise	33
Supported Decision Making	35
How It Works	36-38
Exercise	39
Support Services	41-44
Exercise	45
Self Examination	46-48
Exercise	49
Think About—Talk About—Act On	50
In Review	51
Substitute Decision Making	53
Definition	54
The Process	55-56
Partial Duties	57
Exercise	58
Powers Granted	55-62
Heather's Story	63
Commonly Asked Questions	64-65
Think About—Talk About—Act On	66
In Review	67
Protection from Abuse or Neglect	68-71
Type of Abuse and Indicators	72-76
Story	77
Exercise	78-79
Think About—Talk About—Act On	80
In Review	81
Board of Directors Information	83
A Message	84
Change Process	85
In Review	86
Sample Abuse and Protection Policy for Agencies	87-90
A New Way of Thinking	91
A Credo for Support	92-93
<i>Acknowledgements</i>	97
<i>Resources</i>	98





*When* we change the way we look at things,  
the things we look at change.

— Dr. Wayne W. Dyer

## Foreword

---

In order to understand the importance of **The Vulnerable Persons Living with a Mental Disability Act**, we have to look at what came before. Prior to October 1996, we, in Manitoba, were legislatively instructed to see people with mental/intellectual disabilities as incompetent and unable to make their own decisions. Even individuals who were able to make decisions were often not allowed to do so. Services were designed for the "disabled" with little or no attention to the uniqueness of each person. Services were designed to control, protect and direct.

Fifty years ago, the only referral for people with intellectual disabilities was to one of Manitoba's institutions. It was believed admitting people to these large structures was the kindest thing to do. Over the years, services in community settings were developed (group homes, sheltered workshops, etc.) where people were admitted based on their disability. Individuals had no say regarding where they lived, with whom they lived or the kind of supports and services they received. Society could not conceive of people moving out of their parents' homes into their own homes next to others not living with a disability. It was felt that institutional/service settings protected people and were in their best interest.

**The Vulnerable Persons Act became law in 1996 and presented Manitobans with a breath of fresh air!** It brought us words like "choice, rights, empowerment, enabling, and planning." It challenged us as service providers to shift the way we think, to reformat the services that we were providing. It confused us. It inspired us. It frustrated us. It overwhelmed us.

The Vulnerable Persons Act instructs us to provide supports to Manitobans with mental disabilities in a sometimes unfamiliar and challenging way. It says that people have the right to choose who they want to be, where they want to live, and how they want their lives to unfold. It states clearly "**vulnerable persons are presumed to have capacity.**" People no longer have to prove what they can do. Rather, this legislation begins by announcing that Manitobans must *presume* that people with disabilities **have** skills and abilities and are therefore able to live their lives the way they choose.

**Rethinking and changing our attitudes and values may be our most difficult work.** Families, government workers, service providers, advocates and other systems are learning how this legislation impacts what we do each day. We are all challenged to ensure that our actions reflect the spirit of the Vulnerable Persons Act.

**The Vulnerable Persons Act . . .  
A New Way of Thinking!**





# Glossary



- Community Living Manitoba** – a provincial non-profit organization dedicated to the full inclusion in the community of persons of all ages who live with an intellectual disability.
- Commissioner** – the senior provincial civil servant who is responsible for the Substitute Decision Making portion of the Vulnerable Persons Act. (Also referred to as the Vulnerable Persons' Commissioner)
- Community Services Worker** – the case worker hired by Manitoba Family Services Community Living disABILITY Services who coordinates the provision of services to people with intellectual disabilities and their families.
- Manitoba Family Services** – a Department of the provincial government that administers the government's social services agenda.
- IQ** – the Intelligence Quotient is a test that measures a person's intelligence against the average.
- IPP** – Individual Program Plans are required to be person centered by Manitoba Family Services
- Least Restrictive** – an environment that provides opportunities for people to learn and make decisions with a minimum of restrictions.
- Minister of Family Services** – the elected member of the current provincial government who is responsible for Manitoba Family Services.





# Glossary



- Person Centered Plan** — is a planning process which centers around the needs and desires of an individual rather than the service or system that supports the individual.
- Planning Tools** — MAPS and Planning Alternate Tomorrows with Hope (PATH) are examples of person centered planning tools.
- Public Trustee** — an office of the Provincial government that oversees and makes decisions for Manitobans who are deemed unable to manage their own affairs. A small fee is charged for this service.
- Service Providers** — agencies that provide services to people with intellectual disabilities, funded by the provincial government, such as residential, employment, day programs.
- Substitute Decision Maker** — the person appointed by the Commissioner to make decisions for a vulnerable person the person cannot make him/herself, with or without the help of a support network.
- Support Network** — a group of family and/or friends of a vulnerable person who provides support and assistance.
- Supported Decision Making** — a process of assisting a vulnerable person to make decisions on their own by providing information, advice and support.
- Vulnerable Person** — according to the Act, an adult over 18 y who has a Mental disability and who needs help with personal care or property and money management.
- Vulnerable Persons Act (VPA)** — an Act passed by the Manitoba Legislature in 1996 as The Vulnerable Persons Living with a Mental Disability Act.



# How to use this book



*The* Vulnerable Persons Act, through its guiding principles, instructs Manitobans to provide services to people with mental disabilities in a new way. As you read through this book you will understand more and more what that means to you personally and to your agency as a whole.

The intent of this book is to provide agency boards, management and staff with an overview of the legislation. It will challenge us to rethink every component of our services, from board policies, staff job descriptions, to the day-to-day dilemmas that will inevitably be raised as we support people to live THEIR lives.

The authors of this book are keenly aware of the daily challenges and frustrations people in services will have as they grow in their understanding of the guiding principles of the legislation. Some may come to sections of the Act and think that they are impossible to achieve until so many other things change (funding, licensing, society's attitudes, etc). **Each of us needs to take responsibility to learn and move forward together . . . and at the same time.**

**We are all part of the change** — community service workers, other agencies, funders, families and people with disabilities themselves.

This book is likely to raise more questions than provide answers. The business of supporting others to live their lives in the most fulfilling way is sometimes confusing and unclear. We bring to our roles past experiences, intentions or judgements and we may not know how to handle every situation. A willingness to be open to learn from all experiences is required.

We suggest that you read and work through this book as an agency. Use the questions to examine your personal level of knowledge around each section.

The best way to work through a change process is to do it with others. Training sessions or more informal discussions can help you set your direction and create new ways of approaching issues. Use the "Think About—Talk About—Act On" to facilitate discussions in your meetings and chart out a plan to move your process forward. Make note of the areas that are confusing in the Notes & Quotes pages located throughout this book and then contact Community Living Manitoba or any one listed at the back of this book for help or information.

Just like the people who we support, every situation is unique. One thing will not vary. The Vulnerable persons' Act *is* legislation and the values upon which it is built are the values to which we must all adapt.

Let's move forward together!









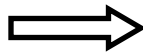
## *The Vulnerable Persons Act*



*How* things look on the outside of us  
depends on how things are on the inside of us.  
— *Parks Cousins*

# Who is a Vulnerable Person?

## How it is defined in the Act:



## And now in plain language:

Vulnerable Person means an adult living with a mental disability who is in need of assistance to meet his or her basic needs with regard to personal care or management of his or her property.

Mental Disability means significantly impaired intellectual functioning existing concurrently with impaired adaptive behaviours and manifested prior to the age of 18 y but excludes a mental disability due exclusively to a mental disorder as defined in section 1 of The Mental Health Act.

— An **adult** over 18 who has a

— **Mental disability**  
(lower IQ, needing help in daily living, and having the disability before the age of 18)

—And who **needs help** with personal care or property and money management

In order for an individual to fall within this Act, all three of the above must be in place.

This Act does not include people with a mental illness unless they have a dual diagnosis. That means they have a mental disability as defined above and a mental illness.

**Question:** Identify the individuals that you support or are in your agency, who would be considered "vulnerable" under the Act?

---

---

---

---

---

*Please take care not to mention specific names of vulnerable persons, if this book is likely to be shared. This is in keeping with privacy legislation and confidentiality.*



## *The Five Guiding Principles*

*Expect* the very best of yourself and of others with sincerity, conviction, and persistence. Almost as if by magic it will come to be.

— *Ralph Marston*

# The Five Guiding Principles to the Act

## Here's how it is written in the Act:

WHEREAS Manitobans recognize that vulnerable persons are presumed to have the capacity to make decisions affecting themselves, unless demonstrated otherwise; ----->

AND WHEREAS it is recognized that vulnerable persons should be encouraged to make their own decisions; ----->

AND WHEREAS it is recognized that the vulnerable person's support network should be encouraged to assist the vulnerable person in making decisions so as to enhance his or her independence and self-determination; ----->

AND WHEREAS it is recognized that any assistance with decision making that is provided to a vulnerable person should be provided in a manner which respects the privacy and dignity of the person and should be the least restrictive and least intrusive form of assistance that is appropriate in the circumstances; ----->

AND WHEREAS it is recognized that substitute decision making should be invoked only as a last resort when a vulnerable person needs decisions to be made and is unable to make these decisions by himself or herself or with the involvement of members of his or her support network; ----->





# The Five Guiding Principles to the Act



## And now in plain language:

- - - - -> Vulnerable people are presumed able to make their own decisions.
- - - - -> Vulnerable people are encouraged to make their own choices.
- - - - -> If a Vulnerable person needs help to make a choice, the legislation encourages friends, family, and service providers to help him/her understand the choices to make an informed decision.
- - - - -> Any help provided must be respectful of the vulnerable person's privacy and dignity as an adult.
- - - - -> There may be a decision that the vulnerable person is unable to make, even with help. As a last resort a substitute decision maker can be identified.



# Introduction to the Guiding Principles



In this section of the Agency Guide to the VPA we will learn about its Guiding Principles. This sets the stage for everything that comes after. It is the foundation and value on which all the information in this legislation is based. It means that when we read about anything else, we are to **remember the five principles that guide the intent of every single section.**

This part of the Act can present one of the biggest challenges to service providers. It tells us we need to be thinking differently than we did before the Act was proclaimed or to how our upbringing or cultural beliefs may have instructed us.

It tells us we are to think about, provide services for and generally relate to people with intellectual disabilities assuming their competence and abilities not their incompetence and disabilities. This can create a dilemma for you as a service provider given that the very nature of services is based upon a presumed need for support or "incompetence" in certain areas of life.

## For example:

We had been creating and operating services for people because of their incompetence or disabilities.

- ✓ We now develop supports for individuals based on their skills, abilities and dreams, not because of their disabilities or needs.

Competent people aren't placed in group homes.

- ✓ People simply live in a home of their choosing.

Competent people don't go to sheltered or segregated programs to work.

- ✓ People simply go to work or spend their day as they choose.

Competent people do not have to justify why do they something, even if it is deemed wrong.

- ✓ People just do it and sometimes it works out and other times it does not.



## Guiding Principles – Exercise

**Question:** Think about your own skills and competencies. Now think about some areas of your life that are not as strong. What kinds of adaptations or supports help you become more competent in these areas?

---

---

---

---

---

Think of one person you support. What are his/her skills and competencies? How are you assisting him/her to build on existing competencies? Be specific.

---

---

---

---

---

## Guiding Principles – Competency

---

In order to understand this Act, we will need to broaden the definition of competency as it has been used and understood in the past. Competency is not a black and white concept. It is a range of skills that circle any particular task. We are sometimes fully competent in something and other times we have learning to do.

For example: In the past, if John could not use the stove, shower or take a bus we created a service that cooked for him, bathed him, and drove him where he needed to go. He was considered unable or incompetent to do those things for himself.

By broadening the definition of competency, we start by identifying what John does understand or can do in relation to cooking, showering or taking the bus and then we build on it.

For example, with accommodation, and creative adaptation, he may well be able to cook for himself. He may do better not using the stove but using the microwave. He may need some support in order to cook at all.

On the other hand, it may not be an issue for him. He may arrange a food delivery service or live with a friend who does the cooking. His ability to use the stove does not exclude him from living on his own.

Recognizing that people with mental disabilities are competent to manage, lead or participate in every aspect of their lives is the central and core theme to redefining 'competency' and to truly understanding The Vulnerable Persons Act.



# Guiding Principles – The Power of Language



We recognize how potentially disrespectful some of our words have been and come to understand that we must search for a whole new language.

The Secretary of State of the Government of Canada published a little booklet over 10 years ago called "The Way with Words." It says:

***LANGUAGE is a powerful and important tool in shaping ideas, perceptions, and ultimately public attitudes. Words are a mirror of society's attitudes and perceptions.***

***ATTITUDE can be the most difficult barrier persons with disabilities must face in gaining full integration, acceptance and participation in society.***

Agencies providing supports to people with intellectual disabilities need to take a careful look at the language and labels they use and the way in which they represent or portray people. None of us walk through our lives introducing or describing ourselves by our weaknesses or disabilities. We choose labels or words that raise our status and present ourselves in the best possible way. We are teachers, students, wives/husbands, mothers/fathers and employees.

We rarely, if ever, would introduce ourselves and add . . . *and I'm short-sighted, pimply, overweight, depressed, drug-addicted, small breasted/large breasted, etc.* This might seem ridiculous, offensive, or even humorous but for people who have been known by their disability for decades, it is deadly serious.

When language is used to separate people with disabilities in an 'us and them' manner, it is disrespectful and potentially damaging.

We need to stop talking about people as if they are invisible and start including them in the conversation. We need to speak directly to people even when we know that they may need assistance in responding.

You would be surprised how often we label people when we don't really have to. Here is a rule to guide you that is generally accepted: first be respectful. Second use a label only as a last resort. And lastly, if you have to label the person, at the very least, place the label after the noun. For example: Don't talk about 'the disabled', talk about *people with disabilities*. Say they are persons *with autism*, instead of saying they are autistic.



# The Power of Language – Exercise

**Question:** Here are a few words that we have historically used that need rethinking. *Grooming—Outing—Snack-time—Client.* Can you describe why these words need to be changed and identify others that we still use each day that need be added to this list?

---

---

---

---

---

---

---

What are some strategies that you use to include people you support in the conversation and in what ways do you encourage that others do the same?

---

---

---

---

---

# Guiding Principles – Then and Now



*Denise's Story* Denise is a 30-year-old woman who lives in a house with two roommates. Although she does not speak, use sign language, read or write, Denise is able to communicate well with those who know her. There is always a staff person there to support Denise with her day-to-day needs. Denise has reconnected with a few family members who are now involved in her life. Her life has unfolded in a more fulfilling way in the past six years.

	<u>BEFORE VPA</u>	<u>AFTER VPA</u>
<b>Guiding Principle 1</b>	Denise followed the routine of the group home.	Denise plans her day, choosing from a variety of things to do.
<b>Guiding Principle 2</b>	One of Denise's staff reminds her of what she will be doing today.	One of Denise's staff encourages her to think about what she wants to do today.
<b>Guiding Principle 3</b>	Denise and the other group home members go on an annual trip to Grand Beach for a week.	Denise meets with her support network and they help her think through possible vacation options and plans.
<b>Guiding Principle 4</b>	Some of Denise's staff slip into a parent/child role when dealing with her.	Denise's support staff and network treat her as an adult.
<b>Guiding Principle 5</b>	As a <u>first</u> resort, Denise's decisions are made for her.	As a <u>last</u> resort an substitute decision maker is identified when Denise has a decision to make and is unable to make it, even with support.







# Think About Talk About Act On



## *Guiding Principles*

- ★ What challenges do the guiding principles present to you personally and professionally?
- ★ In what ways do your agency's policies require upgrading in order to meet the spirit of the Guiding Principles?



Person Centered Planning  
Supported Decision Making  
Support Services

*It* is only as we develop others  
that we permanently succeed.  
— Harvey S. Firestone



*What* we call the beginning is often the end.  
And to make an end is to make a beginning.  
The end is where we start from.  
— T. S. Eliot

# Person Centered Planning



## Here's how it's written in the act:

The Executive Director (of Manitoba Family Services) shall develop an individual plan for every vulnerable person who receives support under this Part.

The Executive Director may review an individual plan and vary it, or determine that the person for whom support services were provided is no longer a vulnerable person.

The Executive Director shall take reasonable steps to ensure that the vulnerable person and his or her substitute decision maker or committee if any, have an opportunity to participate in the development of, and are informed of any decision respecting, the individual plan.

## And now in plain language:

⇒ The policy of Manitoba Family Services states an individual plan is a person centered plan developed for every person who receives services under the Act.

⇒ People change — this plan should be reviewed regularly to be sure it is up to date and accurately reflects the person's dreams and wishes.

⇒ The individual can invite anyone he or she chooses (family, friends, community members, service providers) to be part of the planning.

*Reference:  
Vulnerable persons Living with a Mental  
Disability Act 11(1), 11(2), 12.*



# Person Centered Planning



*Person* Centered Planning is a creative, positive and hopeful process. It is not just another way of doing a service plan, but represents a different way of thinking.

In the past, agencies were required to do IPP's (individual program plans) on at least an annual basis for the people they supported.

Now agencies are required to help the individuals they support respond to what has been identified in the person centered planning meeting **and** create the action plan to help them achieve his/her goals and wishes.

Person Centered Planning is a lifelong and continuing process.

A Person Centered Planning session is an event organized to help an individual identify his/her dreams and goals. It identifies both the concrete steps needed and the people who will provide assistance to achieve identified goals. The process does not end after the meeting; in fact the meeting represents the beginning of realizing the plan.

The VPA legislation states that each person will have an individual plan and Manitoba Family Services Community Living disABILITY Services Policy requires that the plan is person centered.

## Here are two guidelines follow in the person centered planning process:

1. All of the power and control for person centered planning must belong to the individual and his/her support network (family, friends, relatives, or any others that he/she chooses), not the service or the staff.  
This means that the person and his/her support network are in charge of identifying when a planning session is to be held, who is to be invited, who will facilitate, and what goals/dreams are to be discussed. The service's responsibility is to respond to the person centered planning approach.
2. If there is no support network (and he/she needs help making decisions) then the first role of service providers must be to help the vulnerable person **create one.**



# Person Centered Planning



## The Person Centered Planning Session:

When an individual is ready to begin formally planning, he/she, with the help of family, friends or others in the support network call a meeting.

Participants who attend are invited because they have a relationship with the individual and he/she wants them to be there. This may include: parents, siblings, extended family members, friends, others who are part of his or her life.

Staff members may also be asked to participate.

An objective person is asked to facilitate the session to ensure that the discussion and contributions from everyone are listened to, respected and documented.

It is highly recommended that this facilitator not only receive the appropriate training but have no work/paid relationship with the individual at all. This will ensure that there is no conflict of interest, even non-intentional.

At the end of the person centered planning session, it is important that one person be identified who will commit to ensuring that all the planned actions are completed.

A person centered planning session is an excellent way to help build a team or support network around the individual as it provides everyone with information and direction.

There are several person centered planning tools that can be used (PATH, MAP, Framework for Accomplishment, Personal Outcome, etc.). The planning process is the similar regardless of which tool is used.

### You know it's person centered if:

- ✓ An outside objective person, trained specifically in person centered planning, is chosen to facilitate the planning process.
- ✓ Listening and learning continues throughout the process.
- ✓ The individual chooses when to have the meeting and who to invite.
- ✓ The individual's wishes, desires and goals are at the center of the process.
- ✓ Hopeful action happens.
- ✓ The focus is on identifying the person's strengths and dreams.
- ✓ Community and relationships are an integral part of the process.
- ✓ The session is documented in a visual way that everyone can see and understand.



## Person Centered Planning – Jeff's Story



*Jeff's Story* Jeff is a 22 year-old-man who has recently moved into an apartment on his own. He utilizes the support of a staff person 15 hours a week to help with life management skills. Jeff has a small group of involved family and friends who are also an active part of his life. Jeff, his support network, and service providers gathered in his living room for a PATH. He invited everyone to help him plan for the next year.

Jeff and his family and friends started by talking about hopes and dreams—something to aim for even if they are not practical.

This part of the PATH is intended to brainstorm all kinds of possibilities.

Everyone was excited about Jeff's dream to combine his love of travel and of hiking with an around the world trip of the best hiking locations on the planet. His dreams also included a mansion with a roller coaster, a cook and a maid.

While these dreams seemed unattainable at first, as dreams often do, it was important to keep them in mind for the next step. This step included identifying positive and possible goals to meet during the next year. The plan that was decided on that day included several weekend hiking trips with family, and one big trip to hike in the mountains with friends.

Jeff came out of the planning session motivated to save money for his trips

and his support network were motivated to help him to find a day service that would help him get the training he would need to travel and do the hikes.

Jeff's dream of owning a mansion was a little out of his price range. He did plan to ride the roller coaster at the fair during the summer, take a cooking class at the community centre, and hire a cleaning service once every two months.

Everyone at the meeting had a role to play in helping Jeff meet his goals. They would check in from time to time to be sure things were moving along, and agreed to meet in one year to review, celebrate, and plan for the next.

This was person centered planning because everyone listened and respected Jeff's dreams and focused on developing capacities. Hopeful actions occurred.



## Person Centred Planning – Jenny's Story



### Jenny's Story

Jenny Brown lives in a home with 2 other women. They are supported by Innovation, Inc. and have been for over ten years. One of the things that the Jenny's family have long been concerned about was how Jenny's life seemed to change and almost restart every time staffing changed. They did not want to complain because new staff brought their own fun things for Jenny and her roommates to do but they worried that Jenny seemed to be continually swept up in activities she had never really expressed any desire to be part of. They were very concerned that things and people that were very important to Jenny in the past were slipping away.

Last summer, Mr. And Mrs. Brown attended a family VPA session and learned about person centered planning. The facilitator of the session talked about the importance of building on an individual's past experience, activities, and relationships. She urged families to create portfolios and memory books so information about their sons and daughters would always be available for support networks and staff. The Browns were very excited about this because Jenny was not able to speak and therefore could not articulate much about her life, family or friends to new staff.

The Browns gathered up old photographs and mementos of places they had been and important people in Jenny's life. During the Christmas break, with Jenny's sisters and relatives around, the family together created a "Jenny book".

Under each picture was a name, explanation of the event, date, etc.

They left lots of empty pages in the book so that Jenny could take it back to her home and continue filling it with her life. She ended up with a wonderful portfolio she could share with new staff so they had a clear idea of the people in her life, her social and recreational interests and the places where she enjoys spending her holidays.

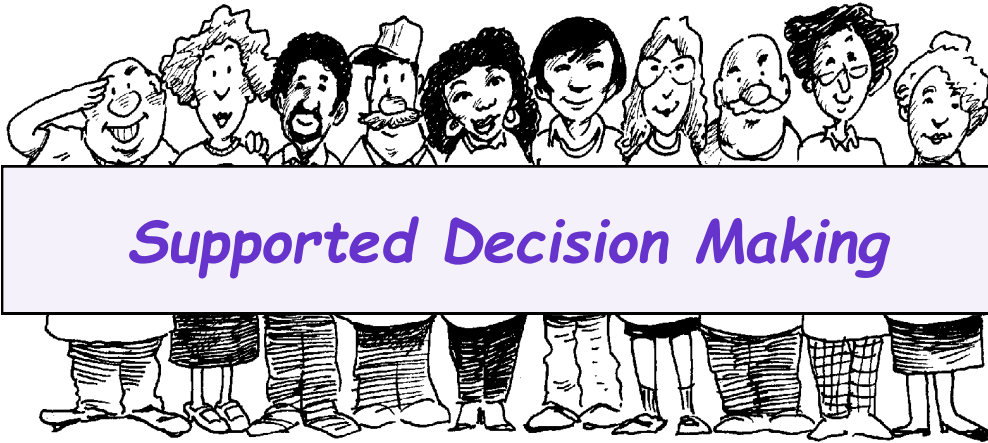
Six months later, with the help of an experienced facilitator, Jenny had her first person centered planning meeting.











## *Supported Decision Making*

*Footprints on the sands of time  
are not made by sitting down.*

*— Proverb*

# Supported Decision Making



## Here's how it is written in the Act:

“Supported decision making” refers to the process whereby a vulnerable person is enabled to make and communicate decisions with respect to personal care for his or her property and in which advice, support or assistance is provided to the vulnerable person by members of his or her support network.

## And now in plain language:

⇒ Supported decision making is the process of assisting an individual to make his/her own decisions. Family, friends and others that the person chooses, provide the assistance.

**Supported decision making** is giving advice and encouragement, and sharing information that enables the vulnerable person to make a decision.

The word “**enabling**” used in this legislation means opening up possibilities and opportunities.



# Supported Decision Making



## What is decision making?

Day to day decision-making is not complicated but it is significant.

Deciding is about choosing.

I choose this person to marry or I choose this cereal for breakfast.

Decision-making is something everyone does.

While decision-making is natural, like many of our skills, when practiced it can be improved.

If someone grows up having all decision made for him/her, that person is likely to become helpless and dependent. The more decisions we make, the better we become at making them!

## How do people make decisions?

Everyone has his or her own way of making choices.

Some of us make them quickly; some procrastinate and only decide at the last moment.

Some seek advice from many people and some never ask for advice at all. And some just leave it to chance.

In reality, we use a combination of these.

## *To make a decision we . . .*

1. Identify what decision needs to be made
2. List the possible options
3. Gather information that is needed
4. Consider the pros and cons of each option
5. Make our choice
6. Evaluate the results

As we grow more and more practiced, we think about these steps less and less.

For the most part, most of us make dozens of decisions each and every day quickly and without much conscious choice.



## Supported Decision Making – How It Works



The supported decision making process is based on the idea that when someone helps another person make decisions, it must be done with respect for that person and his/her values and wishes.

To honestly support someone in making decisions, the supporter must believe the following:

- ★ ***In supported decision making the person being supported is the centre of the process.***  
This may seem obvious but it may be the hardest part of the process. We must separate our beliefs and values and recognize that the person being supported has his/her own.
- ★ ***Supported decision making means once we have assisted someone in the process, we must step back to ensure that he/she is in fact, making the decision.***  
After we assist the person to think through the decision making process, we must let go of the outcome.
- ★ ***Before we can support someone, he/she must choose to have us support them.*** We are no longer able to support someone just because we are hired to do so. In order to be a supporter we must earn the right and be asked.
- ★ ***Decision making is a fundamental human right.*** The Charter of Rights & Freedoms recognizes and affirms the right of all Canadians to be self-determining. The Vulnerable Persons Act states the same.
- ★ ***Supported decision making is based on a relationship of trust.*** Everyone has the right to choose who will advise him/her. Good decisions come out of trusting relationships.
- ★ ***The right to make decisions is not limited by disability.*** All people make decisions. Disabilities must be accommodated and not used as an excuse to remove decision making rights.

Supported decision making does NOT mean that we support people as long as they make the decision we want. Ultimately the person being supported makes his or her decision, whether we agree or not.



# Supported Decision Making – Exercise

*Sometimes the people we support make decisions that we do not agree with. It is, however, an important part of the process of people with disabilities taking back their own power.*

Have you ever made a decision in your own life that others have disagreed with? How has that felt and ultimately did you follow through on your own decision or decide to change it?

---

---

---

State as many examples as you can where this has happened (for you and other staff) as you have supported vulnerable people. How have you (and/or your colleagues) ensured that after providing support you have stepped back, even when you have believed that the vulnerable person was making the wrong decision?

---

---

---

---

---

Identify some successful ways that you have helped the people you support make their own decisions.

---

---

---

---

---

---







*To* find yourself you need the  
greatest possible freedom to drift.  
— *Sir Francis Bacon*

# Support Services



## Here's how it is written in the Act:

The Minister may provide or arrange for the provision of support services for a vulnerable person.

## And now in plain language:

⇒ The vulnerable person may choose from a variety of options and supports for where he/she lives, what he/she does in the daytime and other supports if needed. The community services worker will work with vulnerable persons, service providers, families and friends to develop services and supports.

### **SOMETHING TO THINK ABOUT:**

When an individual is considering support services, it is important to find services that fit his/her skills, talents, values, and interests. As our lives change so do our supports. Transitions may require additional supports in order for the individual to gain the most enabling and self-determined way of living.



# Support Services



## What are Residential Options & Supports?

The individual may need and prefer a place to live with 24-hour staff or may choose to live in a home with foster care support, in a home with other people with disabilities, in the family home or independently with supports.

## What are Daytime Options & Supports?

The individual may choose from a range of day services. Services to assist in starting a business, career planning, or job training may be possible. There are also day supports to access a variety of social, recreational, learning or volunteer opportunities.

## What other supports may be available?

Depending upon the individual's needs, strengths and choices, there are other supports for which he/she might be eligible. These include, for example, respite services or clinical services.

There are not for profit agencies who offer services directly or in a self-administered manner. If an individual wishes to do so he/she may choose to hire staff and manage services. Individuals and their support networks receive help with budgeting, training, and keeping the relationships strong.

The Vulnerable Persons Act requires agencies in Manitoba to enter into a change process as they move forward in the way they support vulnerable people. Agencies can work and learn together at the board, management, and staffing levels.



# Support Services



In the past, the human services approach to providing housing or daytime services for people with disabilities was to develop segregated settings with a goal to protect people in their care.

Although these types of services provided for basic needs, they lacked the essentials necessary to truly create a home or a community for an individual. Aside from a physical site, we now know a home must include personal and social dimensions, as well as a strong dimension of control.

The VPA legislation instructs us to provide people the opportunity to decide where and how they will live, and where and what kind of work or other daytime activities they will do.

***The starting point for shifting existing services or developing new ones is the planning process.*** You have now read the section of the Act that talks about person centered planning and have an idea what that process entails. The substance of the plan is a very important roadmap that guides service providers in how services are provided to people.

**Do** your services offer choices to the people you support? For example: Do they choose where they want to live and with whom? Do they choose how they spend their money, their leisure hours and who their friends are?

**Do** the people you support have control over their days? For example: Do they decide when to wake up, when to go to bed, what to eat for lunch or even if they eat lunch, what time they will eat lunch or dinner, who they will eat with, if they have a bath or a shower and when they do it?, etc.

If you answered "no" to any of the questions above, you need to shift the way you and your agency provides services. The foundation of this thinking is the need to let go of the control that you and your agency has had over people's lives and identify how to do what you do differently.

Once we recognize that we are the ones who need to change, we must then begin that process.



## Support Services – An Exercise

Take a moment and think about your own life. Do you live where and with whom you want? If you answered no, what are you doing about it? If you are looking at making changes, who are you turning to for help?

---

---

---

---

Now turn back to the previous page and review the questions. If you answered yes to the questions....identify the way in which you are helping individuals live their own lives?

---

---

---

---

If you said no, how are you planning on supporting them so they have control over their decisions and ultimately their lives?

---

---

---

---

How does your agency need to change to facilitate this?

---

---

---

---

---

# Support Services – Self Examination

Change is inevitable and the process by which we grow as human beings. As our thinking changes, our role as support workers change too! Self-exploration is a means of examining how we grow. This exercise is one way of looking at yourself and your set of skills and talents. It is intended for you to reflect on where you're at, how you have developed in the competency over time, and what you would like to improve.

Have a look at the competencies that have been identified as critical in jobs providing supports to others. Do you demonstrate them? Which areas do you need to be working on? Circle the number, between 1 and 5 (1 being the least and 5 being the most) that fairly represents your skill level in each particular box.

**Developing Ourselves:** To support others to develop in their own lives we also need to be growing and learning. Only then do we truly appreciate how challenging it is to live healthy and productive lives. Are you a life long learner when it comes to your work life?

1                      2                      3                      4                      5

**Facilitating Relationships:** The people around us enhance the quality and fullness of our own lives. Understanding the importance of relationships in the lives of the people we support is necessary. How do you help the people you support connect with others in the community (with and without disabilities) who have similar interests and provide the opportunity for meaningful relationships to be built?

1                      2                      3                      4                      5

**Listening, Understanding and Responding:** Listening and understanding is a skill that we learn through practice. Underlying this competency is a basic respect for people. When we truly listen we will be able to support people in their lives rather than expect that they fit into ours. Are you an active listener to the people you support?

1                      2                      3                      4                      5



## Support Services – Self Examination Continued



**Integrity:** Having integrity means that we act in a way that is respectful of ourselves and others and we are honest, truthful and sincere. It means we do not participate in negative behaviour and gossip. When we act with integrity people can trust that what we say, we will do. It is being professional on the job and demonstrating integrity in all areas of our lives.

1 2 3 4 5

**Advocacy:** Speaking out is a key component to working with vulnerable people. This is especially true for people who are not able to speak for themselves or do not have a support network or people who can fill this function in their lives. When we advocate for an individual we are speaking for what he/she wants and assisting him/her to take action. Regardless of what our job is in the organization, we are responsible for advocating for people that the agency supports.

1 2 3 4 5

**Flexibility:** Supporting individuals' means that we must be able to adapt to and work effectively within a variety of situations and circumstances. Flexibility entails understanding and appreciating different and opposing perspectives on an issue, adapting one's approach as the requirements of a situation change, and changing or easily accepting changes in one's own agency or job requirements.

1 2 3 4 5

**Self-Control:** Our work can be very stressful. The ability to keep one's emotions under control and restrain negative actions is critical, especially when faced with opposition or hostility from others. It also includes the ability to maintain stamina under continuing stress.

1 2 3 4 5



## Support Services – Self Examination Continued



**Progressive thinking:** This is the ability to identify a problem, obstacle or opportunity and take action and/or proactively create opportunities to resolve or prevent problems. How well do you actively seek out opportunities for the people you support to enhance their involvement within the community?

-----  
1                      2                      3                      4                      5

**Teamwork:** This involves working co-operatively with others, being part of a team, working together, as opposed to working separately or competitively. How well do you share responsibility for solving problems, discuss different points of view with others, and bring your ideas forward for consideration?

-----  
1                      2                      3                      4                      5

**Professional Excellence:** Professionals have an ongoing concern for working towards a standard of excellence: The goals and measures that we set for ourselves and the way in which we approach our work each and every day will ensure that we are providing a quality service.

-----  
1                      2                      3                      4                      5

This is not an all-inclusive list but a beginning. There are likely other competencies that we will need to attain in order to help the people we support grow and develop in their own lives. Each situation will require different skills and our challenge is to continue moving along our own learning path.







# Think About Talk About Act On

## *Support Services*

### **Board of Directors:**

- ★ What process are we using to review our policies and procedures to ensure that they reflect The VPA?
- ★ In what ways does the vision and mission of our agency reflect the principles of The VPA?

### **Management:**

- ★ What kinds of supports, direction and supervision do staff need to ensure that they understand this section of the Act?
- ★ How effective is our agency at helping individuals make choices and build relationships?
- ★ What do I need to be effective in my role with respect to implementing support services?

# Support Services –In Review



## BEFORE THE VPA

Individual plans were done by the worker and service provider, sometimes without the individual being present.

A vulnerable person did not have a choice about who attended his/her plan.

Plans only dealt with day to day needs.

An individual might not know what was being recorded and what their plan looked like.

Staff did everything for the individual.

People lived in “residential services” directed by staff.

Staff made all the decisions for the individuals and clustered everyone together. Everyone went to bed at the same time, everyone ate the same food, etc.

Individuals were told where they would live and how they would spend their day.

Individuals were presumed to be incapable and unable to make decisions.

## AFTER THE VPA

⇒ The individual is active in planning and must be present.

⇒ The vulnerable person chooses who they wish to invite to their plan.

⇒ The person is encouraged to share their dreams and goals.

⇒ The process is documented in an open, visual, and creative way.

⇒ Staff support the individual to carry out his/her choices and plans.

⇒ People live in **their own** homes, **supported** by staff.

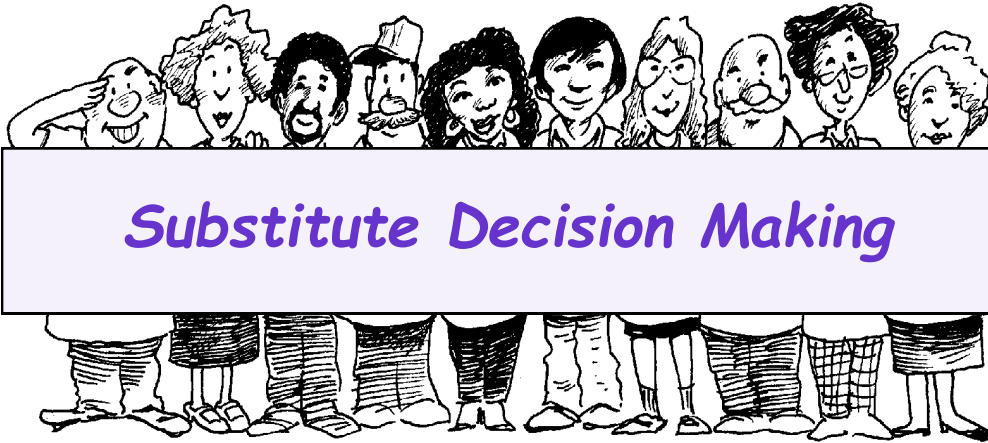
⇒ Individuals make their own choices – what they like to eat, when they want to go to bed, what to wear, etc.

⇒ Individuals choose where to live and with whom and what they would like to do during the day.

⇒ Individuals are presumed to have capacity and the ability to make decisions affecting themselves.







## *Substitute Decision Making*

*Empowerment* is all about  
letting go so that others can get going.

- *Kenneth Blanchard*

## Substitute Decision Making – Definition

---

### What is a Substitute Decision Maker?

A Substitute Decision Maker refers to a person who has been **appointed** by the Commissioner to make decisions on behalf of a vulnerable person in the areas of *personal care* and/or *property*.

\*\*\*A Substitute Decision Maker is only appointed as a last resort.\*\*\*



# Substitute Decision Making – The Process



## How will it happen?

Anyone can apply to initiate the process of appointing a substitute decision maker, when there is a decision to be made.

Most often it is the individual's Community Services Worker who assists in this process.

There is a comprehensive application that needs to be filled out and this can be a challenging process. A process that takes away someone's rights and liberties to self-determination requires careful and thorough reflection and must never be perceived as easy.

Once an application is made there is a preliminary exploration conducted by the Office of the Vulnerable Person's Commissioner.

This will determine if an individual is a vulnerable person as defined in the Act determine if there is a decision to be made. This preliminary work could include gathering records or arranging for assessments if recent ones are not available.

An application to become an substitute decision maker requires a recent criminal records check from the local police department and child and adult abuse registry checks from Manitoba Family Services office in the area. Once the application is completed a hearing will be convened.

## The hearing panel

The Office of the Vulnerable Person's Commissioner is responsible for recruiting and identifying people around the province to participate in hearing panels.

Three people make up each panel. The presiding member is usually a lawyer or someone who understands the process. Panel members are appointed by the Minister of Family Services and can be relatives of vulnerable people, lawyers, and community members. Hearings can take place in every community of the province.

## Who is present at the hearing?

At least seven days in advance of a hearing, notice will be given for the date, time, place, and purpose of the hearing.

Notice will be given to the vulnerable person, the applicant, the proposed substitute decision maker(s), the person's nearest relative(s), and anyone else the vulnerable person or the Commissioner considers appropriate — service providers for residential, educational, occupational, and recreational areas could be included in this list.

Anyone who wishes to attend but is not able to do so in person may participate through a telephone conference call.





### What happens at the hearing?

Hearings can be held anywhere as long as the meeting space offers privacy and will accommodate the number of people likely to attend. Leisure centres, agency meeting rooms and government board rooms are a few likely places.

With the exception of formal opening and closing remarks read by the presiding panel member, the hearing process is an informal one. Hearings last on average of one hour.

Everyone in attendance is encouraged to participate. Panel members will ask questions about the written information and about the vulnerable person's life in general. They will want to know what has precipitated the application. Other questions might centre on how the individual handles money, does their shopping, spends their day, what recreation or leisure activities he/she is involved in.

Once the panel has reviewed all written material and heard from those who have attended the hearing, they draft written recommendations for the Commissioner.

### How is the decision made?

The Commissioner reads the information and the panel's recommendations, listens to the recorded hearing and makes their decision whether or not to approve the application for a substitute decision maker. Notification of decisions takes approximately two weeks.

Any decision that is made by the Commissioner can be appealed to the Court of Queen's Bench by anyone who was given notice to attend and spoke at a hearing, and disagrees with the decision.

### *Recommendations*

are based on —

- ★ whether there is a decision to be made that the vulnerable person could not make with or without a support network
- ★ who should be appointed
- ★ which powers could be granted for the substitute decision maker, and for how long.





# Substitute Decision Maker – Partial Duties



Substitute decision makers are instructed to consult with, explain, and make decisions on behalf of individuals that are in line with the vulnerable person's wishes and/or values. The following excerpts are taken directly from the Act. Contact the Office of the Vulnerable Person's Commissioner if you require clarification.

## **Provide explanations**

**72** A substitute decision maker for personal care (and property) shall make reasonable efforts to explain to the vulnerable person what the powers and duties of the substitute decision maker for personal care (and property) are.

## **Foster independence**

**73** A substitute decision maker for personal care (and property) shall seek to foster the vulnerable person's independence.

## **Encourage participation**

**74** A substitute decision maker for personal care ( and property) shall encourage the vulnerable person to participate, to the extent of his or her abilities, in the substitute decision maker's decisions about his or her personal care.

## **Least restrictive and intrusive course of action**

**75** A substitute decision maker for personal care (and property) shall choose the least restrictive and least intrusive course of action that is available and is appropriate in any particular situation.

## **Decisions on person's behalf**

**76(1)** In making decisions on the vulnerable person's behalf, a substitute decision maker for personal care (and property) shall be guided by the following considerations:

- (a) the vulnerable person's wishes;
- (b) the vulnerable person's values and beliefs, if the substitute decision maker has no knowledge of the vulnerable person's wishes and has used reasonable diligence to ascertain whether there are such wishes;
- (c) the best interests of the vulnerable person, if
  - (i) the substitute decision maker has no knowledge of the vulnerable person's wishes, values and beliefs, and has used reasonable diligence to ascertain whether there are such wishes, values or beliefs, or
  - (ii) the substitute decision maker cannot follow those wishes, values or beliefs without endangering the health or safety of the vulnerable person or another person.



# Substitute Decision Making - Exercise

Blankets are for beds, not people.

Rarely, if ever, are substitute decision makers given total power over another person.

It is wrong to think that the substitute decision maker has 'blanket' decision making authority.

Usually very specific areas are identified and it is very important staff clearly understand which decisions the individual they are supporting are able to make on their own and which are made by the substitute decision maker.

It is also important to remember that even in situations where a substitute decision maker has been appointed, the legislation **requires** that the vulnerable person be consulted. This is a critical point that must not be missed.

There are two main categories that a substitute decision maker could be involved in: **personal care** and **property** (finances). A complete list of the powers that a substitute decision maker may be given are provided on the following pages.

**Question:** Do you know which of the individual's you support have substitute decision makers? What are the specific powers that have been granted?

What plans are in place to help the individual move toward *supported* decision making and a more self-determining life style?

---

---

---

---

---

---

---

---

## Substitute Decision Maker – Powers Granted: Personal Care

---

- (a) *To decide where, with whom, and under what conditions the vulnerable person is to live.*
- (b) *To give, refuse or withdraw consent to health care on the vulnerable person's behalf.*
- (c) *To decide whether the vulnerable person should work, and if so, the nature or type of work, for whom the vulnerable person is to work, and other related matters.*
- (d) *To decide whether the vulnerable person should participate in any educational, vocational training or life skills programs, and if so, the nature and extent of the participation and other related matters.*
- (e) *To decide whether the vulnerable person should participate in any social or recreational activities, and, if so, the nature and extent of the participation and other related matters.*

This gives the substitute decision maker the ability to decide where and with whom the vulnerable person will live. The substitute decision maker may choose an agency that offers residential services, supported independent living in an apartment, a foster family, etc.

A substitute decision maker can, for example, sign for surgery, or consent to a psychological examination on the vulnerable person's behalf. There are some restrictions. (There are some limitations of powers of an substitute decision maker in this section.)

Along with deciding whether the vulnerable person could or should work, the substitute decision maker can also determine the kind of work, the number of hours, and place of work. The substitute decision maker can also negotiate the wage on the vulnerable person's behalf.

The substitute decision maker can decide if the vulnerable person should continue their education, do volunteer work, improve their life skills, or how they will spend their day. This area doesn't include receiving competitive take-home pay.

Along with deciding what type of recreational or leisure activities the vulnerable person will participate in, the substitute decision maker has the right to sign applications or waivers, if necessary, on their behalf.



## Substitute Decision Maker – Powers Granted: Personal Care

---

- (f) *To commence, continue, settle or defend any claim or proceeding that relates to the vulnerable person other than a claim or proceeding that relates to property.*
- (g) *To make decisions about daily living on behalf of the vulnerable person, including decisions regarding support services under Part 2 of the Act.*
- (h) *Any other power specified by the Commissioner that is reasonably necessary for the vulnerable person's personal care.*
- (i) *Any other power that may be specified in the regulations.*

Some examples may include making a medical appointment, arranging for transportation to and from work, hiring a direct service provider for support in a daily requirement such as home care.

In order for this power to be given it must be very specific, for example, if the vulnerable person requires chemical or physical restraints to ensure their safety or others the substitute decision maker has the right to authorize it.

This applies to a power that is specified in the regulations but is not contained in the Act itself.

This grants the substitute decision maker the authority to handle any claim involving the vulnerable person that is not related to the vulnerable person's property. Examples could include a civil action for assault against or by the vulnerable persons, a personal injury action, actions in negligence against a professional acting on the vulnerable person's behalf. (There are some limitations of powers of an substitute decision maker under this section.)



# Substitute Decision Maker – Powers Granted: Property

---

- (a) *To purchase, sell, dispose of, encumber or transfer personal property.*
- (b) *To purchase, sell, dispose of, mortgage, encumber or transfer real property.*
- (c) *To transfer property held in trust by the vulnerable person, either solely or jointly with another, to the person beneficially entitled to it.*
- (d) *To exchange or partition property or give or receive money for equality of exchange or partition.*
- (e) *To grant or accept leases of real or personal property, or give a consent to a transfer or assignment of a lease, to surrender a lease, with or without accepting a new lease, or accept a surrender of a lease.*
- (f) *To receive, deposit and invest money.*
- (g) *To draw, accept and endorse bills of exchange and promissory notes, endorse bonds, debentures, coupons and other negotiable instruments and securities, and assign choses in action.*
- (h) *To give or receive a notice on behalf of a vulnerable person that relates to his or her property.*

Personal property involves personal items such as household furniture, a vehicle, or any item that is not considered to be real property.

Real property refers to land and dwellings on the land—anything considered unmovable.

This applies when the vulnerable person holds property in trust for another person.

In cases where the vulnerable person shares legal ownership of personal or real property the substitute decision maker can exchange or divide this property for equal or fair market value.

The authority is granted to the substitute decision maker if the vulnerable person must sign a lease — to rent an apartment, or lease equipment, a vehicle, or land.

This refers to money only.

Simply stated, the substitute decision maker can pay bills on behalf of the vulnerable person.

This refers to personal and real property and enables the substitute decision maker to receive notices on behalf of the vulnerable person, such as investment notices, banking statements, etc.



## Substitute Decision Maker – Powers Granted: Property

---

- (i) To carry on the vulnerable person's trade or business.
- (j) To exercise a power or give a consent required for the exercise of a power vested in the vulnerable person.
- (k) To exercise a right or obligation to elect, belonging to or imposed on the vulnerable person.
- (l) To execute any documents on behalf of the vulnerable person that are necessary to comply with The Homesteads Act.
- (m) To commence, continue, settle or defend any claim or proceeding respecting the property of the vulnerable person.
- (n) To compromise or settle a debt owing by or to the vulnerable person.
- (o) To make expenditures from the vulnerable person's property for gifts, donations or loans;
- (p) Any other power specified by the Commissioner that is reasonably necessary for the management of the vulnerable person's property.
- (q) Any other power that may be specified in the regulations.

Depending on the type of business, the substitute decision maker could, for example, hire staff, negotiate a line of credit, consult with an accountant, or other activities related to operating a business.

If the vulnerable person has responsibilities under a trust as a trustee, the substitute decision maker can approve actions.

In cases where the vulnerable person holds corporate shares, the substitute decision maker can select or vote on behalf of the vulnerable person.

If the vulnerable person is married the substitute decision maker can consent to disposition of a homestead on behalf of the vulnerable person.

Here the substitute decision maker is authorized to begin or continue settling any outstanding property claims, such as a mortgage foreclosure. (There are some limitations of powers of an substitute decision maker in this section.)

An example here would allow the substitute decision maker to negotiate with a creditor repayments of debts or item returns. Not limited to money, this can include any type of agreement.

This would allow the substitute decision maker to purchase a gift, make a charitable donation, or loan money to the vulnerable person's relative.

Arranging for the preparation of the vulnerable person's income tax or applying for GST are some examples which apply here.

This applies to a power specified in the regulations but is not contained in the Act itself.



## Substitute Decision Making – Heather's Story

*Heather* is a 43-year-old woman who lives in an apartment with a roommate. She is able to write cheques with guidance and has someone help her organize her budget, and she has help to prepare some meals. Heather takes a bus to work. She has a support network including her mother, brother, and a friend who used to be her staff years ago. Heather turns to her support network to help her make many of her decisions. Under legislation this is called supported decision making.

Recently, Heather has experienced some health issues and may require an operation. Heather's doctor met with Heather and some members of her support network. Everyone agreed that Heather was not able to fully understand the implications of making this decision. As a result a hearing panel process was initiated and a substitute decision maker was identified and granted under personal care power (b) only.

Heather's father died and left her a substantial sum of money. An substitute decision maker has been appointed to make decisions on how to invest and use this money. The powers (f) and (g) under property have been granted.

**Question:** In what ways can you assist a person who has a substitute decision maker to gain skills and competencies that would facilitate movement from substitute to supported decision making?

---

---

---

---

---

---

---

---

# Substitute Decision Making – Commonly Asked Questions

---

1

*What should we do if we think that a substitute decision maker is making all the decisions for the vulnerable person with out consulting him or her?*

The substitute decision maker is required to make reasonable efforts to consult with the vulnerable person and make decisions that are in keeping with the vulnerable person's own wishes, values and beliefs. Fostering independence and encouraging participation in the decision making process is also essential.

A substitute decision maker needs to be in contact with the vulnerable person frequently, attend planning sessions and be part of follow-through on those plans. If you believe that the substitute decision maker is not consulting the vulnerable person before making decisions as described above, tell your supervisor about your concerns and ensure that the community service worker is contacted.

2

*A substitute decision maker's term expired and was automatically renewed. How can this be?*

The legislation does allow for a renewal to happen without a hearing panel.

When an appointment expires, the Vulnerable Person's Commissioner requests a report from the SDM and the community services worker.

The report provides information on the vulnerable person's circumstances and whether there is a continuing need for decisions to be made on his or her behalf.

The Commissioner reviews the report and decides whether or not a hearing panel is needed. If a hearing panel is not being held, a notice is sent to the people who attended the original hearing.

**It is important to know that if there is an objection, a hearing panel must be convened.** Anyone, at any time can make their concerns known to the community service worker or directly to the Commissioner.





## Substitute Decision Making – Commonly Asked Questions

---

3

*I support an individual who has a SDM. She would like another hearing to discuss moving toward supported decision-making. Is this possible? How can this be done?*

The Act, under Division 7 indicates that any person may apply to the Vulnerable Persons Commissioner to initiate the process of changing the substitute decision maker. The review of the request may or may not involve a hearing panel. The individual's support network, you as a staff person, or the individual him/herself can initiate such an application.

It is always important for us, as service providers to be helping individuals take more of an active role in making their decisions. The whole concept of the legislation in fact focuses on this very issue. It is also the responsibility of the SDM to be keeping this important goal in mind. Consider initiating a discussion between the person you support, the SDM, the community service worker and anyone else the person chooses. Working towards this end goal also needs to be addressed in formal planning meetings.

4

*One person I support has a SDM but he rarely sees or talks with him. Shouldn't the SDM be meeting with the vulnerable person every so often to find out what he wants in his life?*

As noted in question 1, there is an expectation that a substitute decision maker will be in regular contact with the person for whom he/she makes decisions. How else can they encourage independence and take into consideration the vulnerable person's wishes?

Some important questions to consider — how is the SDM gathering information to ensure that their decisions are in keeping with the person's wishes? What process is being used to facilitate the move towards more supported decision making? Does the SDM understand his/her role?

If you have a relationship with this person or are comfortable, initiate a discussion around these issues. If you are uncomfortable with discussing these issues, please contact the community service worker or the Office of the Vulnerable Person's Commissioner.



# Think About Talk About Act On

## *Substitute Decision Making*

### **Board of Directors:**

- ★ Do our job descriptions outline the important role of establishing networks for the people we support? In what ways?
- ★ If not, what modifications need to be made and who is responsible for taking that action?
- ★ How are we training and supporting staff in this regard?
- ★ What do we need in our role as board members and managers to increase our understanding in this area?

### **Management:**

- ★ In what ways are we helping the people we support, make their own decisions, even when there is a substitute decision maker?

# Substitute Decision Making – In Review



## BEFORE THE VPA

People with intellectual disabilities were often put ‘*under an order of supervision*’. This meant that the Public Trustee’s office in Manitoba was responsible for making most decisions for many people. In other words, people had **no rights under the law** to make their own decisions about how they wanted to live their lives, where or with who they wanted to live, how they spend their money, where they vacation, etc. They were considered **incompetent**.

It took two doctors’ signatures to proclaim an individual incompetent and in some cases the doctors were not even acquainted with the individual. Individuals with intellectual disabilities, their families or friends had no say in this process.

Having a label, being viewed as ‘incompetent’ and invoking an *order of supervision* was a **first resort**.

It was virtually impossible to get out from under an order and a person had to get a lawyer and go to court to work through that process.

Once a person was under an *order*, it was for life.

Even if there were only certain decisions that a person was not able to make, they *lost the right to make any and all decisions*, under an *order of supervision*, and for the duration of his/her life.

## AFTER THE VPA

People with mental disabilities are **presumed to have capacity** and taking away a person’s right to choose is to be considered only **as a last resort**.

We are constantly learning how to support people to live in their lives and make decisions that fit with their value base.

We are beginning to understand that “competency” is a broad, flexible and very individualized concept. Families and friends are very much part of this whole process.

In addition, we now know that:

- ★ A substitute decision maker can only be identified when there is a decision to be made. It is not meant to be put in place “just in case.”
- ★ There are very specific powers that a substitute decision maker is given. This ensures only those decisions that need to be made are involved in this process.
- ★ People may need an substitute decision maker in one portion of their lives but can handle other decisions by themselves . . . this is the spirit of this section of the Act.
- ★ A substitute decision maker can never be assigned for more than five years. If there are still decisions to be made after the term expires, the process starts again.

Under the Act, staff or paid supports can **never** be a substitute decision maker. There is **no place in the legislation that identifies staff as being able to make decisions for the individuals they support**.

This may well be the most challenging part of the Act for staff to truly understand and implement each and every day.





## *Protection from Abuse or Neglect*



*Dignity* consists not in possessing honours, but in the consciousness that we deserve them.

— Aristotle



# Protection from Abuse or Neglect



## Protection from Abuse or Neglect

The Vulnerable Persons Act requires by law that service providers and substitute decision makers, **must** report abuse or neglect, or suspicion of abuse or neglect of the vulnerable persons they support.

## What is Abuse?

Abuse is about someone misusing his or her power over someone else. Abuse may be intentional or non-intentional, and can be a combination of actions.

## Understanding the True Nature of Abuse

As service providers, we have a moral responsibility to act on every incident where there is a misuse of power, whether it is defined as abuse under the Act or not.

The dilemma we have is that abuse is not always as clear as theft or sexual assault, bruises or threats.

As distasteful as this issue is for all of us, our job as service providers is to familiarize ourselves as much as possible with the types of abuse that may happen, the indicators we may see with the vulnerable people we support, and what we do when we know of or suspect that someone is or has been abused.

There are a range of behaviours and practices that are abusive and/or neglectful.

They may appear to be subtle or perceived to be less hurtful, such as yelling at or calling someone a disrespectful name — or more visible and harmful such as bruises, burns or loss of money. Or it may be anywhere in between.

We must take the stance that every time one person misuses his or her power over someone else, it is serious business and not to be tolerated. It is always our responsibility to report it.

It is not for us to assess how damaging we believe an act has been for a victim. Any act of abuse causes harm to the victim.

**Remember—This is the law and we must follow it!**



# Protection from Abuse or Neglect



## Handling disclosures and reporting

All incidents of misuse of power/abuse must be reported. There are many ways to report abuse or suspected abuse; these include speaking or reporting them to your executive director/supervisor, to the community services worker, or directly to the police.

It is your job to follow the procedures that your agency has in place around this issue.

If you don't know or are unsure of your agency's policies and protocols around this issue . . . ask!

## Investigations

Manitoba Family Services will investigate incidents that fall under the Act. Their staff are trained to ask questions and gather information in an appropriate manner.

It is not the job of agency staff to investigate.

Though you may be well-intentioned when you ask questions of the victim, you may inadvertently discredit an investigation if you do it inappropriately.

Your obligation is to **ensure that the individual is safe and report it**. It is important to note that you need only report your knowledge or suspicions; others will investigate and determine whether or not there has been abuse or neglect.

If the incident is considered 'criminal' in nature, it will be referred to the police.

Our job, as agencies is to cooperate with the police investigation and provide whatever information is required.

## Zero Tolerance

Agencies must adopt a zero tolerance policy to any and all acts of abuse, neglect, undignified behaviour, disrespectful practices, etc. That means that service providers are responsible for developing a comprehensive policy, staff training strategy, and protocol to ensure that every incident where power is misused is dealt with internally in an appropriate way.

A sample template of a policy is included in the Board section at the end of this book. It is intended to be used as a guide to help your agency work through the process of developing your own policy.

## Types of Abuse

The VPA identifies **six** overall categories of abuse and neglect.

It is important that you understand each type of abuse and the various behaviours that an individual might exhibit if he/she is being victimized.



## Type of Abuse

### PHYSICAL

*Actions that cause or could cause pain, injury or death, including force or threat of force to a vulnerable person, such as:*

- Handling a person roughly or shoving them
- Shaking, hitting, kicking, punching, or biting
- Throwing, or burning
- Unauthorized restricted or restraining procedures (*momentary restraint is permitted only in an emergency*)
- Unauthorized or improper medical administration

### INDICATORS

- Unexplained marks on the body such as
  - > burns, rope burns, patterned burns
  - > bites, welts, or blisters
  - > injuries forming a pattern (teeth, belt, hand print)
- Broken bones, fractures, dislocations
- New injuries before old ones heal
- Change in behaviour including:
  - > insomnia, nightmares, fatigue, vacant stares
  - > eating habits, wary of others, reluctance to talk
  - > extreme behavioural responses
  - > indiscriminate behaviour/boundaries



## Type of Abuse

### PSYCHOLOGICAL/EMOTIONAL

*Actions or omissions by a person that causes or could cause emotional trauma, stress or anguish and detracts from the quality of life for the vulnerable person, including:*

- Actions or omissions that are humiliating, degrading, rejecting, ignoring, intimidating or terrorizing for the vulnerable person
- Excessive and repeated demands upon the vulnerable person that he/she cannot meet
- The use of threats, demeaning language (written or verbal) or gestures toward the vulnerable person
- Denying or restricting the vulnerable person access to family and friends

### INDICATORS

- Unexplained changes such as speech disorder, sleep disorder, presence of psychosomatic complaints, involuntary twitching of muscles
- Regressive behaviour, hyperactive/disruptive behaviours
- Too adaptable or compliant, excessively passive or apologetic
- Unusual fear of consequences
- Threatened or attempted suicide
- Statements of being uncared for, unloved, being 'no good'
- Compulsively clean or neat
- Anxiety about returning to certain places
- Lack of attachment to caregiver and others

## Type of Abuse

### SEXUAL

***Refers to any sexual advances, exploitation or behaviour by any person toward a vulnerable person without that person's informed consent, such as:***

- Sexual harassment deemed as any conduct, comment, gesture or contact of a sexual nature that is likely to offend or humiliate the vulnerable person
- Fondling, masturbation, penetration
- Any exploitation of the vulnerable person for the purposes of pornography or prostitution
- Any sexual activity between a vulnerable person and their service provider, even with the vulnerable person's consent
- Any perceived or actual power by a person to gain sexually from a vulnerable person

### INDICATORS

- Pain while walk or sitting with evasive/illogical explanation
- Significant change in sexual behaviour
- Stained, torn or bloody clothing or undergarments
- Semen in mouth, genitals, or on clothing
- Pain, swelling, itching in genital area or painful urination
- Bruises, bleeding or lacerations in genitalia or anal areas
- Vaginal infection, sexually transmitted disease, vaginal or penile discharge, or pregnancy in a sexually non-active person
- Sore throat (possibly choked or forced oral sex)
- Post-traumatic stress symptoms (regressive behaviour, sudden fears/phobias, alcohol/drug abuse, personality change and self-mutilation)
- Reactions related to sexual abuse (inappropriate sexual behaviour, sexually aggressive, bizarre sexual behaviour, overly seductive, adverse to sexual intimacy, extreme mistrust, confusion about sexual identity and/or boundaries or love)

## Type of Abuse

### FINANCIAL

***Defined as the unauthorized or illegal use of a vulnerable person's funds and other personal property, including:***

- Improper use of funds/property contrary to the individual's financial plan
- Persuading a vulnerable person to work or provide personal services for inadequate compensation
- Using the individual's funds/property for personal gain

### INDICATORS

- Confusion about own finances/belongings when not usual for this individual
- Theft by the use of undue influence, harassment, duress, deception, false representation or false pretences
- Minimal clothing/personal belongings although the individual has income and resources
- Lack of money and disappearance of personal belongings without valid explanation
- Unexplained change in spending habits
- Money unexplainably missing

## Type of Abuse

### NEGLECT

*Generally refers to chronic failure or omission by a person to provide the necessities of life and to provide care and supervision appropriate to the vulnerable person's age or development and can include:*

- Repeated failures or omissions that could result in serious physical harm or illness, psychological harm or loss of personal property
- The incident can be a one-time event that results in or could result in serious physical harm or illness
- Necessities of life include food, clothing and shelter
- Care and supervision includes protection from harm and the provision of appropriate personal hygiene and health care
- Neglect includes the repeated failure to administer medications as prescribed

### INDICATORS

- Underweight, overweight, fatigue, listlessness, lethargy
- Hunger, dehydration
- Pale, thin, unkempt looking
- Poor physical hygiene (skin rashes, dirty hair, body odour)
- Consistent lack of supervision
- Dull, passive, inactive, depressed or withdrawn
- Frequent absences or arriving very early or leaving late
- Inappropriate or inadequate clothing for the weather
- Clothing dirty or torn
- Constant squinting while reading
- Swollen eyes or ankles, decayed or no teeth
- Bites, fleas, sores, lesions or lacerations
- Untreated injuries, medical/dental needs not attended to
- Untreated pressure sores
- Drunk, overly medicated
- Lying in urine, feces, old food

# Protection from Abuse and Neglect – A Staff Story



*Tracy's Story* I have recently begun working in a group home where four women live. All the other staff, including the Manager, have been working there for over four years, some as long as eleven years. I've known since I started that there was stuff happening that I was uncomfortable with — things like staff yelling at residents, staff basically running everything that goes on in the home, people being sent to their rooms when they are "bad." One man was told he would not be allowed to phone his mom if he didn't behave at dinner.

When I first started I was unsure but after attending a VPA workshop I am now convinced that these things are wrong and need to change.

At the staff meeting last Monday I asked whether sending people to their rooms was the best way of handling a situation and was basically told that I was too new and needed to listen and learn from the staff that have been there for a long time and know what they're doing.

I'm very confused. I like this job although I guess if I can't stand it I could try to find another one. But what happens to the people who live there? I'm pretty sure that things happening in this home are abusive.

Tracy, your initial instinct is absolutely correct.

What you are describing is a very old, archaic and controlling practice.

It is **not** how we are instructed to provide services today.

You are correct in that you have the option of just working elsewhere. As you have noted however, the people living in the group home do not have that option, at least not without someone advocating for them.

More importantly, according to the Vulnerable Persons Act, you legally **must** report what you are seeing to Manitoba Family Services Office. Community Living Manitoba may also be able to support you in

this process.

Group homes and Day programs around the province are realizing that they must change the way they support people. The first step is ensuring that the Board, Management and staff understand that this controlling way of providing service is no longer acceptable. Only then can a change process begin.

Tracy, it sounds like you are working in a home where they have not yet begun to understand. It is your responsibility to take action.



## Protection from Abuse or Neglect – Exercise

**Questions:** Describe 3 incidents that you have witnessed personally, where you or another staff have handled a situation in a way that might cross the line from support to misuse of power.

---

---

---

How safe do you feel discussing these issues in staff meetings and/or with your supervisor?

---

---

---

What are the barriers that get in the way of you and/or your colleagues discussing this in a more open way?

---

---

---

What are some concrete suggestions that your agency could adapt in helping take this issue of power/control and misuse of power and control 'out of the closet'.

---

---

---



# Think About Talk About Act On

## *Projection from Abuse and Neglect*

### **Board of Directors:**

- ★ How do we define abuse and neglect? Be specific.
- ★ How are we ensuring that our policies reflect a zero tolerance attitude towards abuse?
- ★ How do we know that everyone in the organization (management, staff, individuals that we support) clearly understands what we mean by abuse?
- ★ In what ways are we monitoring this issue within our agency?

### **Management:**

- ★ What am I doing to create a safe environment where issues relating to control, misuse of power and abuse are discussed openly?



# Protection from Abuse or Neglect – In Review



## BEFORE THE VPA

Prior to the VPA, agencies and service providers had total control over peoples' lives.

The model of service was to direct and protect. It was believed that people were incompetent, in fact the Mental Health Act (previous legislation) mandated us to control individuals therefore this model made perfect sense.

We taught people to be obedient and to fit into our services.

We had the power to make daily decisions on behalf of people. We didn't let people make their own choices; we determined it for them.

How people lived their lives was within our control.

We did not understand the grave importance of teaching people to say "no" or to live their own lives, dreams and values. We did not realize that maintaining total control over the people we support has been part of the problem.

We have helped people learn to obey us and be good *clients*. We didn't realize how important it would be to assist people to live their own lives, state their own opinions and be full citizens. We were afraid to let people to take risks.

When people acted in a way that we deemed "inappropriate" we said they were "behavioural problems," and there were consequences. We decided that there would be, for example, no coffee, coffee only in the morning, only one cup a day, only decaf, etc. We set "bath nights" and "bed times."

## AFTER THE VPA

**We identify** the ways in which we are inadvertently misusing our power, and we learn how to do our jobs differently.

**We recognize** that stopping the misuse of power is one of our core functions.

**We understand** the importance of transferring and letting go of the power and control that we, as service providers have held.

**We assist people** to find their voices.

**We listen** to what people say.

**We are supporting people** when they say "no" and recognizing that people say no in different ways.

**And finally . . .**

**We understand that ALL misuse of power is "abuse" and we must report any abuse or suspected abuse.**







## *Board of Directors Information*



*“Aude aliquid dignum”  
Dare something worthy*

## Board of Directors – A Message



*This* book has been created to help agencies providing services to people with intellectual disabilities understand the implications of the Vulnerable Persons Act.

As you read through the descriptions, stories, and questions, you will find that most of it specifically focuses on staff and management.

It is our intent that Board members work through each section with agency staff so that all the key people in the organization are learning and growing together.

The Act requires a *shift in thinking* and that has been addressed throughout the book. Part of the shift requires agencies to **revisit the policies and procedures** that have been put in place by the Board of Directors to ensure that they are not in conflict with the spirit of the Act.

Experience tells us it is important to regularly review policies and procedures to ensure they are in compliance with current laws and accepted practice.

The intent of some of the original policies service provider organizations had in place was to *direct, protect and control* the individuals that were placed in their care. Revised policies now focus on how agencies **facilitate, enable, and support** people to live their own lives, make their own choices, etc.

Throughout the book it is often suggested that staff, management and the Board work through this process together and if needed, get help.


We urge Boards of Directors around the province to contact Community Living Manitoba for assistance.

Community Living Manitoba can either help you directly or refer you to other individuals or Boards that are involved in the same process.

**Remember . . .** The Vulnerable Persons Act is the existing legislation that we must follow.



# Board of Directors – The Change Process



After reading and working through this book, Boards may begin to have an understanding of things they need to look at and review within their organization. The concept of a “change process” has three informal stages that will likely be part of this process. Remember, reaching out for assistance during this potentially confusing time, is highly recommended.

*The 1st stage* and sometimes the most challenging stage for agencies and service providers is the initiation of **self-examination** — an honest look at how we are doing our jobs today in relation to what the VPA instructs us to do,

This can be a demanding process for everyone, who may feel the need to defend what they do and in some cases have been doing for years.

It is not unusual for people to experience anger at the notion that they are 'doing it wrong' and be fearful of the next step.

In reality they are not doing it wrong. They are just continuing to provide services the way they have been provided for decades.

This first stage takes time and patience for everyone to work through the emotions that the concept of change creates.

**Remember, it is not about feeling bad about what we do or have done—it is about feeling excited as we begin to open up to new ways of thinking.**

*The 2nd stage* is a process of **recreating the vision**, and this phase is ongoing. Once people begin to have clarity and an understanding of what it is that needs to change, they must then begin to recognize how they will do their jobs differently.

This involves identifying and dissecting the various functions that agencies are involved in, a change in language, attitudes, policies, and general understanding of a redefined role for each of the stakeholders.


*The 3rd stage* is the **development of the plan**. A change process doesn't just happen because we go to a workshop or read a book. It is a day-by-day personal commitment to do things differently.

It involves accountability, communication, dedication and a willingness to try something new — over an extended period of time. Agencies must continue providing their supports and services each day, and somehow include time to begin/continue analyzing, reviewing and modifying what they do. Ultimately the Board and senior staff that will coordinate and manage the process, must ensure that the process stays on course.

**The Legislation Points the Way!**



# Board of Directors – Agency Policies in Review



*Here are some examples of Board and Agency policies that reflect the paradigm shift. It demonstrates the importance of Boards of Directors reviewing not only the substance of the policies but the language. Having read through this book you now have a more thorough understanding of the principles of the VPA. This will equip you to review and update your policies.*

## BEFORE THE VPA

### 1. Mission Statement

ABC Inc. provides safe, home-like group homes for mentally disabled people.

### 2. Staff Directive

Staff are responsible for protecting clients to live in safe environments, ensuring that they eat 3 healthy meals a day, wear appropriate clothing, and attend programs that they have been placed in.

### 3. Staff Training

Management will ensure that all staff have the required CPR/first aid, and non-violent crisis training courses completed.

## AFTER THE VPA

### 1. Mission Statement

Innovations Inc. (formerly ABC Inc.) is committed to supporting persons with intellectual disabilities to live their lives within the context of self-determination and choice.

### 2. Staff Directive

In keeping with the spirit of the Vulnerable Persons Act, staff are expected to support individuals to make their own choices, and to be in regular contact with the substitute decision maker if there is one appointed. This includes when, how and what individuals choose to eat, communicate, wear, spend their days, etc.

### 3. Staff Training

Management will provide a range of training and educational opportunities for purposes of professional development. This is intended to equip staff with the tools that they will require in order to fully support individuals to live their own lives, make their own choices (as per VPA Guiding Principles).



## *Sample Abuse and Protection Policy for Agencies*

<b>Policy:</b>	Innovations, Inc. maintains a zero tolerance policy towards all abuse/neglect/undignified treatment.
<b>Objectives:</b>	<ol style="list-style-type: none"> <li>1. People supported by Innovations, Inc. are protected from any and all abuse/neglect/undignified treatment.</li> <li>2. Incidents of abuse/neglect/undignified treatment are identified, reported, and dealt with appropriately, as required.</li> <li>3. The issue of power and control is addressed on an ongoing basis, as instructed by the guiding principles, of The Vulnerable Persons Living with Mental Disability Act .  Staff, in particular, are involved in discussions on an ongoing basis that focus on the need to transfer the power and control they have traditionally held, to the individuals they support.</li> <li>4. Innovations Inc. works towards proactive ways of safeguarding individuals.</li> </ol>
<b>Definitions:</b>	<p>In this section, it is important that each agency clearly and in detail, define exactly what it is that will not be tolerated. (See definitions of abuse in this book)</p> <ol style="list-style-type: none"> <li>1. Physical Abuse</li> <li>2. Sexual Abuse</li> <li>3. Emotional Abuse</li> <li>4. Financial Abuse</li> <li>5. Neglect</li> </ol> <p><b>Disclosure</b> – is a statement made either verbally or in writing in which an individual supported by Innovations Inc. communicates to staff, volunteer, etc.</p>

## *Sample Abuse and Protection Policy for Agencies*

<b>Definitions:</b>	<p><b>Incident Report</b> – is a statement made verbally or in writing of a suspected or known case of abuse, either intentional or non-intentional. Staff of Innovations Inc. must report, by law, to a supervisor within the organization, and Manitoba Family Services.</p>	
	<b>Step 1:</b>	<p>Ensure the immediate safety of the individual and anyone else involved which may mean removing the vulnerable person from a specific environment.</p>
	<b>Step 2:</b>	<p>Assure the individual that you believe him/her. Record word for word what he/she has disclosed. Do not ask any questions. It is not your role to investigate.</p>
	<b>Step 3:</b>	<p>Report the incident immediately to your supervisor, and Manitoba Family Services and Labour. If the person is in immediate danger, contact the police.</p>
<p><b>DO NOT ASK QUESTIONS. DO NOT INVESTIGATE.</b></p>		
<b>Incident Follow-up:</b>	<p>Manitoba Family Services will investigate if the abuse falls under the Vulnerable Persons Act. They may refer it to the police if there are criminal implications. <i>(see Protection booklet prepared by Family Services for more information)</i></p>	
	<p>Innovations Inc. will investigate if the incident does not fall under the Vulnerable Persons Act but is included within the definition of this policy.</p>	



## *Sample Abuse and Protection Policy for Agencies*

<b>When staff is suspected of abuse:</b>	Though Innovation Inc.'s response will be individualized based on the specific situation; some or all of the following steps may be taken:
	1. The shift of the staff that has been identified as the alleged abuser may be changed.
	2. The staff in question may be paired with another staff during the time of the investigation.
	3. The staff may be moved to another work location during the time of the investigation.
	4. The staff may be suspended with or without pay until the investigation is complete.
	5. The staff may not be permitted to have any communication with individuals receiving support from Innovations, Inc.
	6. In the case of a staff suspended without pay, Innovations Inc. may allow the staff to use accumulated vacation and/or sick days.
	7. During suspension with pay the staff's benefits will continue to accumulate at the regular rate, and regular deductions including group insurance, RRSP, etc. If the suspension is without pay, no benefit will be accumulated during the suspension.
<b>Confidentiality will be maintained on ALL levels.</b>	
	Innovations Inc. recognizes that this will be a stressful time. We will remain impartial during an investigation, which will limit the amount of support we will be able to provide to the staff in question. We will make every effort to provide to that staff a list of community resources that may be helpful to them.



# A New Way of Thinking



If you've come this far and worked through this book, you are beginning to understand why the Vulnerable Persons Act is called "a new way of thinking." It is legislation that challenges us all to examine how we think about individuals with intellectual disabilities, the language that we use to speak about them and the kinds of supports that agencies provide.

For years people with intellectual disabilities have been seen as disabled first. We created services and then expected people to fit in. **They** were expected to do the changing. Through study and discussion, we learn that the Act, its concepts and principles, are a foundation that can bring opportunities into the lives of the people, but in order to do so, **WE** must now do the changing.

We may well be one of the earliest generations that are able to watch individuals with intellectual disabilities actually begin making the move from living as clients to citizens. This is an exciting time in the movement because we have the opportunity to impact long lasting changes.

Understanding the principles **and** living them each day as we support people will likely be the most challenging work that we do. While reflecting and acting on

these principles, it is important that we focus on the **capacity** of individuals. The value of doing so can and will transform how we support people. After all, Orville and Wilbur Wright didn't contemplate staying grounded in order to generate their first successful flight. Thomas Edison did not concentrate on darkness while conducting over 10,000 experiments to develop the light bulb.

If we want the people who we support to learn about and embrace their own power or talents, we must focus on their giftedness and capabilities.

We share the responsibility of creating our environments. Role modelling and demonstrating leadership becomes everybody's job.

Instead of managing people we have the opportunity to inspire and motivate. In doing so we create quantum shifts in how we as a society think and act. This is a powerful idea whose time has come. By following this path we create a trail for others to follow.

It is the gift of the legislation. It is the legacy we leave behind!

*Rose Flaig & Marsha Dozar*



*Throughout* history, people with physical and mental disabilities have been abandoned at birth, banished from society, used as court jesters, drowned and burned during the Inquisition, gassed in Nazi Germany, and still continue to be segregated, institutionalized, tortured in the name of behaviour management, abused, raped, euthanized, and murdered. Now for the first time, people with disabilities are taking their rightful place as fully contributing citizens. The danger is that we will respond with remediation and benevolence rather than equality and respect. And so we offer you . . .

# A Credo for Support

Do Not see my disability as the problem.  
Recognize that my disability is an attribute.

Do Not see my disability as a deficit.  
It is you who see me as deviant and helpless.

Do Not try to fix me because I am not broken.  
Support me. I can make my contribution to the community in my way.

Do Not see me as your client. I am your fellow citizen.  
See me as your neighbour. Remember, none of us can be self sufficient.

Do Not try to modify my behaviour. Be still and listen.  
What you define as inappropriate may be my attempt to  
communicate with you in the only way I can.

Do Not try to change me, you have no right.  
Help me learn what I want to know.

Do Not hide your uncertainty behind "professional" distance.  
Be a person who listens, and does not take my struggle  
away from me by trying to make it all better.

Do Not use theories and strategies on me. Be with me.  
And when we struggle with each other, let that give rise to self  
reflection.

Do Not try to control me. I have a right to my power as a person.  
What you call non-compliance or manipulation may actually be the  
only way I can exert some control over my life.

Do Not teach me to be obedient, submissive and polite.  
I need to feel entitled to say "No" if I am to protect myself.

Do Not be charitable towards me.  
The last thing the world needs is another Jerry Lewis.  
Be my ally against those who exploit me for their own gratification.

Do Not try to be my friend. I deserve more than that.  
Get to know me. We may become friends.

Do Not help me, even if it does make you feel good.  
Ask me if I need your help.  
Let me show you how you can best assist me.

Do Not admire me. A desire to live a full life does not warrant adoration.  
Respect me, for respect presumes equity.

Do Not tell, correct and lead.  
Listen, Support and Follow.

Do Not work on me.  
Work with me.









# Acknowledgements



Community Living Manitoba wishes to thank the many people representing both community agencies and Manitoba Family Services – Community Living disABILITY Services Program. This book has truly been a collaborative effort that represents the work, thinking, and creativity of dozens of people.

In particular, we thank

- ★ Rose Flaig and Marsha Dozer who originally penned this guide.
- ★ Terry Masse and Val Kelberg from Manitoba Family Services who provided frequent assistance and feedback, ensuring that the information in the book is accurate and clear.
- ★ Office of the Vulnerable Person's Commissioner
- ★ Management and Staff of:
  - ACL-Selkirk
  - L.I.F.E.
  - Simaril, Inc.
  - WASO
- ★ Board of Directors, Community Living Manitoba
- ★ Bob Manwaring, who worked towards the ideals and principles reflected in the Act and provided gentle leadership to all of us.

And everyone else, who along the way, provided formal and informal assistance through the day to day questions, issues, struggles, and successes in their support of vulnerable persons.

Originally Written and Produced by: Marsha Dozar and Rose Flaig

Original Graphics & Lay-out: Rose Flaig  
Hodge Podge Lodge

With support from: Employment and Skills Development Canada

Updated: July 2014, Community Living Manitoba



# Resources

## Community Living Manitoba

6-120 Maryland Street  
Winnipeg, MB  
R3G 1L1

204-786-1607  
Email: [aclmb@aclmb.ca](mailto:aclmb@aclmb.ca)  
Website: [www.aclmb.ca](http://www.aclmb.ca)

## Family Services - Provincial Services

Location	Phone/Email
102 - 114 Garry Street Winnipeg MB R3G 1G1	204-945-2197 Toll-free: 1-877-587-6224 Email: <a href="mailto:provservic@gov.mb.ca">provservic@gov.mb.ca</a>
PO Box 3000 203 South Railway Street East Killarney MB	204-523-5230 Toll-free outside Killarney, Manitoba: 1-800-563-8793 Email: <a href="mailto:incsup@gov.mb.ca">incsup@gov.mb.ca</a>

## Vulnerable Persons' Commissioner

### **Office of the Vulnerable Persons' Commissioner**

305 - 114 Garry Street  
Winnipeg MB R3C 4V4  
Phone: (204) 945-5039  
Toll-free: 1-800-757-9857  
Fax: (204) 945-5668  
Email: [dpelcc@gov.mb.ca](mailto:dpelcc@gov.mb.ca)

## Adult Abuse Registry

2nd Floor 777 Portage Avenue  
Winnipeg, MB R3G 0N3  
Phone: (204) 945-4934  
Toll-free: 1-800-855-0511  
Fax: (204)-948-3388  
Email: [aar@gov.mb.ca](mailto:aar@gov.mb.ca)

