Ministère de la Santé et des Services sociaux

Social Services Program Branch

Regulation respecting the classification of services offered by an intermediate resource and a family-type resource

User guide: Form for the determination and classification of support and assistance services

Non-official translation /CSSSPNQL

UN QUÉBEC POUR TOUS

Québec

CHAPTER 2

FORM GUIDELINES

The following guidelines were used in developing the *Form for the determination and classification of support and assistance services.*

Primacy of the user's needs

The basic and specific needs of a user determine the services to provide by a resource. The determination and classification of services is therefore made specifically for a user and only apply for that user in a given resource.

Services to provide for the user

The Form is simple in that it focuses primarily on what services the resource must provide to meet the user's needs. Although essential for the determination of the services to provide for the user, the evaluation of the state of health and condition of the user is not included in the Form.

Continuum of services

The use of the Form is part of a continuum of services. It represents one of the clinical components of a broader process which follows the user's evaluation results and the user's situation and the development of an intervention plan by the institution. There is a dynamic continuum of services to be reviewed based on the development of the user's situation. (see Figure 1)

Transversality

The Form is unique in that it applies to all clients, adults and children, of all service programs, whether for a user assigned to an IR or an FTR.
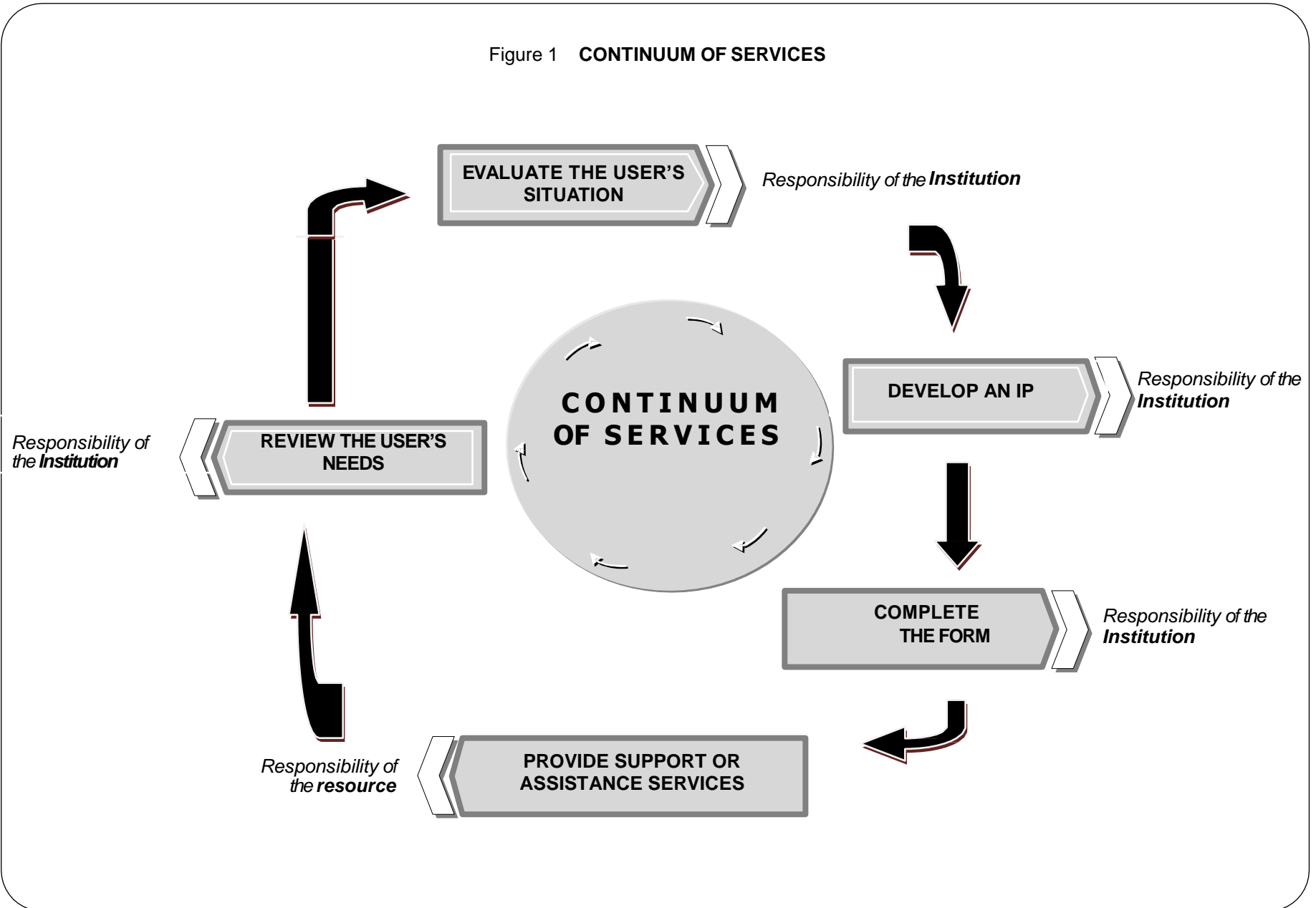
Necessary information about the user

The Form is designed to provide the resource with necessary information about the user to ensure they are taken in charge and to guide the resource on the support or assistance services expected for this user.

Compatibility of the Form

The Form is compatible with the various tools for evaluating the user's needs, which institutions usually use.

Figure 1   **CONTINUUM OF SERVICES**

EVALUATE THE USER'S SITUATION

Responsibility of the **Institution**

DEVELOP AN IP

Responsibility of the **Institution**

CONTINUUM OF SERVICES

COMPLETE THE FORM

Responsibility of the **Institution**

REVIEW THE USER'S NEEDS

Responsibility of the **Institution**

PROVIDE SUPPORT OR ASSISTANCE SERVICES

Responsibility of the **resource**

CHAPTER 3

GENERAL ORIENTATION OF THE FORM

Section 303 of the *Act Respecting Health Services and Social Services* reads:

> In order to foster an adequate framework and the regional implementation of […] resources, and to ensure sufficient flexibility for the emergence of new resources, the Minister shall propose to agencies a classification of the services offered by […] resources based on the degree of support or assistance required by users.

The Form is designed to classify the services offered by IR and FTR. To this end, it establishes a nomenclature of all the support or assistance services that can be offered by a resource.

Note that the support or assistance services consist of all services to provide the user with an appropriate response to their needs and situation[1].

1. Provide a nomenclature of all support and assistance services.
2. Classify these services.

A service is a person's action through words, gestures or attitudes in a given situation to support or assist the user.

The Form identifies support or assistance services under two categories: "common services" and "specific services".

Support or assistance services, whether common or specific, covered by the Form do not constitute professional services in terms of health services or social services. Such professional services must not be required by an IR or a FTR. However, a resource can legally engage in certain activities otherwise reserved for professionals under Sections 39.7[2]and 39.8[3] of the *Professional Code* (RSQ, c C-26)

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1   Ministère de la Santé et des Services sociaux. Translation from *Cadre de référence sur les ressources de type familial et intermédiaires*, 2001, p. 18.
2. Section 39.7 allows for a person acting within the framework of activities of an IR or FTR to perform "invasive care involved in assistance with activities of daily living that is required on a sustained basis for the maintenance of health" and reads that these activities do not constitute, in this context, a professional activity reserved to members of an order.
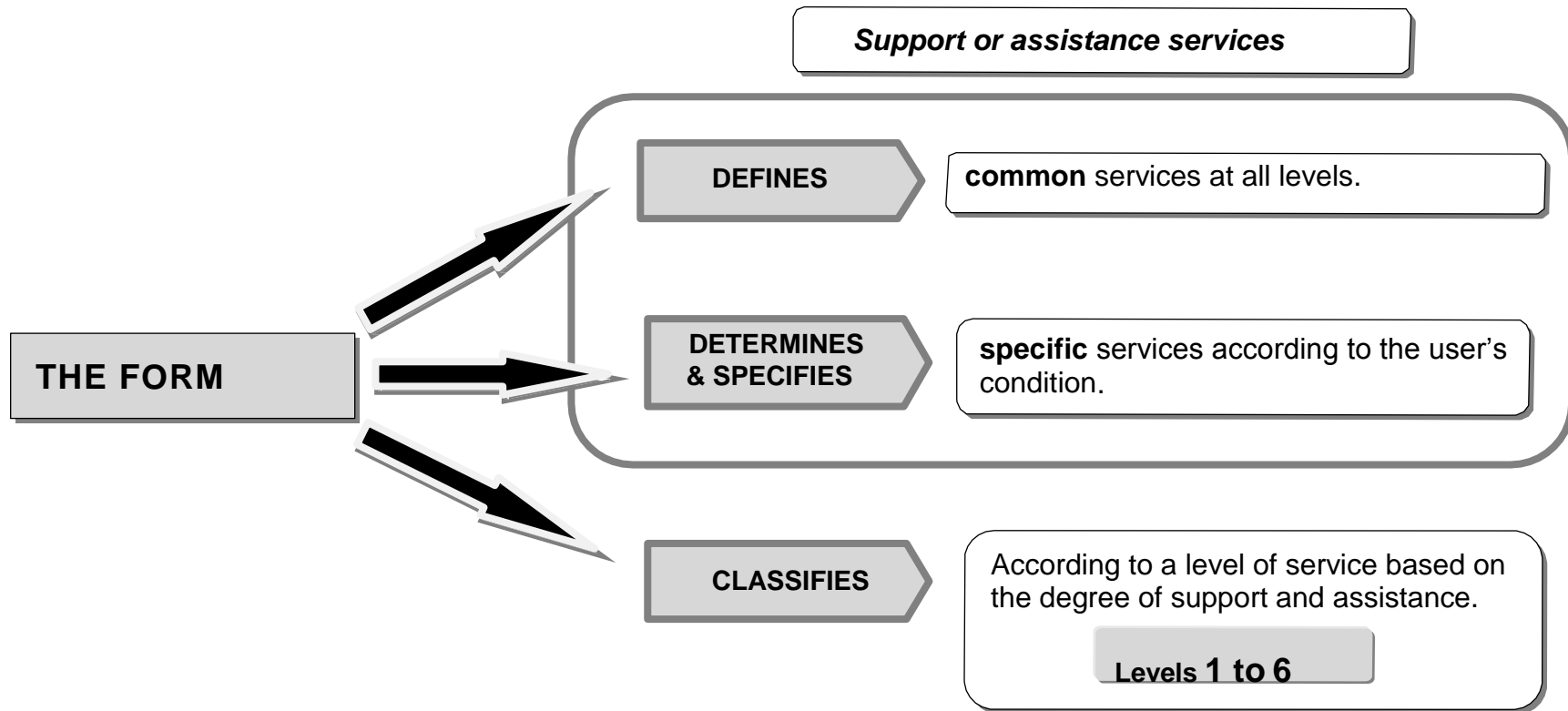3. Section 39.8 allows for a person acting within the framework of activities of an IR or FTR to "administer prescribed ready-to-administer medications by oral, topical, transdermal, ophthalmic, otic, rectal or vaginal route or by inhalation, and administer insulin by subcutaneous route".

Classification is done by establishing the degree of intensity of each of the specific services required by the user. It allows for the determination with common services of the level of service on a scale ranging from 1 to 6.

By making the users and their needs the focus of the classification approach, while providing a better understanding of the nature of the support or assistance services to be provided, the Form offers consistency in the implementation and supervision of services provided by resources. In addition, it promotes the development of new types of service organizations, as required by the *Act Respecting Health Services and Social Services.*

Figure 2   **APPROACH FOR THE CLASSIFICATION OF SERVICES OFFERED BY THE RESOURCE ACCORDING TO THE DEGREE OF SUPPORT AND ASSISTANCE REQUIRED BY THE USER**

Support or assistance services

THE FORM

DEFINES   **common** services at all levels.

DETERMINES & SPECIFIES   **specific** services according to the user's condition.

CLASSIFIES   According to a level of service based on the degree of support and assistance.

Levels 1 to 6

CHAPTER 4

PRESENTATION OF THE FORM

4.1 PARTS OF THE FORM

The Form consists of three separate but complementary parts**:**

Part 1

Support or assistance services common to all levels

They represent general services to be offered by all resources and for all types of clientele.

Part 2

Specific support or assistance services

They represent services that are specifically required according to the user's condition for which the institution (or FN agency) conducts the classification. Part 2 of the Form includes modalities to clarify each of these specific services.

Part 3

Summary of information required to take users in charge

It groups together information which must be provided to the resource by the institution (or FN Agency) for the provision of quality services, upon the user's arrival and thereafter.
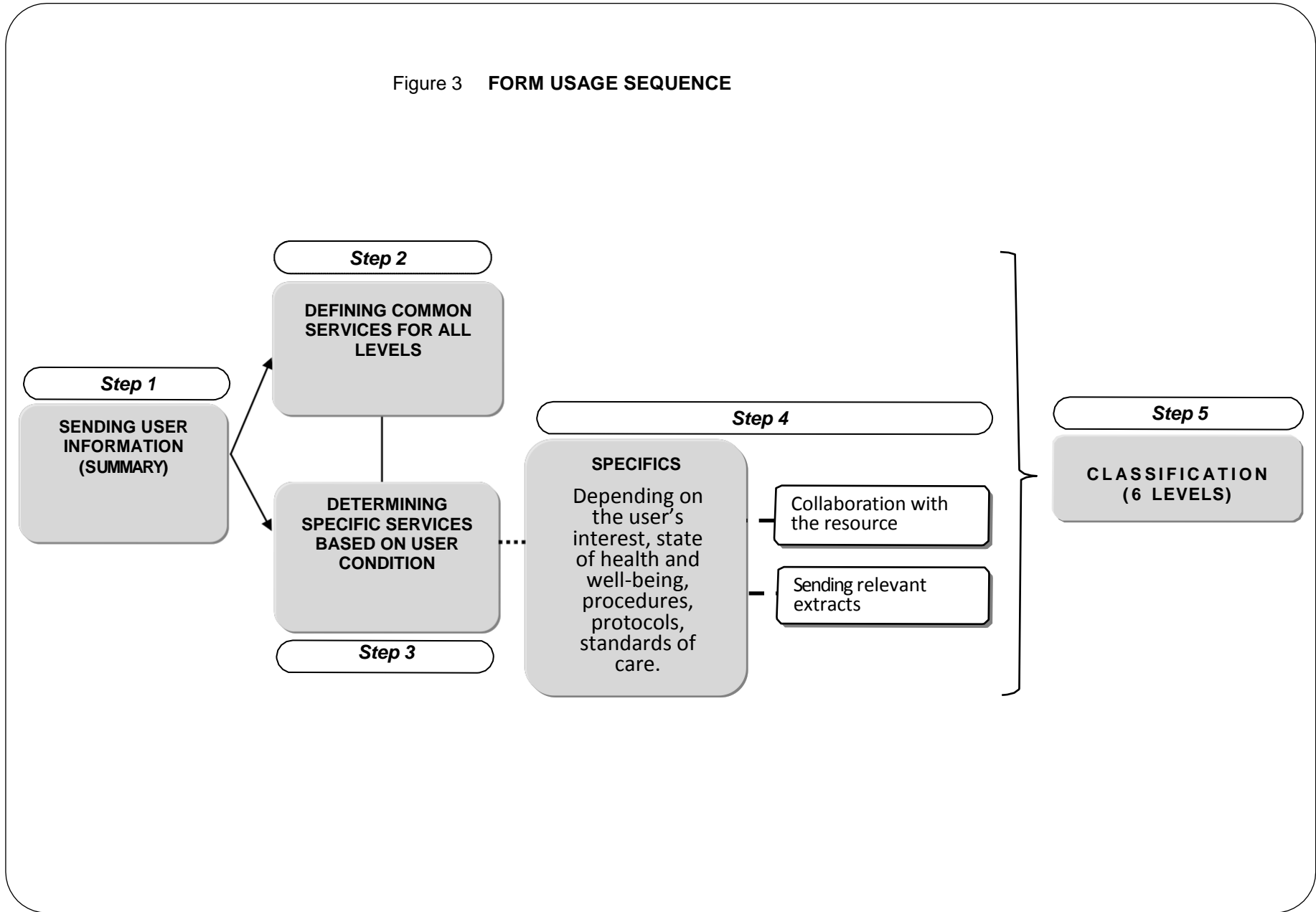
The Form indicates:

➲ *who the user is;*
➲ *what the user's needs are;*
➲ *what services are required.*

4.2 FORM USAGE SEQUENCE

The Form provides a sequence of actions in order to classify the services offered by a resource to each user they see. This sequence is divided into five steps. (see Figure 3)

Figure 3   **FORM USAGE SEQUENCE**

Step 1

SENDING USER
INFORMATION
(SUMMARY)

Step 2

DEFINING COMMON
SERVICES FOR ALL
LEVELS

Step 3

DETERMINING
SPECIFIC SERVICES
BASED ON USER
CONDITION

Step 4

SPECIFICS

Depending on the user's interest, state of health and well-being, procedures, protocols, standards of care.

Collaboration with the resource

Sending relevant extracts

Step 5

CLASSIFICATION
(6 LEVELS)

CHAPTER 5

SUMMARY OF INFORMATION TO TAKE USERS IN CHARGE

- Part 3 of the Form -

The **summary** appears in the third and final part of the *Form for the determination and classification of support and assistance services*. However, in this user guide, it was agreed to follow Form usage sequence (see Figure 3), i.e. to present the summary (Step 1) before addressing common services (Step 2) and specific services (Step 3).

Section 7 of the *Regulation respecting the classification of services offered by an intermediate resource and a family-type resource* reads:

> After having obtained the consent of the user or the person that may consent on the user's behalf, the institution must send to the resource, as soon as possible but not later than 72 hours after the new user's arrival, a summary of the information necessary for taking the user in charge.

The summary groups together information about the user that enables the resource to identify and understand the overall situation, in order to take the user in charge in an appropriate, personalized and safe manner.

The summary is therefore essential for the resource in order to adequately greet the user, respond quickly to their needs, taking into account some peculiarities concerning their condition, and adapt the environment if necessary. The summary can also be useful for the institution to match and eventually pair up other users in the same resource.

> *The summary groups together essential and necessary information about the user to send to the resource.*

Only the information necessary for taking the user in charge are integrated into the summary by the institution (or the FN Agency). The necessity criterion requires the institution to specify, as opposed to what is merely useful or of interest, the information without which the resource would be unable to ensure the appropriate provision of support or assistance services.

To facilitate the work, the institution should develop a model taking into account the provisions of the Regulation, its clientele and the considerations outlined in this Chapter.

The summary is often the primary and sometimes only source of information the resource will have upon the user's arrival or over the following days.

In this context, although the Regulation allows a maximum of 72 hours to send the summary to the resource, it is nevertheless preferable that it be sent before the user's arrival in the resource. Thus, the resource will have some time to prepare to greet the user and adapt their environment, as required.

More specifically, the Regulation reads that any information essential to the immediate maintenance of the user's integrity must be communicated by the institution to the resource before or at the same time as the user's arrival within the resource. This obligation by the institution will be met without any particular formality if the information essential to the immediate maintenance of the user's integrity is included in the summary and that it is provided to the resource prior to or upon the user's arrival within the resource.

The institution must therefore proceed expeditiously to update the information contained in the summary, in case of any changes to the user's situation.

The data contained in the summary form a basis on which other information will be added, in particular when the institution completes Part 2 of the Form for specific services.

Finally, information about the user included in the summary and in the Form is confidential and the institution has an obligation to protect this information. This information is usually included in the record of the user and subject to the confidentiality principle set out in Section 19 of the *Act respecting health services and social services*. Thus, subject to the exceptions provided for in the applicable laws, the institution may not disclose such information without the consent of the user or the person qualified to give consent on his behalf. For this reason, the Regulation requires that consent of the user or the person qualified to give consent on his behalf is obtained before sending the resource information contained in the summary. Furthermore, the resource is bound to respect the user's private life and the confidentiality of information.

The summary of information must contain at least the following information:

	Examples of information possibly required
IDENTIFICATION OF USER AND DATE OF BIRTH	☑ Name and given name ☑ Date of birth ☑ Gender ☑ Language used ☑ Health insurance number
IF NEEDED, IDENTIFICATION OF THE APPLICABLE LEGAL STATUS, AND NAME AND CONTACT INFORMATION* OF THE LEGAL REPRESENTATIVE	☑ Protective supervision (curatorship, tutorship, advisership) ☑ Court order (authorization for care, verdict of not criminally responsible, other) ☑ Legal representative (parents (if the user is a minor) curatorship, tutorship, advisership)
NAME AND CONTACT INFORMATION* OF THE PERSON WHO MAY CONSENT TO CARE (WHEN REQUIRED)	☑ Legal representative ☑ Mandate in case of incapacity ☑ Spouse ☑ Parents (if the user is a minor) ☑ Other (specify)
NAME AND CONTACT INFORMATION* OF THE PERSON TO BE REACHED IN CASE OF EMERGENCY	☑ Caseworker at the institution ☑ Legal representative ☑ Persons important to the user
NAME AND CONTACT INFORMATION* OF PERSONS IMPORTANT TO THE USER	☑ Spouse ☑ Family members ☑ Friends
IDENTIFICATION OF PROVIDERS AND PROFESSIONALS INVOLVED IN THE USER'S CASE	☑ Caseworker at the institution ☑ Doctor ☑ Specialist ☑ Person in charge at school-work-other
CONTEXT OF THE ACCOMODATION OR PLACEMENT AND SPECIFIC MEASURES HAVING AN IMPACT ON IT (CONTACT PROHIBITED OR OTHER)**	☑ Motives ☑ Problem ☑ Contact prohibited ☑ Prior placement
INFORMATION ON STATE OF HEALTH, BOTH PHYSICAL AND MENTAL**	☑ Special diet ☑ Medication ☑ Limitations ☑ Allergies
LIFE HABITS**	☑ Occupation ☑ Daily routine ☑ Particularities

* The contact information should allow to easily reach the persons involved, within a reasonable time period depending on the situation.

** For this information, specific attention must be shown by the institution in determining the information to be transmitted according to the criterion of necessity.

CHAPTER 6

SUPPORT AND ASSISTANCE SERVICE COMMON TO ALL LEVELS

- Part 1 of the Form -

6.1 DEFINITION OF COMMON SERVICES

Common services are all support and assistance services which define the compulsory basis of services to provide a user by a resource, regardless of the type of organization or type of clientele.

These services which also involve a life environment are essential for classification. They are included in each of the six service levels established by the Regulation.

Most common services can be linked with existing standards or policies. These standards are important because they are benchmarks that both the resource and institution may refer to provide quality services to the user.

> *Common services represent the compulsory basis of services to provide a user by a resource.*

The common services remain "adaptable" in the way they are provided by the resource and they must, while remaining consistent with certain standards, be oriented to best respond to the user's needs and condition. They may also have varying requirements depending on the clientele.

The Form provides various common services for the two major categories of residential organizations, namely:

- ⊃ FTR and IR type "foster home" or "group residence" (group home);
- ⊃ IR type "supervised apartment" or "rooming house".

Both of these categories include any other type of current or future residential organization requiring similar services.

It is the institution's responsibility, by completing Part 2 of the Form, to identify, for the user, the applicable category of support or assistance services.

6.2 INDICATIONS ON THE USAGE CONTEXT OF COMMON SERVICES

Common services are provided through three different exercises:

① classification;

② evaluation of the applicant;

③ quality control process.

With respect to classification, common services are used as a reference for the work expected from a resource and they represent the basis on which specific services will be added or specified.

In terms of evaluating an applicant, common services are part of the basic requirements that the applicant must be able to provide.

> *With respect to classification, common services are used as a reference for the work expected from a resource and they represent the basis on which specific services will be added or specified.*

Finally, for the quality control process, common services are part of the services to be provided to the user. They are integrated into the process in particular in line with:

➥ the user's safety;
➥ the user's well-being;
➥ the user's comfort.

6.3 COMMON SERVICES OFFERED BY AN IR OR FTR

type "foster home", "group residence" or other type of organization requiring similar services

SUPPORT OR ASSISTANCE SERVICES
COMMON TO ALL LEVELS

In compliance with:

REGULATION RESPECTING THE CLASSIFICATION OF SERVICES OFFERED BY AN
INTERMEDIATE RESOURCE AND A FAMILY-TYPE RESSOURCE [c. S-4.2, s. 3.1]
Schedule, Part 1, Division 1

- ☑ Maintaining the life environment

- ☑ Ensuring comfort and safety

- ☑ Preparing and ensuring meal service

- ☑ Looking after clothing

- ☑ Ensuring that the user's hygiene is adequate

- ☑ Making purchases necessary for users

- ☑ Ensuring the management of the users' allowance for personal expenses and making an inventory of their property

- ☑ Supporting and assisting the user in daily activities

- ☑ Establishing a living environment

- ☑ Promoting the user's access to activities organized by the resource or in the community

- ☑ Ensuring an adequate follow-up of all the necessary health services and social services

- ☑ Ensuring protection from abuse

- ☑ Ensuring quality time

- ☑ Promoting integration into the life and social environment

- ☑ Collaborating with various caseworkers involved with the user

- ☑ Collaborating with the institution

- ☑ Promoting the user's family ties, if any, and persons who are important to the user

MAINTAINING THE LIFE ENVIRONMENT

The premises occupied by the resource, inside and outside, are well maintained. The resource complies with the recognized hygiene and sanitation standards.Furnishings and accessories necessary for daily living are sufficient and in good condition. The repairs required are carried out within a reasonable time.

ENSURING COMFORT AND SAFETY

Temperature, humidity and lighting conditions are adequate. Ventilation is satisfactory. The actions to take in an emergency are planned. Space is designed in a functional and safe manner for the needs of users and according to their condition. Hazardous or toxic products and objects are stored in safe places provided for that purpose. The resource takes the necessary measures to avoid accidents or incidents and, where applicable, reports them according to the procedure provided for in section 233.1 of the Act.

PREPARING AND ENSURING MEAL SERVICE

The resource prepares meals and snacks in accordance with Canada's Food Guide and the user's needs thereby promoting healthy eating. Meals are composed of a variety of food that generally has good nutrition value. The resource respects the user's rhythm, taste and food preferences. The resource complies with the current hygiene and sanitation standards.

LOOKING AFTER CLOTHING

The resource ensures that the user's clothing is sufficient to allow the user to change clothes regularly and wear clothes that are adequate for and appropriate to seasons and circumstances. The resource takes the necessary means so that the user's clothes are clean and in good condition.

ENSURING THAT THE USER'S HYGIENE IS ADEQUATE

The resource sees to it on a daily basis that the user is clean and that the user's clothes are changed regularly.

MAKING PURCHASES NECESSARY FOR USERS

For the user who so requires, the resource makes purchases necessary for the user, in particular regarding personal care, medications, clothes, leisure or other special needs. The resource, so far as possible, takes into account the user's tastes, habits, skills, limitations and characteristics in choosing the good or service to be provided to the user. The resource looks for the best quality/price ratio and respects the available financial resources. The resource obtains the required authorizations, where applicable, and keeps vouchers from purchases made for the user.

ENSURING THE MANAGEMENT OF THE USER'S ALLOWANCE FOR PERSONAL EXPENSES AND MAKING AN INVENTORY OF THEIR PROPERTY

Where the user so requires, the resource ensures the management of the user's allowance for personal expenses or other amounts in lieu thereof. The resource involves, so far as possible, the user in the management of those amounts. The resource complies with the principles of sound financial management. The amounts are judiciously spent for their intended purpose. The resource must account for its management to the institution, on request. The resource complies with the institution's policy on the management of the personal expenses allowance. The resource, in collaboration with the institution's caseworker, completes the inventory of the user's clothes, personal effects and other significant objects, when required by the institution.

SUPPORTING AND ASSISTING THE USER IN DAILY ACTIVITIES

The resource supports and assists the user in daily activities. The resource exercises an appropriate supervision of the user, inside and outside of the premises occupied by the resource. The resource meets the user's stimulation needs and helps the user in learning activities. The resource promotes the user's well-being and the development or continued use of acquired abilities. The resource promotes communication and listens to the user. The requests addressed to the user are adapted to the user's abilities.

ESTABLISHING A LIVING ENVIRONMENT

The resource clearly and simply informs the user of the operating rules. The resource establishes a balanced and adapted living routine. The resource transmits positive values. The resource acts with consistency and coherence. The resource encourages the user to develop or maintain adequate and safe behaviour. The resource ensures that each user's limits and privacy needs are respected. In accordance with the applicable acts, the resource respects and ensures that the user's right to safeguard his or her dignity and respect for his or her privacy and the confidentiality of information concerning the user are respected.

PROMOTING THE USER'S ACCESS TO ACTIVITIES ORGANIZED BY THE RESOURCE OR IN THE COMMUNITY

The resource is able to organize and conduct daily life activities that meet the user's needs and interests. The resource participates in the user's maintenance or integration in the community. The resource promotes the user's access to leisure activities and community life.

ENSURING AN ADEQUATE FOLLOW-UP OF ALL THE NECESSARY HEALTH AND SOCIAL SERVICES

The resource ensures an adequate follow-up of all the health services and social services required by the user's condition. The resource pays attention to the user's feelings of discomfort and responds to them adequately, according to the circumstances.The resource sees to it that the appropriate treatment is provided to the user and that the user is accompanied, if necessary. The resource ensures that the technical equipment and aid used for health services and social services are clean and in good working order.

ENSURING PROTECTION FROM ABUSE

The resource implements mechanisms of protection from any form of abuse (physical, sexual, power, financial, psychological, etc.) in respect of the user.

ENSURING QUALITY TIME

The resource ensures the presence at all times of a person in charge within the life environment or, according to the user's degree of autonomy, that such a person may be reached if necessary. That person must have the necessary attitudes and skills to ensure the provision of support or assistance services required by the users and ensure the stability and continuity of services.

PROMOTING INTEGRATION INTO THE LIFE AND SOCIAL ENVIRONMENT

The resource promotes the user's integration into the user's life environment. The resource considers and treats the user with fairness. The resource affords the user living conditions as close to a natural environment as possible. The resource allows the user to get involved in the user's life environment. The resource also encourages the user, where possible, to have an active and adequate social life.

COLLABORATING WITH VARIOUS CASEWORKERS INVOLVED WITH THE USER

The resource inquires about the user's participation, behaviour and needs in the user's integration activities (school-work-other) with persons in charge of those activities and ensures the necessary follow-up. The resource sends relevant observations to the various caseworkers involved with the user. When required to do so, the resource participates in discussions.

COLLABORATING WITH THE INSTITUTION

The resource collaborates with the institution to improve the user's situation and contribute to reduce or resolve the user's problems. Where applicable, the resource participates in clarifying the services required by the user. The resource shares with the institution any relevant information regarding the user, in particular information that is likely to cause changes in the assessment of the user's condition and in the services to be provided to the user. The resource participates in the process to improve the quality of services provided by the institution.

PROMOTING THE USER'S FAMILY TIES, IF ANY, AND PERSONS WHO ARE IMPORTANT TO THE USER

The resource shows respect towards the user's family members and persons who are important to the user. The resource respects the user in his or her feelings towards those persons. When indicated to do so, the resource promotes the user's contact with those persons.

6.4 COMMON SERVICES OFFERED BY AN IR

type "supervised apartment", "rooming house" or other type of organization requiring similar services

**SUPPORT OR ASSISTANCE SERVICES
COMMON TO ALL LEVELS**

In compliance with:

REGULATION RESPECTING THE CLASSIFICATION OF
SERVICES OFFERED BY AN INTERMEDIATE RESOURCE AND
A FAMILY-TYPE RESSOURCE [C. S-4.2, s. 3.1] Schedule,
Part 1, Division 2

- ☑ Providing a safe, clean and functional apartment or room
- ☑ Ensuring the performance of the user's domestic life activities
- ☑ Ensuring the performance of the user's daily life activities
- ☑ Ensuring the user's healthy lifestyle
- ☑ Ensuring the management of the users' allowance for personal expenses and making an inventory of their property
- ☑ Ensuring an adequate follow-up of all the necessary health services and social services
- ☑ Ensuring protection from abuse
- ☑ Ensuring that a person in charge is available at all times
- ☑ Promoting integration into the life and social environment
- ☑ Collaborating with various caseworkers involved with the user
- ☑ Collaborating with the institution
- ☑ Promoting the user's family ties, if any, and persons who are important to the user

PROVIDING A SAFE, CLEAN AND FUNCTIONAL APARTMENT OR ROOM

The resourse provides a safe, clean and functional apartment or room and takes the necessary means so that those conditions are maintained.

ENSURING THE PERFORMANCE OF THE USER'S DOMESTIC LIFE ACTIVITIES

The resource ensures that the user's household tasks, such as maintaining the home, preparing meals, doing laundry, managing his or her budget or running errands, are performed, and ensures that the user adequately uses the means of transportation and communication.

ENSURING THE PERFORMANCE OF THE USER'S DAILY ACTIVITIES

The resource ensures that the user's daily life activities, such as eating, washing, self-care or dressing properly are performed.

ENSURING THE USER'S HEALTHY LIFESTYLE

The resource ensures that the user has a healthy lifestyle in particular regarding food, sleep and the user's activities.

ENSURING THE MANAGEMENT OF THE USER'S ALLOWANCE FOR PERSONAL EXPENSES AND MAKING AN INVENTORY OF THEIR PROPERTY

Where the user so requires, the resource ensures the management of the user's allowance for personal expenses or other amounts in lieu thereof. The resource involves, so far as possible, the user in the management of those amounts. The resource complies with the principles of sound financial management. The amounts are judiciously spent for their intended purpose. The resource must account for its management to the institution, on request. The resource complies with the institution's policy on the management of the personal expenses allowance. The resource, in collaboration with the institution's caseworker, completes the inventory of the user's clothes, personal effects and other significant objects, when required by the institution.

ENSURING AN ADEQUATE FOLLOW-UP OF ALL THE NECESSARY HEALTH AND SOCIAL SERVICES

The resource ensures an adequate follow-up of all the health services and social services required by the user's condition. The resource pays attention to the user's feelings of discomfort and responds to them adequately, according to the circumstances. The resource sees to it that the appropriate treatment is provided to the user and that the user is accompanied, if necessary. The resource ensures that the technical equipment and aid used for health services and social services are clean and in good working order.

ENSURING PROTECTION FROM ABUSE

The resource implements mechanisms of protection from any form of abuse (physical, sexual, power, financial, psychological, etc.) in respect of the user.

ENSURING THAT A PERSON IN CHARGE IS AVAILABLE AT ALL TIMES

The resource ensures that a person in charge is available at all times for the user. That person must have the necessary attitudes and skills to ensure the provision of support or assistance services required by the users and ensure the stability and continuity of services.

PROMOTING INTEGRATION INTO THE LIFE AND SOCIAL ENVIRONMENT

The resource promotes the user's integration into the user's life environment. The resource considers and treats the user with fairness. The resource affords the user living conditions as close to a natural environment as possible. The resource allows the user to get involved in the user's life environment. The resource also encourages the user, where possible, to have an active and adequate social life.

COLLABORATING WITH VARIOUS CASEWORKERS INVOLVED WITH THE USER

The resource inquires about the user's participation, behaviour and needs in the user's integration activities (school-work-other) with persons in charge of those activities and ensures the necessary follow-up. The resource sends relevant observations to the various caseworkers involved with the user. When required to do so, the resource participates in discussions.

COLLABORATING WITH THE INSTITUTION

The resource collaborates with the institution to improve the user's situation and contribute to reduce or resolve the user's problems. Where applicable, the resource participates in clarifying the services required by the user. The resource shares with the institution any relevant information regarding the user, in particular information that is likely to cause changes in the assessment of the user's condition and in the services to be provided to the user. The resource participates in the process to improve the quality of services provided by the institution.

PROMOTING THE USER'S FAMILY TIES, IF ANY, AND PERSONS WHO ARE IMPORTANT TO THE USER

The resource shows respect towards the user's family members and persons who are important to the user. The resource respects the user in his or her feelings towards those persons. When indicated to do so, the resource promotes the user's contact with those persons.

CHAPTER 7

SPECIFIC SUPPORT AND ASSITANCE SERVICES

- Part 2 of the Form -

7.1 DEFINITION OF SPECIFIC SERVICES

In contrast to common services, **specific services** represent a unique combination of services to be provided to users based on their personal condition.

Specific services, such as their name implies, are specific to each user. These services are in addition to common services. They are designed to meet the physical, social and emotional needs of the user.

Moreover, in addition to common services, specific services directly determine the service intensity required by the user and the service level established by the Regulation.

> *Specific services represent the services provided specifically to users based on their condition and needs.*

Specific services are grouped under broad themes called "descriptors".

7.2 SPECIFIC SERVICES DESCRIPTOR COMPONENTS

Pursuant to the Regulation, the descriptors indicate the general nature of the specific support or assistance services and the objective pursued for the user through the performance of the specific support or assistance services required from the resource.

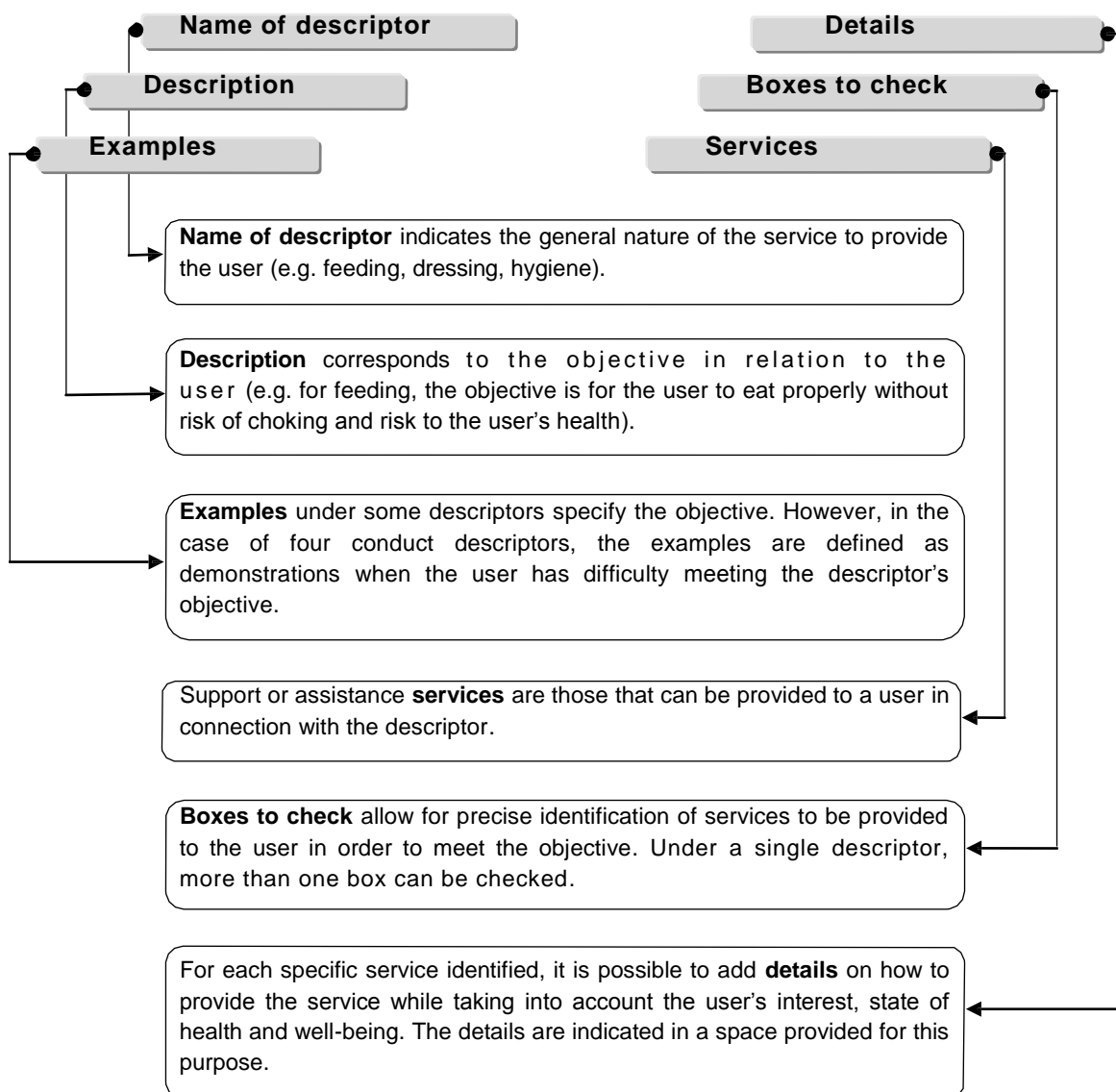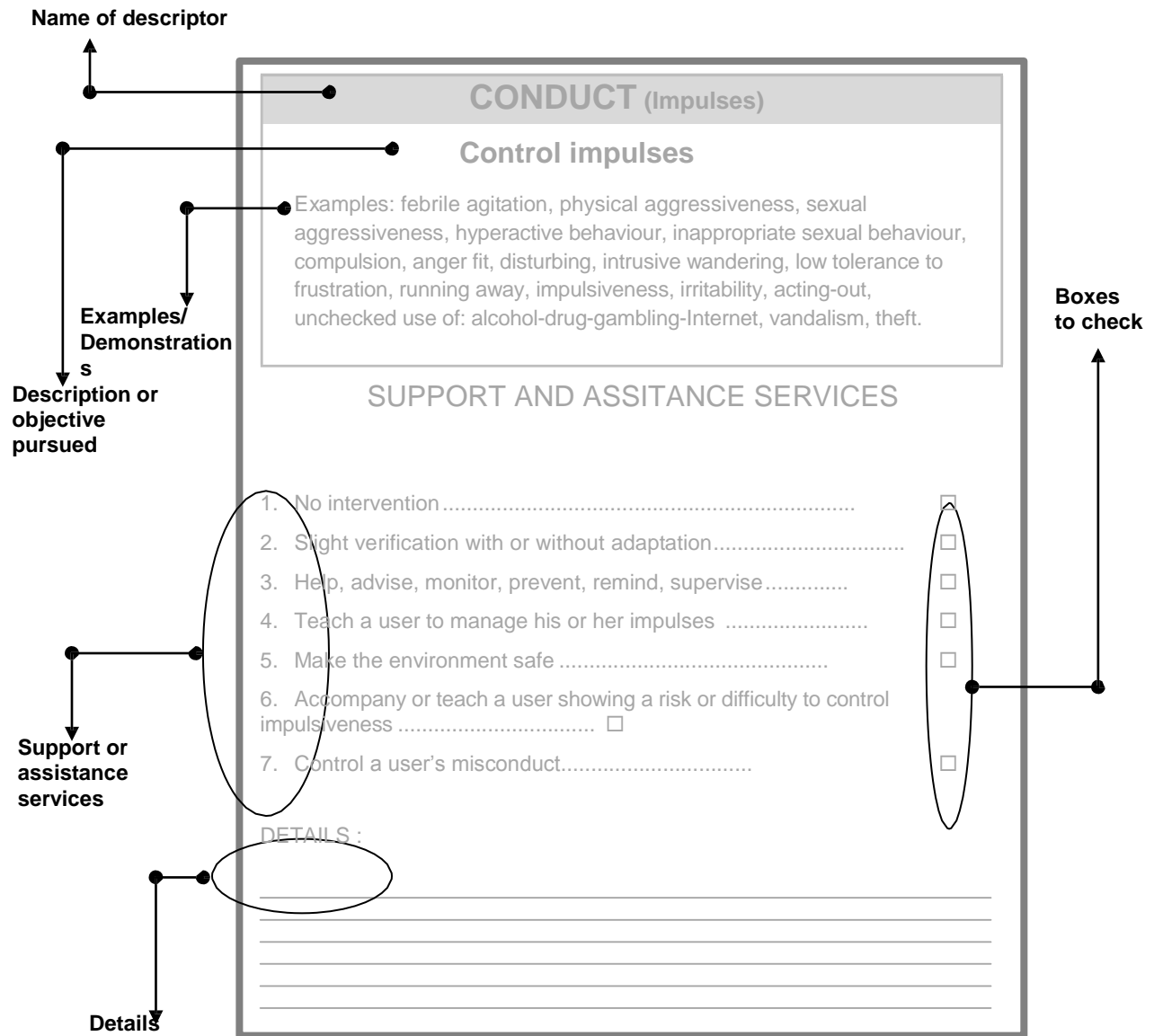Each descriptor includes the six following elements:

Name of descriptor	Details
Description	Boxes to check
Examples	Services

Name of descriptor indicates the general nature of the service to provide the user (e.g. feeding, dressing, hygiene).

Description corresponds to the objective in relation to the user (e.g. for feeding, the objective is for the user to eat properly without risk of choking and risk to the user's health).

Examples under some descriptors specify the objective. However, in the case of four conduct descriptors, the examples are defined as demonstrations when the user has difficulty meeting the descriptor's objective.

Support or assistance **services** are those that can be provided to a user in connection with the descriptor.

Boxes to check allow for precise identification of services to be provided to the user in order to meet the objective. Under a single descriptor, more than one box can be checked.

For each specific service identified, it is possible to add **details** on how to provide the service while taking into account the user's interest, state of health and well-being. The details are indicated in a space provided for this purpose.

Figure 4   **DESCRIPTOR AND ITS COMPONENTS**

Name of descriptor

**Examples/
Demonstration
s**

**Description or
objective
pursued**

**Support or
assistance
services**

Details

**Boxes
to check**

CONDUCT (Impulses)

Control impulses

Examples: febrile agitation, physical aggressiveness, sexual
aggressiveness, hyperactive behaviour, inappropriate sexual behaviour,
compulsion, anger fit, disturbing, intrusive wandering, low tolerance to
frustration, running away, impulsiveness, irritability, acting-out,
unchecked use of: alcohol-drug-gambling-Internet, vandalism, theft.

SUPPORT AND ASSITANCE SERVICES

1. No intervention .... ☐
2. Slight verification with or without adaptation................................. ☐
3. Help, advise, monitor, prevent, remind, supervise.............. ☐
4. Teach a user to manage his or her impulses .... ☐
5. Make the environment safe .... ☐
6. Accompany or teach a user showing a risk or difficulty to control
impulsiveness .... ☐
7. Control a user's misconduct................................ ☐

DETAILS :

_____
_____
_____
_____
_____
_____

Specific support and assistance services are evaluated based ont the seventeen following descriptors.

1 FEEDING

EAT PROPERLY WITHOUT RISK OF CHOKING AND RISK TO THE USER'S HEALTH.
N.B. THE DESCRIPTOR INCLUDES MEALS AND SNACKS.

2 DRESSING

CHOOSE PROPER CLOTHES. DRESS AND UNDRESS PROPERLY. SAME ACTIONS FOR ANY ORTHOSIS AND PROSTHESIS.

3 HYGIENE

WASH ONESELF (BODY, HAIR) PROPERLY.

4 HYGIENE (cont.)

SELF-CARE

Examples: partial washing, daily activities (brushing teeth, combing hair, shaving, etc.) and periodical activities (nail maintenance, menstrual hygiene, etc.)

5 ELIMINATION

PERFORM ALL ACTIVITIES RELATED TO THAT FUNCTION

Examples: going to the restroom, remove clothes, using the toilet and toilet paper, flushing the toilet, putting clothes back on, washing hands.

6 MOBILITY (transfers)

HAVE THE MOBILITY TO TRANSFER ONESELF (BATH, CHAIR,BED,TOILET)

7	MOBILITY (move around)

MOVE AROUND SAFELY.

8	MOBILITY (stairs)

CLIMB AND GO DOWN STAIRS SAFELY.

9	CONDUCT (impulses)

CONTROL IMPULSES.

Examples: febrile agitation, physical agressiveness, sexual agressiveness, verbal agressiveness, hyperactive behaviour, inappropriate sexual behaviour, compulsion, anger fit, disturbing, intrusive wandering, low tolerance to frustration, running away, impulsiveness, irritability, acting-out, unchecked use of alcohol-drug-gaming-Internet, vandalism, theft.

10	CONDUCT (emotions)

CONTROL EMOTIONS.

Examples: mood swings, threatening anticipations, apprehension, sleep disorder, excessive exuberance or sadness, extreme fatigue, excessive worrying, hypersensitivity, emotional lability, lack of interest, mutism, obsession, fear, withdrawal, somatization, excessive verbalization.

11	CONDUCT (relationship capacity)

HAVE SUITABLE RELATIONSHIPS.

Examples: absence of boundaries, asocial behavior, cruelness, stubbornness, invasion, hostility, oversexualization, inability to adapt to others, inhibition, intimidation, isolation, bad acquaintances, non-observance of rules, resistance, provocation, socialization problems, vulnerability.

12   CONDUCT (self-destructive behaviours)

CONTROL SELF-DESTRUCTIVE BEHAVIOURS.

Examples: self-mutilation, suicidal ideas-gestures, eating disorders.

13   INTEGRATION

ATTENDANCE AND MAINTENANCE OF USER IN HIS OR HER INTEGRATION ACTIVITIES (SCHOOL-WORK-OTHER)

14   AUTONOMOUS LIFE

REACH OR MAINTAIN AUTONOMY IN DOMESTIC LIFE ACTIVITIES.

Examples: laundry, house maintenance, errands, budget management, transportation management, cooking, use of means of communication, etc.

15   PHYSICAL (medications)

DISTRIBUTION AND ADMINISTRATION OF MEDICATIONS.

16   PHYSICAL (care)

HEALTH PROBLEMS, PHYSICAL AND SENSORIAL INCAPACITY REQUIRING SPECIAL CARE AND SERVICES FROM HEALTH PROFESSIONALS OTHER THAN MEDICATIONS.

17   APPOINTMENTS

ACCOMPANY THE USER TO APPOINTMENTS OF A PSYCHOSOCIAL OR FAMILY NATURE OR FOR SCHOOL-WORK-OTHER, OR WITH HEALTH PROFESSIONALS OR FOR OUTSIDE ACTIVITES.

N.B. COUNT 3 HOURS FOR AN APPOINTMENT.

7.3 INTENSITY OF SPECIFIC SERVICES

The services listed under each descriptor are of varying intensity. Although the Regulation does not explicitly mention this, it was agreed in this user guide to describe intensity as "regular" or "high". Intensity is determined in relation to the type of intervention required to provide the service. For high intensity services, the degree is based on a time-frequency-complexity ratio.

⇒ A service is considered as **regular intensity** when it requires from the resource episodic attention and common intervention skills for the duration of the activity.

These services involve "let do", "get him/her to do" or "do with" type interventions.

⇒ A service is considered as **high intensity** when it requires from the resource sustained attention or it involves some complexity in the intervention.

These services involve "do with", "be with" and "do for" type interventions.

It is possible to establish a relationship between the intensity of a service, what is required from the resource and the type of intervention to promote. (see Figure 5)

Figure 5   **SERVICE INTENSITY TABLE**

SITUATION	TYPE OF INTERVENTION	SERVICE	INTENSITY
The resource does not intervene with the user.	**LET DO**	No intervention	R E G U L A R
The resource is confident about how the user is managing and therefore can focus on other things.	**LET DO**	Verify with or without adaptation	
The resource makes routine interventions and the user cooperates well with what is proposed.	**GET HIM/HER TO DO** **DO WITH**	Help, assure, advise, supervise, encourage, promote, observe, prevent, remind, reassure, sensitize, stimulate, monitor, verify, etc.	
The resource takes the necessary time to teach the user.	**DO WITH**	Teach	H I G H
The resource is present with the user throughout the activity.	**BE WITH** **DO FOR**	Accompany, initiate, do, proceed	
The resource completes a complex activity for the user.	**DO FOR**	Apply invasive or non-invasive care, specific techniques	
The resource must act with authority with the user in order to stop or encourage a behaviour.	**DO FOR**	Control	

REGULAR INTENSITY SERVICES

✔ THE RESOURCE MAKES NO INTERVENTION

REGULAR SERVICE INTENSITY TYPE: LET DO

DESCRIPTORS: ALL

- ◘ The user successfully completes the descriptor related activity.

- ◘ The user cannot complete alone the descriptor related activity alone: it is therefore someone other than the resource or an employee (family, a caregiver or a staff member from the institution) who provides the required service in order to complete the related objective, on an ongoing basis.

- ◘ The descriptor's objective does not apply.

✔ SLIGHT VERIFICATION WITH OR WITHOUT ADAPTATION

REGULAR SERVICE INTENSITY TYPE: LET DO

DESCRIPTORS: ALL

- ◘ The resource makes a partial verification of the means taken by the user to meet the descriptor related objective.

- ◘ The resource adapts the space, routine or necessary material according to the user's needs in relation to the descriptor.

REGULAR SERVICE INTENSITY (continued)

✓ **HELP, ASSURE, ADVISE, SUPERVISE, ENCOURAGE, PROMOTE, OBSERVE, PREVENT, REMIND, REASSURE, SENSITIZE, MONITOR, STIMULATE, VERIFY**

REGULAR SERVICE INTENSITY TYPE: **GET HIM/HER TO DO**

DO WITH

DESCRIPTORS: **ALL**

◘ The resource suggests simple activities to the user that are part of everyday life, where educational opportunities or learning retention are multiple.

◘ Regular activities are adapted to the user's characteristics.

◘ These activities can take place at any time of day.

◘ They can be done individually or in the presence of others.

◘ They reflect the user's interests and preferences.

◘ The services offered help the user develop or maintain a satisfactory level of performance.

✓ **BE ATTENTIVE AND VIGILANT**

REGULAR SERVICE INTENSITY TYPE: **GET HIM/HER TO DO DO WITH**

DESCRIPTOR: **CONDUCT (self-destructive behaviours)**

◘ The user has demonstrated self-destructive behaviours in the past, but his condition seems to have stabilized since.

◘ The resource does not undertake specific actions with the user, but shows overall attention and vigilance.

HIGH SERVICE INTENSITY

✔ **TEACH A USER (CHILD OR ADULT)**

HIGH SERVICE INTENSITY TYPE: **DO WITH**

DESCRIPTORS: **FEEDING**
DRESSING
HYGIENE (wash (body, hair) properly, self-care)
ELIMINATION
MOBILITY (moving around and stairs)
CONDUCT (impulses, emotions and relationship capacity)
INTEGRATION
AUTONOMOUS
LIFE

◘ The resource performs learning activities adapted to the user's age and development.

◘ The resource uses or doesn't use learning tools with the user.

◘ The resource performs learning activities with the user who is placed in a new situation.

✔ **TEACH A USER SHOWING A RISK OR DIFFICULTY**

HIGH SERVICE INTENSITY TYPE: **DO WITH**

DESCRIPTORS: **FEEDING**
DRESSING
HYGIENE (wash (body, hair) properly, self-care)
ELIMINATION
MOBILITY (moving around)
CONDUCT (impulses, emotions and relationship capacity, self-destructive behaviours)
INTEGRATION
AUTONOMOUS
LIFE

◘ The resource performs learning activities with the user showing a risk or difficulty which may be complex and require special skills.

HIGH SERVICE INTENSITY (continued)

✓ **ACCOMPANY**

HIGH SERVICE INTENSITY TYPE: **BE WITH**

DESCRIPTORS: **FEEDING**
DRESSING
HYGIENE (wash (body, hair) properly, self-care)
ELIMINATION
MOBILITY (transfers, moving around, stairs)
CONDUCT (impulses, emotions and relationship capacity)
INTEGRATION
AUTONOMOUS
LIFE
PHYSICAL (care)
APPOINTMENTS

◘ The resource accompanies a user when going somewhere or when they need to be present when the user has a someone over.

◘ Or, the resource accompanies the user when they must be with the user throughout the duration of the activity to provide support through multiple interventions in order for things to run smoothly.

◘ The expected service can be complex and require special skills by the resource.

✓ **MAKE THE ENVIRONMENT SAFE**

HIGH SERVICE INTENSITY TYPE: **DO FOR**

DESCRIPTORS: **CONDUCT** (impulses, self-destructive behaviours)

◘ The resource must act on the user's environment when the user presents significant difficulties in terms of conduct (impulses, self-destructive behaviours).

◘ The resource must prevent risk of incidents or accidents.

HIGH SERVICE INTENSITY (continued)

✓ **INITIATE**

HIGH SERVICE INTENSITY TYPE: DO FOR

DESCRIPTORS: **FEEDING**
DRESSING
HYGIENE (wash (body, hair) properly, self-care)

◘ The resource must initiate the gesture so the user can continue the activity sequence with the objective of learning retention or maintaining automatic responses.

✓ **PROCEED**

HIGH SERVICE INTENSITY TYPE: DO FOR

DESCRIPTORS: **FEEDING**
DRESSING
HYGIENE (wash (body, hair) properly, self-care)
MOBILITY (transfers)

◘ The resource performs all the tasks that the user (child or adult) cannot do because of age, development or condition.

✓ **APPLY INVASIVE/NON-INVASIVE CARE /SPECIAL TECHNIQUES**

HIGH SERVICE INTENSITY TYPE: DO FOR

DESCRIPTORS: **FEEDING**
DRESSING
HYGIENE (wash (body, hair) properly, self-care)
ELIMINATION
PHYSICAL (care)

◘ The resource performs all invasive or non-invasive care activities requiring special techniques.

HIGH SERVICE INTENSITY (continued)

✓	**CONTROL**

HIGH SERVICE INTENSITY TYPE: DO FOR

DESCRIPTORS: **FEEDING**
CONDUCT (impulses, emotions and relationship capacity, self-destructive behaviours)
INTEGRATION

�« The resource intervenes with authority to control the user who is unable to control him/herself or is unable or refuses to do what is expected, where this represents a high risk level to the user or others.

�«ⁱ The control interventions are designed to stop or generate a certain behaviour by the user and these require constant supervision. This is an exceptional service as part of the intervention plan, which is required when other services have proven insufficient.

7.4 GLOSSARY OF SPECIFIC SERVICES

To ensure the most consistent understanding possible of specific support or assistance services for each descriptor, it is important to specify the terminology used. This concerns both regular and high intensity services.

GLOSSARY OF
REGULAR INTENSITY SPECIFIC SERVICES

ADAPT (OR ADAPTATION)	Adjust, modify the environment to comply with the user's needs.
HELP	Help ensure that the user does something, assist them in what they do.
ASSURE	Guarantee the user that the service is provided, provide them with what they need, ensure they have what they needs.
ADVISE	Give advice to the user, make suggestions, guide the user. Support the user in finding personal solutions.
DISTRIBUTE MEDICATIONS	Provide users who take their own medication, prescriptions prepared by a qualified professional. Users are aware of what they are taking and why.
SUPERVISE	Establish a living environment for the user with clear boundaries. Determine the limits and rules. Guide, direct or structure the user.
ENCOURAGE	Encourage the user to act, give them courage. Reassure them.
PROMOTE	Act to benefit the user. Facilitate what he has to do. Be dynamic with a positive attitude towards the user.
OBSERVE	Pay attention to what the user is doing.
PREVENT	Take the lead to avoid an embarrassing situation for the user. Ensure the user has what is needed to meet their future needs. Inform users in advance.
REMIND	Remind the user of actions already learned and understood, something they can already do. Remind them of situations they have already experienced.
REASSURE	Provide a sense of security for the user, reduce their fears. Reliability. Create a calm feeling.
SENSITIZE	Make the user receptive to something, make them sensitive to feelings, perceptions. Sensitize the user to others.
STIMULATE	Intensify the user's activity and energy, use positive motivation for them to complete the actions expected of them. Encourage users to adopt the attitudes and behaviours expected of them.
MONITOR	Observe the user carefully during the course of a situation in order to intervene if necessary.
VERIFY (OR VERIFICATION)	Observe if user complies with what is expected of them.

GLOSSARY OF
HIGH INTENSITY SPECIFIC SERVICES

Description	Term
Go with the user to a place. Do the activity with the user. Be with the user as long as the activity lasts to support them through multiple interventions in order to ensure they run smoothly.	**ACCOMPANY**
Make users, who are unable to do so on their own due to, for example a physical, behavioural or cognitive disability, take medications prepared by a qualified professional. This involves some control and helps for taking medication. The user is not necessarily aware of what he/she is taking and why.	**ADMINISTER MEDICATIONS**
Be with the user throughout the activity and begin doing the gesture so the user can continue the activity sequence with the objective of learning retention or maintaining automatic responses.	**INITIATE**
Exercise care or exploration methods that go beyond physiological barriers or via an artificial opening in the human body or that cause a non-superficial lesion to the body.	**APPLY INVASIVE CARE**
Perform care activities not exceeding the physiological barriers or artificial opening in the body and can risk harming to the user.	**APPLY NON-INVASIVE CARE**
Perform a complex technique requiring knowledge, skills and abilities necessary completing the activity safely. Technique based on a protocol where applicable.	**APPLY A SPECIAL TECHNIQUE**
Help the user acquire or re-teach skills (know), behaviours (learn to do) and attitudes (learn to be) necessary for meeting the objective targeted in the descriptor. The learning potential is present, even if the results are sometimes minimal or longer to appear.	**TEACH**
Intervene with authority to control the user who is unable to control him/herself or is unable or refuses to do what is expected of him/her, when this presents a high risk for the user or others. The control interventions are designed to stop or generate a particular behaviour from the user and they require constant supervision. This is an exceptional service, as part of the intervention plan, which is required when other services have proven insufficient.	**CONTROL**
Perform activities or actions for the user.	**PROCEED**
Deal with obstacles resulting from a user's inability (child or adult) with respect to the descriptor: an inability can be sensory, medical (physical or mental), or related to a cognitive disability and conduct. A diagnosis is not essential to identify a difficulty.	**HELP A USER SHOWING A DIFFICULTY**
Provide a service to the user (child or adult) with greater and direct supervision to prevent the risk of accident.	**HELP A USER SHOWING A RISK**

7.5 DETAILS

In compliance with the Regulation, in collaboration with the resource, and if applicable, the institution specifies the specific support or assistance service(s) identified. These details are made according to the user's interest, state of health and well-being, procedures, protocols and other standards of care in the institution.

Therefore, the details allow to determine more explicitly with the resource on the appropriate means and standards for providing the service safely in accordance with the user's best interest. They set out more clearly the service to be provided to the user, particularly when the specified service is an activity otherwise reserved for professionals and requested from the resource under the *Professional Code*.

Thereby, the details allow the institution to ensure that the resource has received and understood the instructions for the instructions, policies, procedures and protocols relevant to the specific service. The Form provides in particular that the institution must provide the resource with the relevant extracts from procedures, protocols and standards of care.

The addition of details in the Form also represents an opportunity for exchanges between the resource and the institution in order to improve the quality of services to the user, while respecting the resource's autonomy . The resource may indicate to the institution the means with which they feel comfortable for providing the specific service, while allowing the institution to ensure that these means are consistent in respecting the objective, existing laws and regulations and the relevant standards.

The use of details thus requires collaboration and trust that are essential from every person involved and requires taking the time necessary in this regard.

If parties disagree on the details, the institution is responsible for identifying them.

Finally, the use of details, when required, applies both for regular intensity services and high intensity services.

The institution uses the details when indicating:

- ➲ specific policies and procedures;
- ➲ protocols;
- ➲ standards of care by the institution;
- ➲ clinical guidelines;
- ➲ supervision terms (when training or supervision is required for providing the specific service);

And when "Apply invasive services", "Apply special techniques" and "Control" services have been targeted.

The institution can use the details when for example:

- ➲ the identified service relates to an IP objective;
- ➲ the institution and the resource agree on a service that is not targeted in the user's IP;
- ➲ the identified service needs to be detailed;
- ➲ the identified service must be adapted to the user's particular preferences or habits;
- ➲ the identified service must take into account the particularities of the user's health plan or his/her well-being;
- ➲ the user's needs call for a support or assistance service that the resource is not able to provide and the institution accepts an alternative service from the resource;
- ➲ the "no intervention" service has been targeted.

7.6 SERVICE CLASSIFICATION (SERVICE LEVELS)

Support or assistance services provided by the IR or FTR are classified into six levels based on the degree of support or assistance required by users. A resource can offer several levels of service if they receive more than one user who requires services of different intensity.

Common support or assistance services are included in each of the six levels. Thus, each level includes the all the common services to which are added specific services identified to meet the user's specific needs.

The level of service required by the user is determined after completing Part 2 of the Form, or the specific support or assistance services.

Under each descriptor, the services that are considered high intensity generate a rating, which is included in the Form, which is part of the Regulation, to the right of each of these services. The rating represents the degree of support or assistance required for the service. The rating is based on the relationship between time, frequency and complexity required to provide the service.

The service level required for the user is determined by adding up the highest ratings obtained under each descriptor. According to the score obtained, services belong to one of the following service levels:

SERVICE LEVEL **1**	➡ **34 points or less**
SERVICE LEVEL **2**	➡ **35-69 points**
SERVICE LEVEL **3**	➡ **70-104 points**
SERVICE LEVEL **4**	➡ **105-139 points**
SERVICE LEVEL **5**	➡ **140-174 points**
SERVICE LEVEL **6**	➡ **175+ points**

The service level obtained is taken into account in the calculation of resource compensation, in accordance with Section 303 of the *Act Respecting Health Services and Social Services*.

7.7 USAGE PRINCIPLES FOR PART 2 OF THE FORM

The principles are used to show certain aspects or conditions surrounding the actual use of the Form. They are essential to a proper understanding of the process:

1 → The institution has the responsibility of determining the specific support or assistance services based on the user's condition;

2 → The institution first evaluates the condition and functional capacity of the user using its own evaluation mechanisms before completing Part 2 of the Form using the classification grid. In particular, they use the outline of the intervention plan (IP) to determine the specific services to be provided to the user by the resource;

3 → The institution's caseworker responsible for completing the Form must have good knowledge of the user and what their situation is or, if applicable, must appoint a competent caseworker who does. The caseworker must be able to situate the user in relation to their development, condition, needs and relevant objectives;

4 → The caseworker responsible for completing Part 2 of the Form must have an overall knowledge of the Form in order to apply it appropriately.

4 See Appendix A "Classification Grid" of this user guide.

7.8 USAGE INSTRUCTIONS FOR PART 2 OF THE FORM

The instructions, found for the most part in the Regulation, are clear directions about the practical use of the Form:

1 → The Form must preferably be completed in the presence of the resource, according to Section 6 of the Regulation, no later than one month after the new user's arrival in the resource or, in the case of a child taken in charge by an institution that operates a child and youth protection centre, no later than two months after the child's arrival;

2 → Under each of the proposed descriptors, the institution checks the specific support or assistance services to be provided by the resource to attain the objective identified for the user, taking into account the user's condition; (Section 4 and Division 2 of Part 2 of the Regulation's Schedule)

3 → For each descriptor, it is important to identify at least one service that corresponds to the user's condition and needs. It is obviously possible to identify a number of services under the same descriptor, according to the user's needs; (Section 4 of the Regulation)

4 → In collaboration with the resource, and where applicable, the institution specifies the service or services identified in relation to the user's interest, the user's state of health and well-being, procedures, protocols and other standards of care applicable in the institution. The institution gives the resource, if need be, the relevant extracts from the identified procedures, protocols and other standards of care; (Section 4 and Division 2 of Part 2 of the Regulation's Schedule)

5 → The form must be reviewed by the institution at least once a year; in the case of a user of 2 years of age or less, that review must be done every 6 months; (Section 6 of the Regulation)

6 → The institution must, as soon as possible, make the correction required in the form following any change in the condition of a user requiring a modification in the services to be provided by the resource or in the clarifications concerning those services; (Section 6 of the Regulation)

7 → The institution is responsible for recording Part 2 of the completed Form in the IR-FTR Information System;

8 → After the data has been entered, the score obtained and the service level appear. This copy of the Form signed by the person designated by the institution must be delivered within the agreed time to the resource who will acknowledge receipt. (Section 6 of the Regulation)

7.9 PROCEDURE AND TERMS OF USE FOR PART 2 OF THE FORM

When completing the Form in the presence of the resource, it is preferable for the caseworker to have in hand certain documents to facilitate its application, in particular the user's IP, the glossary of specific services, the service intensity table and the illustration of services in relation with each descriptor presented in Chapter 8.

To facilitate the use of the instrument, here's a reminder as to how to proceed with the descriptors as well as a few terms of use.

1.   Determine if the descriptor's objective applies

The definition under the descriptor must be interpreted as an objective. For example, under the *Conduct (impulses)* descriptor, the objective is for the user to control his/her impulses. It is possible that descriptor's objective does not apply to a user. For example, an elderly person suffering from a loss of autonomy who has no integration activity, under the *Integration* descriptor, the caseworker must select *No intervention* as the objective to attend and continue in their integration activities does not apply. In addition, it is possible that the IP PI does not target, for the moment, attaining a descriptor's objective. In this case, the caseworker must nevertheless determine the service required under this descriptor.

2.   Account for the user's characteristics

The characteristics of each user affect the service to be provided and its degree of intensity.

Is it a baby, a child, a teenager, an adult or a user showing a risk or difficulty? The service will vary depending on one of these possibilities.

Therefore:

- ➲ **"Proceed with a baby"** concerns a baby who is completely dependent on adults to meet their needs;

- ➲ **"Teach a child"** or a teenager, must take into account their stage of development and therefore their ability to acquire the targeted learning;

- ➲ "**Teach a user"** can sometimes be applied to an adult whose situation does not appear problematic in relation to a specific descriptor, but who must learn to deal with a new situation;

- ➲ **"Provide a service to a user showing a difficulty"** is for a child (0-18 years) or an adult who has a difficulty in terms of sensory, medical, or related to cognitive disabilities and conduct that interferes with reaching the relevant descriptor's objective;

- ➲ **"Provide a service to a user showing a risk"** concerns any user who presents a risk of accident associated with the nature of the descriptor in question.

3. Determine the source of the difficulty

To target the right service under the proper descriptor, in the case of a user showing a risk or difficulty, the caseworker identifies the source of the user's difficulty and his/her needs. For example, a user shows a lack of interest in food and eats poorly due to excessive sorrow. Thus, under the *Feeding* descriptor, the corresponding service will be targeted: *Help, supervise, stimulate, monitor* service in a preventive perspective. However, since the source of the difficulty is related to emotions, under the *Conduct (emotions)* descriptor, the caseworker will ask the resource to accompany or teach the user showing risk or difficulty to control emotions.

A user may have difficulty under several descriptors. It is up to the caseworker to use their professional judgment to assess the user's condition in relation to each descriptor and determine the service intensity level required. In specific cases, under the *Conduct* descriptors, it is possible that a user may have difficulty as much controlling impulses as with relationship problems.

Finally, the same problem with a user may require services under more than one descriptor. Thus, in the case of a young girl presenting oversexualization attitudes and behaviours in her relationships with others, the caseworker will target under the descriptor *Conduct (relationship capacity)* the service *Teach a user showing a difficulty to develop better social skills* and will likely select under the *Dressing* descriptor, the service *Monitor* if the young woman is dressed appropriately before leaving for school.

4. Determine the intensity level for the required service

To determine the intensity of the service required, the caseworker must be familiar with the common support or assistance services to be provided by the resource. Also, the caseworker must grasp the service definitions as described in the glossary and refer to service intensity table which establishes the correlation between the type of intervention and the concept of intensity. In fact, the level of intensity (regular or high) is determined, for example, by the more or less sustained attention from the resource in relation to the user in providing the service. It is important however to point out that even though a service is specified in the user's IP, it does not automatically imply that it is a high intensity service.

5. Determine the service(s) usually required

To select a service, it should be required on a regular basis (usually). The notion of "usually" is not quantified in order to respect the caseworker's professional judgment. The service must be significant or require a certain intensity level.

These services are based on the user's condition in relation to his/her needs, state of health, functional capacity and objectives according to the IP.

It should be noted that more than one service can be targeted under each descriptor in response to the user's needs. It is important to select all that apply since this becomes an important reference for the resource in terms of specific services expected.

Each descriptor is unique and the seventeen descriptors are mutually exclusive. The caseworker therefore centers on the services to be provided based on the descriptor to fill, by strictly referring to the description provided. For example, under the *Feeding* descriptor, the caseworker will determine the services to be provided for the user eats properly without risk of choking and risk to the user's health.

CHAPTER 8

ILLUSTRATION OF SPECIFIC SERVICES UNDER EACH DESCRIPTOR
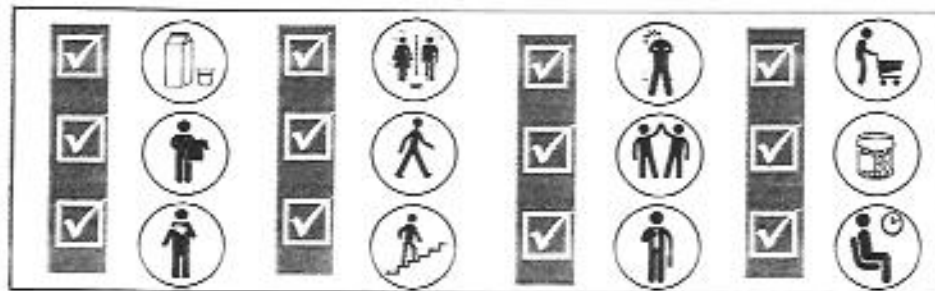
In this chapter, the seventeen descriptors are presented with all the services relating to them. They are illustrated by numerous examples and clarifications.

For each descriptor, three types of boxes have been added in order to facilitate use:

- The " **Reminder**" b o x makes the link between common services and specific services;

- The "**Attention**" box, attracts the reader's attention concerning certain "traps";

- The " **Ask yourself**" box leads the user to draw a link between the descriptor, the services and the user's condition.

The situations presented in this chapter are for **information purposes only.**

As mentioned earlier in this user guide, chapter 8 could be used as a reference when completing Part 2 of the instrument. However, it is important to print it as a booklet so that the two pages of each component descriptors are presented side by side.

EAT PROPERLY WITHOUT RISK OF CHOCKING AND RISK TO THE USER'S HEALTH.

N.B. THE DESCRIPTOR INCLUDES MEALS AND SNACKS.

`1` No intervention

🖖 *Consider the capacity of the user or of an effective help network*

- Let the user feed him/herself if they can do so without risk of choking and risk to their health.
- If the user cannot feed him/herself without risk of choking and risk to their health, it is therefore someone other than the resource or a resource employee (family, a caregiver or a staff member from the institution) who provides the required service in order to complete the objective related to the *Feeding* descriptor, on an ongoing basis.

`2` Slight verification with or without adaptation

🖖 *Consider the user's autonomy*

- Briefly verify the means users take to eat without risk of choking and risk to their health.

- Adapt the space, routine or necessary material according to users' needs in relation to feeding. Examples: determine for the users a place at the table where they can eat properly and safely, always place dishes in the same way so they can locate them, make available the equipment and technical aids provided for the activity. With these adaptations, users eat properly without risk of choking and risk to their health.

`3` Help, monitor, remind, stimulate, supervise

🖖 *Consider the user's degree of cooperation*

- Help users who spill food while eating to clean up. Help users who are familiar with dietary restrictions and follow their diet, to read labels.

- Supervise the users by establishing rules and boundaries concerning feeding. The users agree without much resistance. Guide, direct, structure the users at meal and snack time. Supervise the users: their place at the table, what they can and cannot eat, portions, utensils to use, etc. Present at every meal one dish at a time. The users agree without much resistance.

- Remind the users to do something they already know how to do. Remind them to come for meals or go get them. Remind them to eat more slowly, to cut their meat with a knife, etc.
- Stimulate the users who lack interest in food. Motivate the users. Encourage the users to do what is expected of them.
- Monitor that the users respect the limits and rules concerning food, quality of food they choose and the combination of dishes in order to intervene if necessary. Monitor that the users properly use the equipment and technical aids provided for the activity.

`4` Feed a baby

🖖 *Consider the infant's development*

- Feed the baby.

`5` Teach a child to eat

🖖 *Consider the child's development*

- Teach the child how to eat so they acquire the necessary knowledge, behaviours and attitudes. The learning potential is present.
- Show the child how to eat. Be close to the child to guide their gestures, reassure them.
- Initiate the child in choosing new foods. Explain how much food to bring to their mouth, how to use utensils, cutlery, napkins, etc.
- Inform the child and show how to check the temperature of food.
- Help the child more actively using games, pictograms, emulation techniques, etc.

REMINDER

Common support and assistance services for the *Feeding* descriptor include:

☞ **Preparing and serving meals,** which includes cutting, chopping and mashing food.

☞ **Ensure adequate monitoring of all necessary health services and social services,** which includes ensuring that equipment and technical aids used are clean and in good working condition.

⚠ ATTENTION

- Users who have a health problem such as diabetes do not automatically call for high intensity service. The users' condition must be considered in terms of the descriptor and their degree of cooperation with the service and identify what is required from the resource.

- The Form does not cover the purchase of special foods or additional equipment.

1 FEEDING

6 Accompany or feed a user showing a risk or difficulty

🖎 Consider the user's condition

- Be close to the user while feeding him/herself because they present risk of choking and risk to their health, or to support the activity through multiple interventions in order for things to run smoothly.
  OR
- Feed or help the user eat who cannot do so him/herself because of their condition.

7 Teach a user showing a risk or difficulty to eat

🖎 Consider the learning potential

- Teach the users showing a risk or difficulty to eat in order to acquire the necessary knowledge, behaviours and attitudes. The learning potential is present, even if the results are minimal or longer to appear.

- Show the users how to eat. Be close to the users to guide their gestures, reassure them. Inform the users and show how to check the temperature of food. Explain to the users how much food to bring to their mouth, how to use utensils, cutlery, etc. Use or don't use games, pictograms, emulation techniques, etc.
- Explain to the users how to comply with restrictions in relation to their state of health or how to follow their diet.

8 Initiate the gesture so that the user showing a risk or difficulty feeds himself or herself

🖎 Consider the potential for learning retention or maintaining automatic responses

Be next to the user while feeding him/herself and initiate gestures in order for the user to continue the necessary feeding sequence to maintain learning retention or automatic responses. Examples: repeatedly place a spoon in the user's hand, then direct it towards their mouth.

9 Feed a user requiring a special technique

[Complex technique. Training required and, generally, application of protocols, standards of care, clinical guidelines. In these cases, complete the details box in the IR-FTR Information System.]

- Comply with instructions listed in the protocols, standards of care, clinical guidelines.
- Massage the user's cheeks, jaw so they open their mouth.

- Stimulate the inside of the mouth of the user according to the recommendations from a professional.

10 Apply invasive care (tube feeding)

- Feed the user with a feeding tube.
- Irrigate the feeding or gastrostomy or jejunostomy tube.

11 Control the feeding of a user showing a risk or difficulty

[Exceptional service as part of the IP]

- Intervene with authority to control the users who are unable to control their feeding without risk of choking and risk to their health or who are unable or refuse to do what is expected of them, where this represents a high risk level to the users. Control is designed to stop or generate a particular behaviour by the user.
- Impose on the users who have serious health issues or who have, for example, severe allergies, to monitor their diet. Example: Continuously monitor the users who have potomania issues and limit their fluid intake.

Continuously monitor the users by combining measures, for example, not leave food in plain sight outside of mealtimes, install a motion detector in the kitchen, prohibit the users' access to the food cupboards, intervene frequently with the users who pick at other people's plates, record what the users eat or drink.

CHOOSE PROPER CLOTHES. DRESS AND UNDRESS PROPERLY. SAME ACTIONS FOR ANY ORTHOSIS AND PROSTHESIS.

1   No intervention

🖐 *Consider the capacity of the user or of an effective help network*

- Let the user choose clothing and dress and undress if they do so appropriately and correctly.
- If the users are unable to choose appropriate clothing, dress or undress correctly, it is therefore someone other than the resource or a resource employee (family, a caregiver or a staff member from the institution) who provides the required service in order to complete the objective related to the *Dressing* descriptor, on an ongoing basis.

2   Slight verification with or without adaptation

🖐 *Consider the user's autonomy.*

- Briefly verify the means the users take to choose appropriate clothing and dress and undress correctly.
- Adapt the space, routine or necessary material according to the users' needs in relation to dressing. Examples: put all the clothes in the drawers and closet so as to be accessible for the users, tactile tags on clothing so the users can recognize, make available to the users equipment and technical aids provided for the activity. With these adaptations, the users choose appropriate clothing, dress and undress correctly.

3   Help, monitor, stimulate, supervise, verify

🖐 *Consider the user's degree of cooperation*

- Help users choose and find their clothes and put them away properly when undressing. Or, place clothes in a specific order to prevent users from mixing them up and not know which article to start with. Help them differentiate between a garment that can be worn in a certain context, but completely inappropriate in another. Let users start dressing and help afterwards, by only giving the finishing touches (buttons, laces, etc.), or start undressing the users and letting them finish on their own. Help users install their hearing aid.

- Supervise the users while dressing and undressing. Create rules for access to drawers and closet. The users agree without much resistance.
- Stimulate the users to use appropriate clothing for comfort and to facilitate dressing and undressing. Use positive motivation. Encourage them to do what is expected of them. Stimulate the users so they wear their hearing aid.

- Monitor that the users are making wise choices in terms of clothing, that it is appropriate given the circumstances and weather in order to intervene if necessary. Monitor that the users properly use the equipment and technical aids provided for the activity.
- Verify that the users have complied with what is expected of them and that they have dressed correctly.

4   Dress and undress a baby

🖐 *Consider the child's development*

- Dress and undress the baby.

5   Teach a child to dress and undress

🖐 *Consider the child's development*

- Teach the child to dress and undress so they acquire the necessary knowledge, behaviours and attitudes. The learning potential is present.
- Show the child how to dress and undress, how to use clips, buttons, zippers, etc. Be close to the child to guide their gestures, reassure them.
- Initiate the child in choosing clothes according to the seasons, weather and circumstances.
- Help the child more actively using games, pictograms, emulation techniques, etc.

🔖 REMINDER

Common support and assistance services for the *Dressing* descriptor include:

- ☞ **Look after clothing;**
- ☞ **Make the necessary purchases for users,** which includes making the necessary purchases in terms of clothing;
- ☞ **Establish a life environment,** which includes ensuring that the boundaries and need for individual privacy are respected when dressing;
- ☞ **Ensure adequate monitoring of all necessary health services and social services,** which includes ensuring that equipment and technical aids used are clean and in good working condition.

⚠ ATTENTION

- The fact that a user has a **disability** or a **health issue** does not automatically call for high intensity service. The users' condition must be considered in terms of the descriptor and their degree of cooperation with the service and identify what is required from the resource.

- The use of a **romper suit** is not a special technique in terms of dressing.

6 | Accompany, dress and undress a user showing a risk or difficulty

✎ *Consider the user's condition*

- Be close to the users while they dress and undress on their own because they present a risk of accident, or to support the activity through multiple interventions in order for things to run smoothly.

OR

- Dress or undress the user or help the user who cannot do so him/herself because of their condition.

7 | Teach a user showing a risk or difficulty to dress and undress

✎ *Consider the learning potential*

- Teach the users showing a risk or difficulty to dress and undress in order to acquire the necessary knowledge, behaviours and attitudes. The learning potential is present, even if the results are minimal or longer to appear.

- Show the users how to dress and undress, how to use clips, buttons, zippers, etc. Be close to the users to guide their gestures, reassure them. Use or don't use games, pictograms, emulation techniques, etc.

- Show the users how to choose clothes according to the seasons, weather and circumstances.

8 | Initiate the gesture so that the user showing a risk or difficulty dresses and undresses

✎ *Consider the potential for learning retention or maintaining automatic responses*

Be next to the user while dressing and undressing him/herself and initiate gestures in order for the users to continue the necessary dressing sequence to maintain learning retention or automatic responses. Examples: repeatedly raise the arm to put the shirt on, show the pants, present the proper side.

9 | Dress and undress a user requiring a special technique

[Complex technique. Training required and, generally, application of protocols, standards of care, clinical guidelines. In these cases, complete the details box in the IR-FTR Information System.]

- Comply with instructions listed in the protocols, standards of care, clinical guidelines, for example, when handling requires precision (brittle bones, pain, movement of only one limb, strong spasticity).

ASK YOURSELF

(?) What is the user's condition in order to attain the stated objective for the *Dressing* descriptor? Is it:

- a baby or child following a normal development curve?

- a user (child or adult) showing a risk which requires greater and direct supervision to prevent the risk of accidents for them?

- a user (child or adult) showing a difficulty who must cope with obstacles due to disabilities that can be sensory, medical or cognitive and conduct difficulties. Note that a diagnosis is not necessary to identify a difficulty.

(?) In relation to the user's condition, **what specific support or assistance service(s) should be provided by the resource?**

(?) If applicable, in collaboration with the resource, **should the details box be completed?** *[Compulsory if there are protocols and standards of care.]*

WASH ONESELF (BODY, HAIR) PROPERLY.

1 No intervention

↳ *Consider the capacity of the user or of an effective help network*

- ✦ Let the user wash himself or herself (body, hair) if they do so properly.
- ✦ If the user is unable to wash him/herself (body, hair) properly, it is therefore someone other than the resource or a resource employee (family, a caregiver or a staff member from the institution) who provides the required service in order to complete the objective related to the *Hygiene* descriptor, on an ongoing basis.

2 Slight verification with or without adaptation

↳ *Consider the user's autonomy*

- ✦ Briefly verify the means the user takes to wash him/herself (body, hair) properly.

- ✦ Adapt the space, routine or necessary material according to the users' needs in relation to hygiene. Examples: turn on the water in the bath, provide the users with the necessary hygiene products, place hygiene items so that the users can identify them, make available to the users equipment and technical aids. With these adaptations, the user is able to wash him/herself (body, hair) properly.

3 Help, monitor, prevent, remind, stimulate, supervise, verify

↳ *Consider the user's degree of cooperation*

- ✦ Help the users by preparing the necessary material for
- ✦ them.
  Supervise the users with regard to the limits and rules on hygiene: time required to wash, amount of soap, shampoo, etc. Provide a schedule for washing. The users agree without much resistance.
- ✦ Inform the users about checking the temperature of the water before entering the bath. Ensure they have the necessary bath items for personal
- ✦ hygiene. Remind the users to do something they already know how to do. Remind the user daily to wash him/herself (body, hair).
- ✦ Stimulate the users to wash all body parts and hair. Use positive motivation. Encourage them to do what is expected of them.
- ✦ Monitor that the users respect the limits and rules on hygiene: amount of soap, shampoo, etc, in order to intervene if necessary. Monitor that the users properly use the equipment and technical aids provided for the activity.

- ✦ Verify that the users have complied with what is expected of them and that they have washed themselves properly.

4 Wash a baby

↳ *Consider the child's development*

- ✦ Do all the activities related to the baby's hygiene.

5 Teach a child to wash

↳ *Consider the child's development*

- ✦ Teach the child to wash so they acquire the necessary knowledge, behaviours and attitudes. The learning potential is present.

- ✦ Show the child how to wash him/herself (body, hair) properly. Be close to the child to guide their gestures, reassure them.
- ✦ Initiate the child to handle hygiene items: soap and washcloth, towel, etc.
- ✦ Help the child more actively using games, pictograms, emulation techniques, etc.

REMINDER

Common support and assistance services for the *Hygiene* descriptor include:

- ☞ Make sure the user has proper hygiene, which includes ensuring that clothes are changed regularly;

- ☞ Establish a life environment, which includes ensuring that the boundaries and need for individual privacy are respected during hygiene related activities;

- ☞ Make the necessary purchases for users, which includes making the necessary purchases in terms of personal hygiene;

- ☞ Ensure adequate monitoring of all necessary health services and social services, which includes ensuring that equipment and technical aids used are clean and in good working condition.

⚠ ATTENTION

- ▪ The fact that a user has a **disability** or a **health issue** does not automatically call for high intensity service. The users' condition must be considered in terms of the descriptor and their degree of cooperation with the service and identify what is required from the resource.

- ▪ The fact that a **patient lift** is used when transferring the user to the bath, does not imply that the resource must wash the user based on a special technique.

6 Accompany or wash a user showing a risk or difficulty

↳ *Consider the user's condition*

- Be close to the user while they wash themselves (body/hair) on their own because they present a risk of accident, or to support the activity through multiple interventions in order for things to run smoothly.
  OR
- Wash the user or help the user who cannot do so him/herself because of their condition. Examples: lead them to the bathroom, undress them, help them into the bath, wash them.
- Wash the user's hair, even if the user can wash their body.

ASK YOURSELF

⟨?⟩ What is the user's condition in order to attain the stated objective for the *Hygiene* descriptor? Is it:

- a baby or child following a normal development curve?
- a user (child or adult) showing a risk which requires greater and direct supervision to prevent the risk of accidents for them?
- a user (child or adult) showing a difficulty who must cope with obstacles due to disabilities that can be sensory, medical or cognitive and conduct difficulties. Note that a diagnosis is not necessary to identify a difficulty.

⟨?⟩ In relation to the user's condition, what specific support or assistance service(s) should be provided by the resource?

⟨?⟩ If applicable, in collaboration with the resource, **should the details box be completed?** [*Compulsory if there are protocols and standards of care.*]

7 Teach a user showing a risk or difficulty to wash

↳ *Consider the learning potential*

- Teach the user showing a risk or difficulty to wash him/herself in order to acquire the necessary knowledge, behaviours and attitudes. The learning potential is present, even if the results are minimal or longer to appear.

- Show the user how to wash (body, hair) properly. Be close to the users to guide their gestures, reassure them. Use or don't use games, pictograms, emulation techniques, etc.
- Show the user how to use the different hygiene products: soap, washcloth, towel, etc.
- Teach the user to observe the washing sequence properly.

8 Initiate the gesture so that the user showing a risk or difficulty washes himself or herself

↳ *Consider the potential for learning retention or maintaining automatic responses*

- Be next to the user while washing him/herself and initiate gestures in order for the user to continue the necessary hygiene sequence to maintain learning retention or automatic responses. Examples: show them the soap, raise a hand or touch a hand and the soap so the users lather their washcloth, hand them a towel.

9

Wash a user requiring a special technique

[*Complex technique. Training required and, generally, application of protocols, standards of care, clinical guidelines. In these cases, complete the details box in the IR-FTR Information System.*]

- Comply with instructions listed in the protocols, standards of care, clinical guidelines, for example, when handling requires precision (brittle bones, pain, movement of only one limb, strong spasticity).
- Use a shower trolley for the bathtub for a user with poor muscle tone.
  Give the bath within a specific period and a well-defined position for the user experiencing serious problems, such as epilepsy.

SELF-CARE.
EXAMPLES: PARTIAL WASHING, DAILY ACTIVITIES (BRUSING TEETH,
COMBING HAIR, SHAVING, ETC.) AND PERIODICAL ACTIVITIES (NAIL MAINTENANCE, MENSTURAL HYGIENE,
ETC.)

1 No intervention

👆 *Consider the capacity of the user or of an effective help network*

- Let the user perform self-care.
- If the user is unable to perform self-care, it is therefore someone other than the resource or a resource employee (family, a caregiver or a staff member from the institution) who provides the required service in order to complete the objective related to the *Hygiene* descriptor, on an ongoing basis.

2 Slight verification with or without adaptation

👆 *Consider the user's autonomy*

- Briefly verify the means the user takes to perform self-care.

- Adapt the space, routine or necessary material according to the users' needs in relation to hygiene. Examples: place hygiene items so that the users can identify them, make available to the users equipment and technical aids provided for the activity. With these adaptations, the user is able to perform self-care properly.

3 Help, monitor, prevent, remind, stimulate, supervise, verify

👆 *Consider the user's degree of cooperation*

- Help the users in cutting their nails while they are able to perform on their own the other self-care actions.
- Supervise the user with regard to the limits and rules concerning personal care: time required for personal care, amount of toothpaste, shaving cream, etc. Provide a schedule for performing self-care. The user goes along without much resistance.
- Inform the user about the effects of applying certain related personal care products (dyes, perfumes, creams, etc). Ensure they have the necessary items for personal hygiene.
- Remind the users to do something they already know how to do. Remind the user regularly to properly perform self-care. Remind them to respect the usual time for performing daily and periodical activities related to hygiene.

- Stimulate the user so they properly perform self-care while respecting the sequence. Use positive motivation. Encourage them to do what is expected of them.
- Monitor that the users respect the limits and rules on hygiene in order to intervene if necessary. Monitor that the users properly use the equipment and technical aids provided for the activity.
- Verify that the users have complied with what is expected of them and that they have performed self-care.

4 Perform self-care for a baby

👆 *Consider the child's development*

- Do all the activities related to the baby's personal care.

☞ REMINDER

Common support and assistance services for the *Hygiene* descriptor include:

- ☞ **Make sure the user has proper hygiene**, which includes ensuring that clothes are changed regularly;

- ☞ **Establish a life environment**, which includes ensuring that the boundaries and need for individual privacy are respected during hygiene related activities;

- ☞ **Make the necessary purchases for users**, which includes making the necessary purchases in terms of personal hygiene;

- ☞ **Ensure adequate monitoring of all necessary health services and social services**, which includes ensuring that equipment and technical aids used are clean and in good working condition.

⚠ ATTENTION

- The fact that a user has a **disability** or a **health issue** does not automatically call for high intensity service. The users' condition must be considered in terms of the descriptor and their degree of cooperation with the service and identify what is required from the resource.

5 **Teach self-care to a child**

> *Consider the child's development*

- Teach self-care to the child so they acquire the necessary knowledge, behaviours and attitudes. The learning potential is present.
- Show the child how to perform self-care. Be close to the child to guide their gestures, reassure them.
- Initiate the child to handle hygiene items: toothbrush, comb, etc.
- Show the child to properly perform their menstrual hygiene.
- Help the child more actively using games, pictograms, emulation techniques, etc.

ASK YOURSELF

> What is the user's condition in order to attain the stated objective for the *Hygiene* descriptor? Is it:
>
> - a baby or child following a normal development curve?
>
> - a user (child or adult) showing a risk which requires greater and direct supervision to prevent the risk of accidents for them?
>
> - a user (child or adult) showing a difficulty who must cope with obstacles due to disabilities that can be sensory, medical or cognitive and conduct difficulties. Note that a diagnosis is not necessary to identify a difficulty.

> (?) In relation to the user's condition, **what specific support or assistance service(s) should be provided by the resource?**

> (?) If applicable, in collaboration with the resource, **should the details box be completed?** [*Compulsory if there are protocols and standards of care.*]

6 **Accompany or perform self-care for a user showing a risk or difficulty**

> *Consider the user's condition*

- Be close to the user while they perform self-care on their own because they present a risk of accident, or to support the activity through multiple interventions in order for things to run smoothly.
  OR
- Perform self-care or help the user perform self-care for the user who cannot do so him/herself because of their condition. Examples: brush their teeth, comb their hair, shave them, take care of their nails and ensure their menstrual hygiene.

7 **Teach a user showing a risk or difficulty to perform self-care**

> *Consider the learning potential*

- Teach the user showing a risk or difficulty to perform self-care in order to acquire the necessary knowledge, behaviours and attitudes. The learning potential is present, even if the results are minimal or longer to appear.

- Show the user how to perform self-care properly. Be close to the users to guide their gestures, reassure them. Use or don't use games, pictograms, emulation techniques, etc.
- Show the user how to use the self-care products: toothbrush, comb, etc.

- Teach the user to observe the sequence or frequency of self-care activities.

- Show the user how to properly ensure their menstrual hygiene.

8 **Initiate the gesture so that the user showing a risk or difficulty performs self-care**

> *Consider the potential for learning retention or maintaining automatic responses*

> Be next to the user while performing self-care and initiate gestures in order for the user to continue the necessary hygiene sequence to maintain learning retention or automatic responses. Examples: show them the toothbrush, bring the toothpaste closer, place the user in front of the mirror, hand them the hair brush.

9 **Perform self-care for a user according to a special technique**

[*Complex technique. Training required and, generally, application of protocols, standards of care, clinical guidelines. In these cases, complete the details box in the IR-FTR Information System.*]

- Comply with instructions listed in the protocols, standards of care, clinical guidelines, for example, when handling requires precision (brittle bones, pain, movement of only one limb, strong spasticity)

PERFORM ALL ACTIVITIES RELATED TO THAT FUCNTION.

EXAMPLES. GOING TO THE RESTROOM, REMOVE CLOTHES, USING THE TOILET AND TOILET PAPER. FLUSING THE TOILET, PUTTING CLOTHES BACK ON, WASHING HANDS.

1 No intervention

☞ Consider the capacity of the user or of an effective help network

- Let the user perform elimination related activities is they can do so on their own.
- If the user is unable to perform all elimination related activities, it is therefore someone other than the resource or a resource employee (family, a caregiver or a staff member from the institution) who provides the required service in order to complete the objective related to the *Elimination* descriptor, on an ongoing basis.

2 Slight verification with or without adaptation

☞ Consider the user's autonomy

- Briefly verify the means the user takes to perform all elimination related activities.
- Adapt the space, routine or necessary material according to the users' needs in relation to all elimination related activities. Examples: adjust the toilet seat, install grab bars, make available to the users equipment and technical aids provided for the activity. With these adaptations, the user is able to perform all elimination related activities.

3 Monitor, prevent, remind, supervise

☞ Consider the user's degree of cooperation

- Supervise the user who has constipation problems by establishing an elimination schedule and ensure it is respected. The user goes along without much resistance.
- Inform the user to go to the bathroom before going to bed or before leaving for an outdoor activity, for example, or ensure they are wearing incontinence pants or pad.
- Remind the user to do something they already know how to do. Remind them of the limits and rules for elimination related activities.
- Monitor, by asking the user or by observing them, that all elimination related activities have been completed properly in order to intervene if necessary. Monitor to record the number of stools. Monitor that the users properly use the equipment and technical aids provided for the activity.

4 Change the diaper of a baby

☞ Consider the child's development

- Perform all the activities related to changing a baby's diaper.

5 Toilet train a child

☞ Consider the child's development

- Toilet train the child so they acquire the necessary knowledge, behaviours and attitudes. The learning potential is present.

- Show the child how to perform all elimination related activities. Be close to the child to guide their gestures, reassure them

- Make the child aware of the signs indicating the need to eliminate.
- Initiate the child to use elimination related items.
- Help the child more actively using games, pictograms, emulation techniques, etc.

☞ **REMINDER**

Common support and assistance services for the *Elimination* descriptor include:

- ☞ **Maintain the life environment** which includes cleaning the premises regardless of the frequency or washing a user's bed following an accident or an enuresis or encopresis issue;

- ☞ **Establish a life environment,** which includes ensuring that the boundaries and need for individual privacy are respected during elimination related activities;

- ☞ **Ensure adequate monitoring of all necessary health services and social services,** which includes ensuring that equipment and technical aids used are clean and in good working condition.

⚠ **ATTENTION**

- The incontinence pad and the commode chair are part of the descriptor. Identify what is required from the resource.

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6 **Accompany the user in elimination activities**

✍ *Consider the user's condition*

- Be close to the user while they perform all elimination related activities on their own because they present a risk of accident, or to support the activity through multiple interventions in order for things to run smoothly.

- Ensure the user is positioned adequately for better bladder or intestinal voiding when sitting on the toilet seat, ensure they eliminate, use toilet paper, flush the toilet, dry the seat, if necessary, put clothes back on and wash their hands, and intervene if necessary.

- Be close to the user while they empty their collector pouch or change their own incontinence pants.

- Perform elimination related activities for the user who cannot do so him/herself because of their condition. Examples: bring the user to the restroom, remove clothes, sit them on the toilet seat, wipe them, flush the toilet, put clothes back on.

- Help the user who is not wearing incontinence pants to change their soiled underwear.

ASK YOURSELF

<table><tr><td>

? What is the user's condition in order to attain the stated objective for the *Elimination* descriptor? Is it:

- a baby or child following a normal development curve?

- a user (child or adult) showing a risk which requires greater and direct supervision to prevent the risk of accidents for them?

- a user (child or adult) showing a difficulty who must cope with obstacles due to disabilities that can be sensory, medical or cognitive and conduct difficulties. Note that a diagnosis is not necessary to identify a difficulty.

</td></tr></table>

? In relation to the user's condition, **what specific support or assistance service(s) should be provided by the resource?**

? If applicable, in collaboration with the resource, **should the details box be completed?** [*Compulsory if there are protocols and standards of care.*]

7 **Change the incontinence pants of a user**

- Perform all actions related to changing incontinence pants and other products related to the user's incontinence. This also includes changing the incontinence pants for school age children who are not toilet trained.

8 **Toilet train a user showing a risk or difficulty**

✍ *Consider the user's learning potential*

- Teach the user showing a risk or difficulty to toilet train in order to acquire the necessary knowledge, behaviours and attitudes. The learning potential is present, even if the results are minimal or longer to appear.

- Show the user how to perform all elimination related activities. Be close to the users to guide their gestures, reassure them. Use or don't use games, pictograms, emulation techniques, etc.

- Make the user aware of the signs indicating the need to eliminate.
- Initiate the user to use elimination related items.
- Teach the user to follow the activity sequences.
- Use strategies or techniques to resolve enuresis or encopresis issues.

- Develop strategies to help the user who relieves him/herself in inappropriate places, for example in the garbage can, to change their habits or show the user who conceals his soiled clothes to discard them properly.

9 **Help the use to eliminate according to a special technique**

[*Complex technique. Training required and, generally, application of protocols, standards of care, clinical guidelines. In these cases, complete the details box in the IR-FTR Information System.*]

- Comply with instructions listed in the protocols, standards of care, clinical guidelines.
- Massage to stimulate anal reflex.

10 **Apply techniques of invasive care for intestinal or bladder elimination**

[*Compulsory training.*]

- Stimulate the anal reflex (digital rectal exam), perform a rectal cleaning, reposition the rectal mucosa inside the anal verge, dilate the stoma using a cone, perform an enema through the stoma based on the protocol's elimination routine, perform an intermittent urinary catheterization, a vesical stoma catheterization, bladder irrigation using an injection bulb.

HAVE THE MOBILITY TO TRANSFER ONESELF (BATH, CHAIR, BED, TOILET).

1 No intervention

↳ *Consider the capacity of the user or of an effective help network*

- # Let the users perform their transfers if they can safely do so on their own.
- # If the users do not have the mobility to perform their transfers, it is therefore someone other than the resource or a resource employee (family, a caregiver or a staff member from the institution) who provides the required service in order to complete the objective related to the *Mobility (transfers)* descriptor, on an ongoing basis.

2 Slight verification with or without adaptation

↳ *Consider the user's autonomy*

- # Briefly verify the means the user takes to have the mobility to perform their own transfers.
- # Adapt the space, routine or necessary material according to the users' needs in relation to mobility (transfers). Examples: make available to the user the basic devices required for transfers, adjust and maintain the height of the bed and chair according to the user's needs, install grab bars, make available to the users equipment and technical aids provided for the activity. With these adaptations, the users have the necessary mobility for their transfers.

3 Monitor, remind, stimulate, supervise

↳ *Consider the user's degree of cooperation*

- # Supervise the users by giving them instructions so they perform their transfers safely. The user goes along without much resistance.
- # Remind the user to do something they already know how to do. Remind them regularly to use the equipment and technical aids provided to facilitate transfers.
- # Stimulate the user so they perform transfers while respecting their condition. Use positive motivation. Encourage them to do what is expected of them.
- # Monitor the users who perform their transfers to ensure they do so safely in order to intervene if necessary. Monitor that the user properly uses equipment and technical aids provided for the activity. Monitor the users who perform all their transfers independently, but preventively, the users are assisted for entering and exiting the bathtub.

4 Perform transfers of a baby

↳ *Consider the child's development*

- # Perform all activities related to the transfer of the baby. This includes moving the baby around and making the baby go up and down stairs.

⚠ ATTENTION

- The fact that a user has a **disability** or a **health issue** does not automatically call for high intensity service. The users' condition must be considered in terms of the descriptor and their degree of cooperation with the service and identify what is required from the resource.
- It should be noted that the descriptor also refers to transfers of the user to the **commode chair** to the chair.
- When training on the **Moving Patients Safely Principles** (MPSP) is required from the resource, it must be specified in the details box.

5 Accompany a user showing a risk or difficulty to perform his or her transfers
↳ *Consider the user's condition*

- Be close to the users while they perform transfers on their own because they present a risk of accident, or to support the activity through multiple interventions in order for things to run smoothly. Be close to the users to guide their gestures, reassure them. Give them verbal instructions. Guide them step by step to reduce their fear of falling.

  - Be close to the users in order to provide a little physical assistance if they have difficulty getting up, sitting down, lying down or to intervene rapidly if necessary.

ASK YOURSELF

⟨?⟩ What is the user's condition in order to attain the stated objective for the *Mobility (transfers)* descriptor? Is it:

- a baby or child following a normal development curve?

- a user (child or adult) showing a risk which requires greater and direct supervision to prevent the risk of accidents for them?

- a user (child or adult) showing a difficulty who must cope with obstacles due to disabilities that can be sensory, medical or cognitive and conduct difficulties. Note that a diagnosis is not necessary to identify a difficulty.

6 Perform transfers of a user showing a risk or difficulty
↳ *Consider the user's condition*

- Perform all or most transfers for the user who cannot do so him/herself because of their condition, with or without equipment or technical aids.

- Perform transfers using pivot technique.
- Use a patient lift to transfer to the bathtub.

⟨?⟩ In relation to the user's condition, **what specific support or assistance service(s) should be provided by the resource?**

⟨?⟩ If applicable, in collaboration with the resource, **should the details box be completed?** [*Compulsory if there are protocols and standards of care.*]

MOVE AROUND SAFELY.

1 No intervention
🖐 *Consider the capacity of the user or of an effective help network*

- ≠ Descriptor does not apply for a baby because it is included in the *Mobility (transfers)* descriptor.
- ≠ Let the users move around if they can safely do so on their own.
- ≠ If the users cannot move around safely on their own, it is therefore someone other than the resource or a resource employee (family, a caregiver or a staff member from the institution) who provides the required service in order to complete the objective related to the *Mobility (move around)* descriptor, on an ongoing basis.

2 Slight verification with or without adaptation
🖐 *Consider the user's autonomy*

- ≠ Briefly verify the means the user takes to safely move around on their own.

- ≠ Adapt the space, routine or necessary material according to the users' needs in relation to mobility (move around). Examples: locate the user's bedroom near the dining room and bathroom, for users who have difficulty moving, make available (within reach) to the users all equipment and technical aids necessary for them to move around. With these adaptations, the user can move around safely.

3 Monitor, remind, stimulate, supervise
🖐 *Consider the user's degree of cooperation*

- ≠ Supervise the users so they move around safely. Give them instructions. The user goes along without much resistance.
- ≠ Remind the user to do something they already know how to do. Remind them to use the equipment and technical aids provided for the activity.
- ≠ Stimulate the user so they move around while respecting their condition. Use positive motivation. Encourage them to do what is expected of them.

- ≠ Monitor the users who move around to ensure they do so safely in order to intervene if necessary. Monitor the users who are mobile but hyperactive and reckless as they move around. Monitor that users properly use equipment and technical aids provided for the activity.

4 Teach a child to walk
🖐 *Consider the child's development*

- ≠ Teach a child to move round so they acquire the necessary knowledge, behaviours and attitudes. The learning potential is present.

- ≠ Show the child how to move around. Be close to the child to guide their gestures, reassure them. Give them verbal instructions. Guide them step by step to reduce their fear of falling.
- ≠ Help the child more actively using games, pictograms, emulation techniques, etc.

☞ REMINDER

Common support and assistance services for the *Mobility (move around)* descriptor include:

☞ **Ensure comfort and safety**, which includes arranging the area in a functional and safe manner for the users' needs and according to their condition;

☞ **Ensure adequate monitoring of all necessary health services and social services**, which includes ensuring that equipment and technical aids used are clean and in good working condition.

⚠ ATTENTION

- The fact that a user has a **disability** or a **health issue** does not automatically call for high intensity service. The users' condition must be considered in terms of the descriptor and their degree of cooperation with the service and identify what is required from the resource.

- When training on the **Moving Patients Safely Principles** (MPSP) is required from the resource, it must be specified in the details box.

7 | # MOBILITY (MOVE AROUND)

5 | **Accompany a user showing a risk or difficulty in moving around**

> Consider the user's condition

- Be close to the users while they move around on their own because they present a risk, or to support the activity through multiple interventions in order for things to run smoothly. Be close to the users to guide their gestures, reassure them. Give them verbal instructions. Guide them step by step to reduce their fear of falling.
  - Be close to the users in order to provide a little physical assistance if they can move around a bit on their own or to intervene rapidly if necessary.
  - Be with the user in the elevator due to problems not related to conduct.
  - Perform all or most moving around for the user who cannot do so him/herself because of their condition, with or without equipment or technical aids.

ASK YOURSELF

? What is the user's condition in order to attain the stated objective for the *Mobility (move around)* descriptor? Is it:

- a child following a normal development curve?

- a user (child or adult) showing a risk which requires greater and direct supervision to prevent the risk of accidents for them?

- a user (child or adult) showing a difficulty who must cope with obstacles due to disabilities that can be sensory, medical or cognitive and conduct difficulties. Note that a diagnosis is not necessary to identify a difficulty.

6 | **Teach a user showing a risk or difficulty to move around**

> Consider the user's learning potential

- Teach the user showing a risk or difficulty to move around in order to acquire the necessary knowledge, behaviours and attitudes. The learning potential is present, even if the results are minimal or longer to appear.

- Show the user how to move around. Be close to the users to reassure them. Give them verbal instructions. Guide them step by step to reduce their fear of falling. Use or don't use games, pictograms, emulation techniques, etc.

? In relation to the user's condition, what specific support or assistance service(s) should be provided by the resource?

? If applicable, in collaboration with the resource, should the details box be completed? [*Compulsory if there are protocols and standards of care.*]

CLIMB AND CO DOWN STAIRS SAFELY.

1   No intervention

✎ Consider *the capacity of the user or of an effective help network*

- Descriptor does not apply for a baby because it is included in the *Mobility (transfers)* descriptor.
- Descriptor does not apply when there are no stairs to climb or go down.
- Let the users climb or go down stairs if they can safely do so on their own.
- If the users cannot climb or go down stairs safely on their own, it is therefore someone other than the resource or a resource employee (family, a caregiver or a staff member from the institution) who provides the required service in order to complete the objective related to the *Mobility (stairs)* descriptor, on an ongoing basis.

2   Slight verification with or without adaptation

✎ Consider *the user's autonomy*

- Briefly verify the means the users takes to climb and go down stairs safely.

- Adapt the space, routine or necessary material according to the users' needs in relation to mobility (stairs). Examples: locate the user's bedroom, for users who have difficulty to climb and go down stairs, so they don't have to use the stairs, make available (within reach) to the users all equipment and technical aids necessary for their mobility. With these adaptations, the user can climb and go down stairs safely.

3   Monitor, remind, stimulate, supervise

✎ Consider *the user's degree of cooperation*

- Supervise the users so they climb and go down stairs safely. Give them instructions. The user goes along without much resistance.

- Remind the user to do something they already know how to do. Remind them to use the equipment and technical aids provided for the activity.
- Stimulate the user so they climb and go down stairs while respecting their condition. Use positive motivation. Encourage them to do what is expected of them.
- Monitor the users who climb and go down stairs to ensure they do so safely in order to intervene if necessary. Monitor and supervise the users who are mobile but hyperactive and reckless as they climb and go down stairs. Monitor that users appropriately use equipment and technical aids provided for the activity.

4   Teach a child to climb and go down stairs

✎ Consider *the child's development*

- Teach a child to climb and go down stairs so they acquire the necessary knowledge, behaviours and attitudes. The learning potential is present.

- Show the child how to climb and go down stairs. Be close to the child to guide their gestures, reassure them. Give them verbal instructions. Guide them step by step to reduce their fear of falling.
- Help the child more actively using games, pictograms, emulation techniques, etc.

☞ REMINDER

Common support and assistance services for the *Mobility (stairs)* descriptor include:

☞ **Ensure comfort and safety**, which includes arranging the area in a functional and safe manner for the users' needs and according to their condition;

☞ **Ensure adequate monitoring** of all necessary health services and **social services**, which includes ensuring that equipment and technical aids used are clean and in good working condition.

⚠ ATTENTION

- Using an **elevator** is part of the *Mobility (move around)* descriptor.

- The fact that a user has a **disability** or a **health issue** does not automatically call for high intensity service. The users' condition must be considered in terms of the descriptor and their degree of cooperation with the service and identify what is required from the resource.

- When training on the **Moving Patients Safely Principles** (MPSP) is required from the resource, it must be specified in the details box.

5 **Accompany a user showing a risk or difficulty to climb and go down stairs**

⮡ Consider the user's condition

- Be close to the users while they climb and go down stairs on their own because they present a risk of accident, or to support the activity through multiple interventions in order for things to run smoothly. Be close to the users to guide their gestures, reassure them. Give them verbal instructions. Guide them step by step to reduce their fear of falling.

- Be close to the users in order to provide a little physical assistance if they can climb and go down stairs somewhat on their own or to intervene rapidly if necessary.
- Perform all or most moving around on the stairs for the user who cannot do so him/herself because of their condition, with or without equipment or technical aids.

ASK YOURSELF

? What is the user's condition in order to attain the stated objective for the *Mobility (stairs)* descriptor? Is it.

- a child following a normal development curve?

- a user (child or adult) showing a risk which requires greater and direct supervision to prevent the risk of accidents for them?

- a user (child or adult) showing a difficulty who must cope with obstacles due to disabilities that can be sensory, medical or cognitive and conduct difficulties. Note that a diagnosis is not necessary to identify a difficulty.

? In relation to the user's condition, what specific support or assistance service(s) should be provided by the resource?

? If applicable, in collaboration with the resource, should the details box be completed? [*Compulsory if there are protocols and standards of care.*]

CONDUCT (IMPULSES)

CONTROL IMPULSES.

EXAMPLES: FEBRILE AGITATION, PHYSICAL AGGRESSIVENESS, SEXUAL AGGRESSIVENESS, VERBAL AGGRESSIVENESS, HYPERACTIVE BEHAVIOUR, INAPPROPRIATE SEXUAL BEHAVIOUR, COMPULSION, ANGER FIT, DISTURBING, INTRUSIVE WANDERING, LOW TOLERANCE TO FRUSTRATION, RUNNING AWAY, IMPULSIVENESS, IRRITABILITY, ACTING-OUT, UNCHECKED USE OF ALCOHOL-DRUG-GAMING-INTERNET, VANDALISM, THEFT.

1 No Intervention
‭ Consider the capacity of the user or of an effective help network

- Do nothing for users who control their impulses.
- If the users cannot control their impulses, it is therefore someone other than the resource or a resource employee (family, a caregiver or a staff member from the institution) who provides the required service in order to complete the objective related to the Conduct (impulses) descriptor, on an ongoing basis.

2 Slight verification with or without adaptation
‭ Consider the user's autonomy

- Briefly verify the means the users takes to control their impulses. Briefly verify the users in their self-observation following a detoxification program.

- Adapt the space, routine or necessary material according to the users' needs in relation to conduct (impulses). Examples: customize the user's room, remove objects that can be disruptive, maintain a limited noise level, control stimuli, plan for a place to relax, set up items easy to locate and familiar objects. With these adaptations, the users can control their impulses.

3 Help, advise, monitor, prevent, remind, supervise
‭ Consider the user's degree of cooperation

- Help the users by establishing a comfortable routine for them.
- Advise the users, make recommendations on possible solutions to control their impulses.
- Supervise the users asking them to retreat in order to calm down and regain self-control of their impulses. Supervise the users by limiting alcohol consumption, gambling, Internet use. Give them a certain number of cigarettes per day and establish a smoking schedule. The user goes along without much resistance.
- Warn the user who is bothering others to respect the living space of other users and not enter their bedroom, for example. Inform the user in advance of what could happen.
- Remind the user to do something they already know how to do. Remind them of the limits and rules of conduct established in the life environment. Lead the user back to a certain frame of mind, to familiar conditions.
- Monitor the discomfort of users who have difficulty expressing or showing how they feel, in order to intervene if necessary.

4 Teach a user to manage his or her impulsiveness
‭ Consider the user's development stage

- Take the necessary time with the users who have reached this development stage, or who are placed in a new situation, to teach them to manage their impulsiveness, to understand the difference between appropriate and inappropriate conduct in terms of impulses in order to do what is expected of them.
- Teach the users to use means or techniques to manage their impulsiveness.

- Help the user more actively using games, pictograms, emulation techniques, etc.
- Help the user recognize the warning signs that could lead to problems managing their impulsiveness.

☞ REMINDER

Common support and assistance services for the Conduct (impulses) descriptor include:

☞ Establish a life environment, which includes clearly informing the user of the rules and encourage them to develop or maintain adequate and safe behaviours;

☞ Ensure protection against abuse, which includes all forms of abuse (physical, sexual, power, financial, psychological, etc).

⚠ ATTENTION

- The examples under the descriptor are **manifestations** when the user has difficulties with the descriptor, manifestations that often appear in the form of externalized behaviours. Note that a diagnosis is not necessary to identify a difficulty.

- The fact that there are **coded doors** in the resource does not constitute a service in terms of the Form.

- The delivery of **PRN medication** (when necessary) does not necessarily constitute control; it could mean administering medication requiring monitoring. The same goes for **preventing access** to the closet, for example, it could constitute supervision (Service 3). However, the accumulation of a variety of interventions must be considered to determine what service intensity is required from the resource.

5 | Make the environment safe

- Act on the user's environment to prevent risks of incidents or accidents. Examples: remove objects that could injure the user or others or that could cause significant damage.

ASK YOURSELF

? What is the user's condition in order to attain the stated objective for the *Conduct (impulses)* descriptor? Is it:

- a user who has attained this stage in their development, or is placed in a new situation?

- a user (child or adult) showing a risk which requires greater and direct supervision to prevent the risk of accidents for them?

- a user (child or adult) showing a difficulty who must cope with obstacles due to disabilities that can be sensory, medical or cognitive and conduct difficulties. Note that a diagnosis is not necessary to identify a difficulty.

? In relation to the user's condition, **what specific support or assistance service(s) should be provided by the resource?**

? If applicable, in collaboration with the resource, **should the details box be completed?** [*Compulsory if there are protocols and standards of care.*]

6 | Accompany or teach the user showing a risk or difficulty to control impulsiveness

↳ *Consider the user's condition or learning potential*

- Be close to the users while they regain control of their impulsiveness, because they present a risk of accident, or to support the activity through multiple interventions in order for things to run smoothly. Be close to the users to guide them, reassure them, listen to them to prevent escalation. Give them verbal instructions. Be close to them to intervene rapidly if necessary.

- Teach the users showing a risk or difficulty to control impulsiveness in order to acquire the necessary knowledge, behaviours and attitudes. The learning potential is present, even if the results are minimal or longer to appear.

- Show the user to develop a good conduct with respect to impulses, to understand the difference between appropriate and inappropriate behaviour, to do what is expected of them.
- Use behaviour modification strategies with the user.
- Help the user more actively using games, pictograms, emulation techniques, etc.

- Show the user to express him/herself and react without compromising their physical or psychological integrity, or that of others.
- Help the user recognize the warning signs that could lead to a loss of control.

- Look for, with the user, triggers that have led to a loss of control and help them find solutions.

7 | Control a user's misconduct

[*Exceptional service as part of the IP*]

- Intervene with authority to control the user who is unable to control him/herself or is unable or refuses to do what is expected, where this represents a high risk level to the user or others. Control is designed to stop or generate a particular behaviour by the user.

- Perform gestures to stop the action. Examples: prevent the user's compulsion to drink in the case of potomania, control the user's misconduct using a romper suit.

- Take the user to a quiet place, but not devoid of sensory stimulation, while supervising the user.
- Exercise constant supervision over the user by combining measures: impose on the user the presence of a person who represents authority to ensure that the intervention strategy developed for them is followed to the letter. The user must follow the person during a given period, be in the same room, etc.

CONTROL EMOTIONS.

EXAMPLES: MOOD SWINGS, THREATENING ANTICIPATIONS, APPREHENSION, SLEEP DISORDER, EXCESSIVE EXUBERANCE OR SADNESS, EXTREME FATIGUE, EXCESSIVE WORRYING, HYPERSENSITIVITY, EMOTIONAL LABILITY, LACK OF INTEREST, MUTISM, OBSESSION, FEAR, WITHDRAWAL, SOMATIZATION, EXCESSIVE VERBALIZATION.

`1` No intervention

🖑 Consider the capacity of the user or of an effective help network

- Do nothing for users who control their emotions.
- If the users cannot control their emotions, it is therefore someone other than the resource or a resource employee (family, a caregiver or a staff member from the institution) who provides the required service in order to complete the objective related to the Conduct (emotions) descriptor, on an ongoing basis.

`2` Slight verification with or without adaptation

🖑 Consider the user's autonomy

- Briefly verify the means the users takes to control their emotions.

- Adapt the space, routine or necessary material according to the users' needs in relation to conduct (emotions). Examples: customize the user's room, remove objects that can be disruptive, maintain a limited noise level, control stimuli, plan for a place to relax. With these adaptations, the users can control their emotions.

`3` Help, advise, monitor, encourage, prevent, remind, reassure, supervise

🖑 Consider the user's degree of cooperation

- Help the users by establishing a comfortable routine for them.
- Advise the users, make recommendations on possible solutions to control their emotions.
- Supervise the users asking them to retreat in order to calm down and regain self-control of their emotions. The user goes along without much resistance.

- Encourage the users to identify what is worrying or frightening them. Encourage them to face these difficult emotions.
- Inform the users in advance in order to calm them down.
- Remind the user to do something they already know how to do. Remind them of the limits and rules of conduct established in the life environment. Lead the user back to a certain frame of mind, to familiar conditions.
- Reassure the user in relation to people, events, places. Reduce their fears. Create a calming effect on them.
- Monitor the discomfort of users who have difficulty expressing or showing how they feel, in order to intervene if necessary. Monitor users who manifest sleep disorders, loss of appetite, or hoarding food or objects in their room or who hide soiled clothes, etc.

`4` Promote the experience of various kinds of activities

🖑 Consider the user's degree of cooperation

- Distract the users by suggesting a meaningful and enjoyable activity or by talking about old memories or by getting them to do a repetitive task, taking into account their interest and preferences.

- Do activities with the users that help them express their emotions and that enhance self-esteem.

☞ **REMINDER**

Common support and assistance services for the Conduct (emotions) descriptor include:

☞ **Establish a life environment,** which includes clearly informing the user of the rules and encourage them to develop or maintain adequate and safe behaviours;

☞ **Ensure protection against abuse,** which includes all forms of abuse (physical, sexual, power, financial, psychological, etc).

⚠ **ATTENTION**

- The examples under the descriptor are **manifestations** when the user has difficulties with the descriptor, manifestations that often appear in the form of externalized behaviours. Note that a diagnosis is not necessary to identify a difficulty.

- The delivery of **PRN medication** (when necessary) does not necessarily constitute control; it could mean administering medication requiring monitoring. However, the accumulation of a variety of interventions must be considered to determine what service intensity is required from the resource.

5 | Teach the user to manage emotions

↳ Consider the user's development stage

– Take the necessary time with the users who have reached this development stage, or who are placed in a new situation, to teach them to manage their emotions, to understand the difference between appropriate and inappropriate conduct in terms of emotions in order to do what is expected of them.

- Show the users to recognize their emotions, to identify, understand and manage them.
- Teach the users to use means or techniques to manage their emotions.

- Help the user more actively using games, pictograms, emulation techniques, etc.

- Help the user recognize the warning signs that could lead to problems managing their emotions.

ASK YOURSELF

? What is the user's condition in order to attain the stated objective for the *Conduct (emotions)* descriptor? Is it:

- a user who has attained this stage in their development, or is placed in a new situation?

- a user (child or adult) showing a risk which requires greater and direct supervision to prevent the risk of accidents for them?

- a user (child or adult) showing a difficulty who must cope with obstacles due to disabilities that can be sensory, medical or cognitive and conduct difficulties. Note that a diagnosis is not necessary to identify a difficulty.

? In relation to the user's condition, what specific support or assistance service(s) should be provided by the resource?

? If applicable, in collaboration with the resource, **should the details box be completed**? [*Compulsory if there are protocols and standards of care.*]

6 | Accompany or teach a user showing risk or difficulty to control emotions

↳ Consider the user's condition or learning potential

- Be close to the users while they regain control of their emotions, because they present a risk of accident, or to support the activity through multiple interventions in order for things to run smoothly. Be close to the users to guide them, reassure them, listen to them to prevent escalation. Be close to them to intervene rapidly if necessary.

- Be close to the child who reacts strongly emotionally following a visit from a biological parent.
- Teach the users showing a risk or difficulty to control emotions in order to acquire the necessary knowledge, behaviours and attitudes. The learning potential is present, even if the results are minimal or longer to appear.

- Show the user to develop a good conduct with respect to emotions, to understand the difference between appropriate and inappropriate behaviour, to do what is expected of them.
- Use behaviour modification strategies with the user.
- Help the user more actively using games, pictograms, emulation techniques, etc.
- Show the user to express him/herself and react without compromising their physical or psychological integrity, or that of others.
- Help the users recognize the warning signs that could lead to a loss of control over their emotions.
- Look for, with the user, triggers that have led to a loss of control over emotions and help them find solutions.

7 | Control the user's emotional disorders

[*Exceptional service as part of the IP*]

- Intervene with authority to control the user who is unable to control him/herself or is unable or refuses to do what is expected, where this represents a high risk level to the user or others. Control is designed to stop or generate a particular behaviour by the user.

- Perform gestures to stop the action.
- Take the user to a quiet place, but not devoid of sensory stimulation, while supervising the user.

- Exercise constant supervision over the user by combining measures: impose on the user the presence of a person who represents authority to ensure that the intervention strategy developed for them is followed to the letter. The user must follow the person during a given period, be in the same room, etc.

CONDUCT (RELATIONSHIP CAPACITY)

HAVE SUITABLE RELATIONSHIPS.

EXAMPLES: ABSENCE OF BOUNDARIES, ASOCIAL BEHAVIOUR, CRUELNESS, STUBBORNNESS, INVASION, HOSTILITY, OVERSEXUALIZATION, INABILITY TO ADAPT TO OTHERS, INHIBITION, INTIMIDATION, ISOLATION, BAD ACQUAINTANCES, NON-OBSERVANCE OF RULES, OPPOSITION, PROVOCATION, SOCIALIZATION PROBLEMS, VULNÉRABILITY.

1 No intervention

✎ Consider the capacity of the user or of an effective help network

- Do nothing for users who have suitable relationships.
- If the users cannot have suitable relationships, it is therefore someone other than the resource or a resource employee (family, a caregiver or a staff member from the institution) who provides the required service in order to complete the objective related to the Conduct (relationship capacity) descriptor, on an ongoing basis.

2 Slight verification with or without adaptation

✎ Consider the user's autonomy

- Briefly verify the means the users takes to have suitable relationships.

- Adapt the space, routine or necessary material according to the users' needs in relation to conduct (relationship capacity). Examples: provide opportunities for the user to have contact with others, such as with board games, a group meal, group discussions, plan for a place to relax. With these adaptations, the users have suitable relationships.

3 Help, advise, monitor, prevent, remind, make aware

✎ Consider the user's degree of cooperation

- Help the users to get along with others. Help those who are more timid to develop relationships with others or to ask for manifestations of affection appropriately.
- Advise the users, make recommendations on possible solutions to have suitable relationships.
- Supervise the users in terms of the amount of time they spend alone in their room, watching television or on the computer. The user goes along without much resistance.
- Prevent relationship problems by asking the user not to stand too close to another user with whom they do not get along. Inform users in advance of what could happen. The user goes along without much resistance.
- Remind the user to do something they already know how to do. Remind them of the limits and rules of conduct with others established in the life environment. Lead the user back to a certain frame of mind, to familiar conditions.
- Make the user aware of others' experience, lead them to show more empathy. Make them aware of other people's feelings. Make the user aware of things, sensations, perceptions.

4 Promote socialization

✎ Consider the user's degree of cooperation

- Stimulate the users so they participate in activities offered at the resource.
- Allow the user, when indicated, to have friends over at the resource or to see friends outside.
- Introduce the user to others or have the user introduce him/herself.
- Encourage the user, when indicated, to practice leisure activities outside the resource, taking into account their interests and preferences. Encourage the user to attend community social organizations.

REMINDER

Common support and assistance services for the Conduct (relationship capacity) descriptor include:

☞ **Establish a life environment,** which includes clearly informing the user of the rules and encourage them to develop or maintain adequate and safe behaviours;

☞ **Ensure protection against abuse,** which includes all forms of abuse (physical, sexual, power, financial, psychological, etc);

☞ **Encourage the user to participate in activities organized by the resource** (e.g. recreational, physical, manual activities) or in the community;

☞ **Promote integration into the life and social environment,** which includes providing the user with living conditions resembling as much as possible those of a natural environment and also encourage the user to have an active and suitable social life.

☞ **Collaborate with the institution,** which includes sharing with the institution all relevant information about the user, particularly the information likely to modify the evaluation of the user's condition and the services to provide.

⚠ ATTENTION

- The examples under the descriptor are **manifestations** when the user has difficulties with the descriptor, manifestations that often appear in the form of externalized behaviours. Note that a diagnosis is not necessary to identify a difficulty.

- The **absence of boundaries** means that the user go towards anybody, they have few filters, etc.

- The delivery of **PRN** medication (when necessary) does not necessarily constitute control; it could mean administering medication requiring monitoring. However, the accumulation of a variety of interventions must be considered to determine what service intensity is required from the resource.

11 CONDUCT (RELATIONSHIP CAPACITY)

5 Teach the user to develop better social and problem solving abilities
↳ *Consider the user's development stage*

ASK YOURSELF

? What is the user's condition in order to attain the stated objective for the *Conduct (relationship capacity)* descriptor? Is it:
- a user who has attained this stage in their development, or is placed in a new situation?
- a user (child or adult) showing a risk which requires greater and direct supervision to prevent the risk of accidents for them?
- a user (child or adult) showing a difficulty who must cope with obstacles due to disabilities that can be sensory, medical or cognitive and conduct difficulties. Note that a diagnosis is not necessary to identify a difficulty.

? In relation to the user's condition, **what specific support or assistance service(s) should be provided by the resource?**

? If applicable, in collaboration with the resource, **should the details box be completed?** [*Compulsory if there are protocols and standards of care.*]

- Take the necessary time with the user who has attained this stage in their development, or is placed in a new situation, to teach them to have suitable relationships, to make friends, to understand the difference between appropriate and inappropriate conduct in terms of relationships with others in order to do what is expected of them.
- Teach the user basic social skills. Teach them to function according to acceptable personal and social values make them aware of the notion of respect for self and others.
- Encourage the users to discuss their views with others even they differ from their own.
- Teach the user ways to solve their relationship problems.
- Help the user more actively using games, pictograms, emulation techniques, etc.
- Help the user recognize the warning signs that could lead to relationship problems.

6 Accompany or teach a user showing a risk or difficulty to develop better social and problem solving abilities
↳ *Consider the user's condition or learning potential*

- Be close to the users while they regain control of their social skills, because they present a risk of accident, or to support the activity through multiple interventions in order for things to run smoothly. Be close to the users to guide them, reassure them, listen to them to prevent escalation. Be close to them to intervene rapidly if necessary.
- Teach the users showing a risk or difficulty to develop better social and problem solving abilities in order to acquire the necessary knowledge, behaviours and attitudes. The learning potential is present, even if the results are minimal or longer to appear.
- Show the user how to develop better social and problem solving abilities, to understand the difference between appropriate and inappropriate behaviour, to do what is expected of them.
- Show the users to be aware of the consequences of the image that they project onto others. Examples: a young teenage girl is oversexualized in her clothing and she raises looks and improper conduct, a young boy dresses as a girl and he is the subject of sarcasm and is hit by his peers, the users cannot integrate a group because of the way they dresses, their hairdo, the way they speak to others.
- Use behaviour modification strategies with the user.
- Help the user more actively using games, pictograms, emulation techniques, etc.
- Show the user to express him/herself and react without compromising their physical or psychological integrity, or that of others.
- Help the users recognize the warning signs that could lead to a loss of control over their social skills.
- Look for, with the user, triggers that have led to a loss of relationship capacity and help them find solutions.

7 Control the user's relationship disorders
[*Exceptional service as part of the IP*]

- Intervene with authority to control the user who is unable to control him/herself or is unable or refuses to do what is expected, where this represents a high risk level to the user or others. Control is designed to stop or generate a particular behaviour by the user.
- Perform gestures to stop the action.
- Take the user to a quiet place, but not devoid of sensory stimulation, while supervising the user.
- Exercise constant supervision over the user by combining measures: impose on the user the presence of a person who represents authority to ensure that the intervention strategy developed for them is followed to the letter. The user must follow the person during a given period, be in the same room, etc. Without these actions, the users are in conflict with their peers.

CONDUCT (SELF-DESTRUCTIVE BEHAVIOURS)

CONTROL SELF-DESTRUCTIVE BEHAVIOURS.

EXAMPLES: SELF-MUTILATION, SUICIDAL IDEAS-GESTURES, EATING DISORDERS.

1 No intervention

↳ Consider the capacity of the user or of an effective help network

- Do nothing for users who have never demonstrated self-destructive behaviours.
- If the users cannot control their self-destructive behaviours, it is therefore someone other than the resource or a resource employee (family, a caregiver or a staff member from the institution) who provides the required service in order to complete the objective related to the Conduct (self-destructive behaviours) descriptor, on an ongoing basis.

2 Slight verification with or without adaptation

↳ Consider the user's autonomy

- Briefly verify whether the user has ever demonstrated self-destructive behaviours, whether it is still the case.
- Adapt the space, routine or necessary material according to the users' needs who has never demonstrated self-destructive behaviours in order for them to maintain this situation. Examples: locate the users' bedroom where it will be easiest to monitor them, do not place objects, posters with self-destructive undertones. With these adaptations, the users do not demonstrate self-destructive.

3 Help, assure, advise, monitor, observe, supervise

↳ Consider the user's degree of cooperation

- Help the user to recognize warning signs that could lead to self-destructive behaviours.
- Assure the users that their concerns regarding self-destructive behaviours will be answered, for example, if they ask about a public event.
- Advise the user, make recommendations on means to avoid triggering self-destructive behaviours.
- Supervise the places and objects the users use, self-destructive comments made by the user. The user goes along without much resistance.
- Observe the users in how they recognize difficulties that may lead to the manifestation of self-destructive behaviours.
- Monitor the reactions of the users when events occur relating to self-destructive behaviours exhibited by someone other than them (news on television, movie, etc) in order to intervene if necessary.

4 Be attentive and vigilant as to the user's self-destructive behaviours

↳ Consider the user's self-destructive behaviours manifested in the past

- Be attentive and vigilant, monitor more closely the users who have demonstrated self-destructive behaviours in the past, or who have previously been evaluated as a suicide risk even if their condition appears to have stabilized.
- Be attentive and vigilant, monitor more closely the older user suffering from dementia, for example, who expresses daily the desire to die.
- Detect in the users who have demonstrated self-destructive behaviours in the past, or who have previously been evaluated as a suicide risk, the warning signs so their condition does not deteriorate.

REMINDER

Common support and assistance services for the Conduct (self destructive behaviours) descriptor include:

☞ **Establish a life environment**, which includes clearly informing the user of the rules and encourage them to develop or maintain adequate and safe behaviours;

☞ **Collaborate with the institution**, which includes sharing with the institution all relevant information about the user, particularly the information likely to modify the evaluation of the user's condition and the services to provide.

⚠ ATTENTION

- The examples under the descriptor are **manifestations** when the user has difficulties with the descriptor, manifestations that often appear in the form of internalized behaviours. Note that a diagnosis is not necessary to identify a difficulty.

- Services 1, 2 and 3 concern the users who have never demonstrated self-destructive behaviours. These services aim to maintain this situation.

- In service 4 **Be attentive and vigilant** (...), the resource is attentive and vigilant with users who have demonstrated in the past self-destructive behaviours even if their condition appears to have stabilized.

- **Eating disorders** refer to disorders such as anorexia. As for bulimia, the caseworker must determine whether it is a difficulty relating to the Conduct (impulses) or Conduct (self-destructive behaviours) descriptor. The same is true for the user who refuses to eat: there is the possibility of opposition behaviour relating to the Conduct (relationship capacity) descriptor or of an emotional problem related to the Conduct (emotions) descriptor.

- The delivery of **PRN medication** (when necessary) does not necessarily constitute control; it could mean administering medication requiring monitoring. However, the accumulation of a variety of interventions must be considered to determine what service intensity is required from the resource.

5 | Make the environment safe for the user

- Act on the user's environment who currently has self-destructive behaviours or who is evaluated as a suicide risk in order to prevent the risk of incidents or accidents. Examples: lock up or remove objects considered dangerous to the user, make their room safe.

ASK YOURSELF

? What is the user's condition in order to attain the stated objective for the *Conduct (self-destructive behaviours)* descriptor? Is it:

- a user who has never demonstrated self-destructive behaviours?

- a user who has demonstrated self-destructive behaviours in the past or who has previously been evaluated as a suicide risk even if their condition appears to have stabilized?

- a user who currently has self-destructive behaviours or who is evaluated as a suicide risk?

- a user (child or adult) showing a risk which requires greater and direct supervision to prevent the risk of accidents for them?

- a user (child or adult) showing a difficulty who must cope with obstacles due to disabilities that can be sensory, medical or cognitive and conduct difficulties. Note that a diagnosis is not necessary to identify a difficulty.

? In relation to the user's condition, **what specific support or assistance service(s) should be provided by the resource?**

? If applicable, in collaboration with the resource, **should the details box be completed?** [*Compulsory if there are protocols and standards of care.*]

6 | Teach a user showing a risk or difficulty to control self-destructive behaviours

🖔 *Consider the user's learning potential*

- Teach the users showing a risk or difficulty to control self-destructive behaviours in order to acquire the necessary knowledge, behaviours and attitudes. The learning potential is present, even if the results are minimal or longer to appear.

- Be close to the users while they learn. Be close to the users to guide them, reassure them, listen to them to prevent escalation. Be close to them to intervene rapidly if necessary.

- Monitor more closely the user who knows someone who has committed suicide.

- Stimulate the user who appears discouraged and give them support, encourage their efforts and highlight their progress.

- Use behaviour modification strategies with the user.

- Help the user more actively using games, pictograms, emulation techniques, etc.

- Show the user to express him/herself and react without compromising their physical integrity.

- Look for, with the user, triggers that have led to a loss of control of their self-destructive behaviours and help them find solutions.

7 | Control the user's self-destructive behaviours

[*Exceptional service as part of the IP*]

- Intervene with authority to control the user who is unable to control him/herself or is unable or refuses to do what is expected, where this represents a high risk level to the user. Control is designed to stop or generate a particular behaviour by the user.

- Perform gestures to stop the user's self-destructive behaviours. Prevent the users who are injuring themselves and are not aware of what they are doing, scratching continuously or frequently. Insist that the user who demonstrates self-destructive behaviours is equipped with protective gear to prevent them from injuring themselves: helmet, gloves, etc.

- Exercise constant supervision over the user by combining measures: impose on the user the presence of a person who represents authority to ensure that the intervention strategy developed for them is followed to the letter. The user must follow the person during a given period, be in the same room, etc.

ATTENDANCE AND MAINTENANCE OF USER IN HIS OR HER INTEGRATION ACTIVITIES
(SCHOOL-WORK-OTHER).

1 No intervention

✎ *Consider the capacity of the user or of an effective help network*

- Descriptor does not apply when user does not have integration activities (school work other).
- • Do nothing if users attend and maintain their integration activities.

- If the users have difficulty attending and maintaining their integration activities, it is therefore someone other than the resource or a resource employee (family, a caregiver or a staff member from the institution) who provides the required service in order to complete the objective related to the *Integration* descriptor, on an ongoing basis.

2 Slight verification with or without adaptation

✎ *Consider the user's autonomy*

- Briefly verify the means taken by the users to do their integration activities, for example, briefly verify prior to the integration activity whether the user has prepared properly.
- Adapt the space, routine or necessary material according to the users' needs in relation to integration. Examples: set up and maintain a calendar so that the user knows where and when integration activities take place and prepares accordingly. With these adaptations, the users attend and maintain their integration activities.

3 Help, advise, monitor, encourage, promote, stimulate, supervise

✎ *Consider the user's degree of cooperation*

- Help the users with their routine prior to their integration activities, help them prepare their lunch, help them prepare their material, bring their books, tools, etc, otherwise they would not be ready on time.

- Advise the users, make recommendations on means to apply in their integration activities (school-work-other) and for maintaining them.

- Supervise the users so they prepare and attend their integration activities: set the alarm clock, respect their morning routine, prepare their lunch. Establish a time for homework and studying, etc. The user goes along without much resistance.
- Encourage the users, who will soon integrate school, the workplace or elsewhere, so they will be happy to go. Reassure them in terms of what will happen.
- Encourage the users in attending and maintaining their integration activities by organizing their specialized transportation. Show them interest in what they are accomplishing during their integration activities (school-work-other).

- Stimulate the user who is experiencing a temporary loss of motivation. Use positive motivation. Encourage them to do what is expected of them.
- Monitor the user's attendance and maintenance of their integration activities in order to intervene if necessary. Monitor the user to identify warning signs that could lead to integration problems (school-work-other.)

4 Teach the user to perform activities related to school-work-other attendance

✎ *Consider the user's development*

- Take the necessary time with the users who have reached this development stage, or who are placed in a new situation, to teach them to perform the activities related to a new integration (beginning daycare, kindergarten, high school, entering the job market or other.) Guide them, reassure them, listen to them throughout the integration period.

- Show the users on a regular basis during the week to do their homework, to have a routine to prepare their things, to respect their commitments towards their employer, etc.
- Help the user more actively using games, pictograms, emulation techniques, etc.

REMINDER

Common support and assistance services for the *Integration* descriptor include:

☞ **Prepare and ensure meal service,** which includes preparing a lunch for the users when they attend their integration activities (school-work-other);

☞ **Ensure a quality presence,** which includes remaining available in case the users who are having difficulty in their integration environment have to come back to the resource;

☞ **Promote the user's access to activities** organized by the resource or in the community;

☞ **Collaborate with the various workers involved with the user,** which includes inquiring about the user's participation, behaviour and needs during integration activities (school-work-other) and ensuring the necessary monitoring. Communicate relevant observations and participate, as required, in discussions.

⚠ ATTENTION

- The term *other* means "other integration activities", for example daycare, workplace, day centre, volunteer centre. The objective for the user is to attend and maintain these integration activities.

- The fact that a resource must wash, feed and dress the users so they may attend their activities falls under each of these respective descriptors and not under the *Integration* descriptor.

- Driving a child to daycare represents transportation provided by the resource which is part of everyday life and is not included under the descriptor. The same is true if the resource is driving users to their integration activities due to a lack of transportation in the area. The Form does not provide for this lack.

5 Accompany or teach a user showing a risk or difficulty to perform activities related to school-work-other attendance

✎ Consider the capacity of the user or of an effective help network

▪ Teach the users showing a risk or difficulty to perform activities related to school-work-other attendance in order to acquire the necessary knowledge, behaviours and attitudes. The learning potential is present, even if the results are minimal or longer to appear.

ASK YOURSELF

⟨?⟩ What is the user's condition in order to attain the stated objective for the *Integration* descriptor? Is it:

▪ a user who has attained this stage in their development, or is placed in a new situation?

▪ a user (child or adult) showing a risk which requires greater and direct supervision to prevent the risk of accidents for them?

▪ a user (child or adult) showing a difficulty who must cope with obstacles due to disabilities that can be sensory, medical or cognitive and conduct difficulties. Note that a diagnosis is not necessary to identify a difficulty.

⟨?⟩ In relation to the user's condition, **what specific support or assistance service(s) should be provided by the resource?**

⟨?⟩ If applicable, in collaboration with the resource, **should the details box be completed?** [*Compulsory if there are protocols and standards of care.*]

▪ Help intensively the users who are in the process of giving up to do their homework, to have a routine to prepare their things, to respect their commitments towards their employer, etc

▪ Accompany the user who has learning disabilities, with homework by using or not using technological aids.

▪ Drive to or pick up the child from school in the morning and in the afternoon or at dinner time, because they are suspended from the school bus or from the cafeteria at lunchtime. Without this, the child could not be maintained at school. The same is true for the user in the workplace and is suspended from the specialized transportation.

▪ Encourage the user who is experiencing a significant and sustained drop in motivation.

▪ Take the necessary time to teach the user how to do things and how to act, review situations with them, etc.

6 Control the user's regular attendance in school-work-other activities

[*Exceptional service as part of the IP*]

▪ Exercise constant supervision over the user by combining measures: impose on the user the presence of a person who represents authority during integration activities, actively participate to ensure that strategies developed for the users are followed to the letter and that the users regularly attend their integration activities (school-work-other).

▪ Be in daily contact with the school, employer or other in order to integrate, reintegrate and maintain the users in their integration environment.

REACH OR MAINTAIN AUTONOMY IN DOMESTIC LIFE ACTIVITIES.

EXAMPLES: LAUNDRY, HOUSE MAINTENANCE, ERRANDS, BUDGET MANAGEMENT, TRANSPORTATION MANAGEMENT, COOKING, USE OF MEANS OF COMMUNICATION, ETC.

1 No intervention

Consider the capacity of the user or of an effective help network

- The descriptor does not apply when there is no objective for the user to reach or maintain autonomy in domestic life activities. The resource does the laundry, house maintenance, errands, budget management, transportation management, cooking, use of means of communication, etc.

- Do nothing for users who show autonomy in domestic life activities.
- If the users have difficulty reaching or maintaining their autonomy in domestic life activities, it is therefore someone other than the resource or a resource employee (family, a caregiver or a staff member from the institution) who provides the required service in order to complete the objective related to the Autonomous life descriptor, on an ongoing basis.

2 Slight verification with or without adaptation of user in domestic life activities

Consider the user's autonomy

- Briefly verify the means taken by the users to do domestic life activities.
- Adapt the space, routine or necessary material according to the users' needs in relation to domestic life activities. Examples: set up and maintain a checklist of tasks to do. For means of communication, provide the user with specialized equipment (specialized telephone). With these adaptations, the users reach or maintain their autonomy in terms of domestic life activities.

3 Help, advise, monitor, promote, remind, stimulate, supervise, verify

Consider the user's degree of cooperation

- Help the user purchase clothing for example.
- Advise the users, make recommendations in terms of their domestic life activities.
- Supervise the users so they respect their routine in terms of domestic life activities. The user goes along without much resistance.
- Promote preparation for autonomy in domestic life activities for children by encouraging them to make their bed, pick up toys, for example. Allow the users, with reduced autonomy, to perform domestic life activities to keep them busy, so they feel useful, have a better self-esteem, without it being an objective needed to attain or regain autonomy. Show interest in what they are accomplishing.
- Remind the users to do something they already know how to do. Remind them to prepare and do their domestic life activities, to follow their checklist of tasks to do.
- Stimulate the user who is experiencing a temporary loss of motivation. Use positive motivation. Encourage them to do what is expected of them.
- Monitor the users in order to intervene, if necessary, before they start the activity, whether they are well prepared and have the equipment necessary.
- Verify that the users have complied with what is expected of them and that they are using properly, for example, the equipment and technical aids provided to perform their domestic life activities.

4 Accompany the user in domestic life activities

Consider the user's development stage

- Be with the users in a new stage of their life, for example, preparing for life outside the resource or living in an apartment. Guide them, reassure them, listen to them, etc. Examples: be with them to do their budget, laundry, cleaning, prepare meals, using means of communication.
- Go with the users to the bank, to do chores, take public transportation, etc.

REMINDER

Common support and assistance services for the *Autonomous life* descriptor include:

- Maintain the life environment;
- Ensure comfort and safety;
- Look after clothing;
- Make the necessary purchases for users, which includes making the necessary purchases in terms of personal care, medication, clothing, entertainment or other special needs;
- Ensuring the management of the users' allowance for personal expenses and making an inventory of their property, which includes involving the users, to the extent possible, in managing money allotted for their personal expenses allowance.

5 | Teach the user to perform domestic life activities

☞ *Consider the user's development stage*

※ Take the necessary time with the users who have reached this development stage, or who are placed in a new situation, to teach them to perform domestic life activities. Examples: prepare the adolescent or young adult to live in an apartment, teaching them to perform domestic life activities. The same is true for users who already live in supervised apartments.

ASK YOURSELF

⟨?⟩ **What is the user's condition in order to attain the stated objective for the *Autonomous Life* descriptor?** Is it:

- a user who has attained this stage in their development, or is placed in a new situation?

- a user (child or adult) showing a risk which requires greater and direct supervision to prevent the risk of accidents for them?

- a user (child or adult) showing a difficulty who must cope with obstacles due to disabilities that can be sensory, medical or cognitive and conduct difficulties. Note that a diagnosis is not necessary to identify a difficulty.

⟨?⟩ In relation to the user's condition, **what specific support or assistance service(s) should be provided by the resource?**

⟨?⟩ If applicable, in collaboration with the resource, **should the details box be completed?** [*Compulsory if there are protocols and standards of care.*]

※ Help the users to identify difficulties that could lead to autonomy problems in terms of domestic life activities and help them find solutions.

※ Help the user more actively using games, pictograms, emulation techniques, etc.

※ Show the users to budget, save, separate their money into identified envelopes.

※ Show the users to determine what they need, to plan, to make a list for their errands.

※ Explain to the user how the laundry equipment functions, to separate their laundry, to add detergent, to fold their laundry.

※ Show the users how to prepare meals, keep perishable items fresh, measure quantities.

※ Help the users discover new routes by showing them to follow the itinerary on a map, to buy their bus tickets, to follow transportation schedules.

6 | Accompany or teach a user showing a risk or difficulty to perform domestic life activities

☞ *Consider the user's condition or learning potential*

※ Be with the users when performing domestic life activities, whether they are still living in the resource or are already living in an apartment (supervised). Accompany the users in order to ensure their tasks are performed correctly.

※ Teach the users showing a risk or difficulty to perform domestic life activities in order to acquire the necessary knowledge, behaviours and attitudes. The learning potential is present, even if the results are minimal or longer to appear.

※ Show the user to perform domestic life activities with the objective of becoming more autonomous. Examples: budget management, combine measures such as going to the bank with the user, provide explanations, help them make their payments, help them manage their revenues in relation to expenses.

※ Be with the users with reduced autonomy, accompany them while they perform their activities so they maintain acquired knowledge in terms of domestic life activities by continuing to perform certain tasks.

※ Encourage the user who is experiencing a significant and sustained loss of motivation so they persevere in performing their domestic life activities.

※ Help the user more actively using games, pictograms, emulation techniques, etc.

DISTRIBUTION AND ADMINISTRATION OF MEDICATIONS.

1 No intervention

↳ Consider the capacity of the user or of an effective help network

- Do nothing for the users who take their medications properly on
- their own.
  If the users have difficulty with their medications, it is therefore someone other than the resource or a resource employee (family, a caregiver or a staff member from the institution) who provides the required service in order to complete the objective related to the *Physical (medications)* descriptor, on an ongoing basis.

2 Slight verification with or without adaptation for taking medications

↳ Consider the user's autonomy

- Briefly verify the means taken by the users for taking their medications.

- Adapt the space, routine or necessary material according to the users' needs in relation to medications. Examples: ensure that the pillbox is accessible to the user while limiting accessibility to other users, make a regular visual inspection of medication vials, check the prescription dates and dispose of expired drugs, post a schedule for taking medications, install a reminder alarm. With these adaptations, the users take their medications.

3 Help, observe, remind, stimulate, supervise

↳ Consider the user's degree of cooperation

- Help the users read prescriptions or instructions related to their medications. Help them open their containers.
- Observe the users when they take their medications. Pay close attention to what they are doing.
- Remind the users to do something they already know how to do. Remind them to take their medications.
- Stimulate the users concerning the responsibility of taking their medication. Use positive motivation. Encourage them to do what is expected of them.
- Monitor that the users take their medication at the intervals established or to ensure that they do not drop or spill them, in order to intervene if necessary.

4 Distribute medications

- Provide users who take their own medication, prescriptions prepared by a qualified professional. Users are aware of what they are taking and why.

5 Administer prescribed medications

- Make users, who are unable to do so on their own due to, for example a physical, behavioural or cognitive disability, take medications prepared by a qualified professional. This involves some control and helps for taking medication.
- Administer medications as directed by the nurse, doctor or pharmacist while respecting the authorized route of administration.

REMINDER

Common support and assistance services for the *Physical (medications)* descriptor include:

☞ **Ensure comfort and safety**, which includes storing medications in a safe place provided for this purpose;

☞ **Make the necessary purchases for users**, which includes making the necessary purchases in terms of medications;

☞ **Ensure adequate monitoring of all** necessary health services and social services;

☞ **Collaborate with the various workers involved with the user**, which includes communicating relevant observations and participating, as required, in discussions

⚠ ATTENTION

- Completing the **distribution or administration of medications form** and recording the consecutive observations relating to the required monitoring is part of the activities carried out by non-professionals.

- The non-professional is not permitted to prepare the medication or modify the dosage: they must **respect the conditions** specific for administering prescribed medications which are ready for administration.

- See table concerning medication route of administration.

6 Administer medications requiring supervision

- Be close to the users while they take their medications to prevent them from choking, changing the dose, spitting or hiding their medications.

(?) What is the user's condition in order to attain the stated objective for the *Physical (medications)* descriptor? Is it:

- an autonomous user who cooperates well?

- users who are aware of the medications they are taking and why?

- users who are unable to take their medications themselves or who do not know what they are taking?

(?) In relation to the user's condition, **what specific support or assistance service(s) should be provided by the resource?**

(?) If applicable, in collaboration with the resource, **should the details box be completed?** [*Compulsory if there are protocols and standards of care.*]

- Make observations in a report, and provide structured information for the doctor, nurse or health care professional regarding the administration of medications. This includes accounts made over the phone.

- Verify whether the medications taken by the users are effective, if they are beneficial or not, their side effects, etc.
- Administer insulin to the user, whether it is a fixed dose or not.
- Administer a PRN medication to the user (if required).
- Provide the user medications in order to respect the "stool protocol" in case of problems.
- Administer medication to the user as directed by the nurse, respiratory therapist, doctor or pharmacist while respecting the authorized route of administration.

MEDICATION ROUTE OF ADMINISTRATION

OTIC/AURICULAR)	• Drops • Ointment • Pomade
INHALATION	• Aerosol • Inhaler
NASALE	• Drops • Ointment • Vaporizer • Pomade
OPHTALMIC	• Drops • Ointment • Pomade
ORAL	• Liquid form of the medication to be administered using a graduated measuring device or a 10ml syringe • Medications in dosette packaging or Dispill pill box
RECTAL	• Fleet enema • Ointment • Suppository
SUBCUTANEOUS (INSULIN ONLY)	• Injectable pen • Insulin pump • Syringe prepared by a health care professional
TOPICAL	• Cream • Pomade • Lotion • Powder • Ointment • Medicated shampoo • Paste • Vaporizer
TRANSDERMAL	• Analgesic patch • Nitro paste patch • Hormonal patch • Narcotic patch • Nicotine patch
FEEDING TUBE	• Gastrostomy • Nasogastric • Jejunostomy • Nasojejunal • Nasoduodenal
VAGINAL	• Cream • Ovule • Suppository

HEALTH PROBLEMS, PHYSICAL AND SENSORIAL INCAPACITY REQUIRING SPECIAL CARE AND SERVICES FROM HEALTH PROFESSIONALS OTHER THAN MEDICATIONS.

`1` No intervention

⬦ *Consider the capacity of the user or of an effective help network*

- Do nothing for the users who are autonomous in terms of physical care.
- If the users have difficulty in terms of physical care, it is therefore someone other than the resource or a resource employee (family, a caregiver or a staff member from the institution) who provides the required service in order to complete the objective related to the *Physical (care)* descriptor, on an ongoing basis.

`2` Slight verification with or without adaptation of user in exercising and applying the means recommended by a professional

⬦ *Consider the user's autonomy*

- Briefly verify the means taken by the users in exercising and applying the means recommended by a professional.
- Adapt the space, routine or necessary material according to the users' needs in relation to physical care. Examples: place prominently on a board or calendar the exercise program the users must do, make available the equipment or technical aid. With these adaptations, the users monitor their physical care.

`3` Help, observe, remind, stimulate, supervise

⬦ *Consider the user's degree of cooperation*

- Help the user develop a healthy lifestyle. Help the user recognize the warning signs that could lead to health problems. Perform ad hoc non-invasive care activities for daily life until the user's autonomy returns.

- Observe how the users do their physical exercises. Watch closely what they are doing.
- Remind the users to do something they already know how to do. Remind them to do physical exercises according to their limits and capacity.
- Stimulate the users so they become responsible for their physical care.
  Use positive motivation. Encourage them to do what is expected of them.
- Monitor the users to ensure they follow the established physical care schedule in order to intervene, if necessary. Monitor that the users properly use the equipment and technical aids provided for the activity.

`4` Perform non-invasive care activities for daily life

- Perform care activities that the users cannot do themselves. These are care or exploration activities not exceeding the physiological boundaries or an artificial opening in the body and may involve the risk of harming the clientele. Examples:
  - Help the users reconnect their urine bag;
  - Apply an emollient cream or a non-medicated protective (barrier) cream daily on the user's skin according to the recommendation from a professional;
  - Apply a transparent adhesive film as recommended by a nurse or doctor;
  - Measure blood pressure (premedication postmedication, monitoring according to the instructions from a health care professional);
  - Empty the urine from a collection bag, a catheter or a stoma;
  - Install the medical compression stockings or compression garment daily;
  - Install a urine condom;
  - Install a dry protective bandage;
  - Take the use's capillary blood glucose;
  - Measure the user's body temperature orally, rectally, axillarily or tympanically;
  - Administer oxygen via mask or fixed dose nasal device.

REMINDER

Common support and assistance services for the *Physical (care)* descriptor include:

- ☞ **Establish a life environment**, which includes establishing a balanced and adapted life routine and communicate positive values;

- ☞ **Ensure adequate monitoring of all necessary health services and social services**, which includes paying attention to the user's discomfort and responding adequately, ensuring that appropriate treatment is provided and accompanying the user, if necessary, ensuring that equipment and technical aids used are clean and in good working condition, for example, cleaning a hearing aid or oxygen device;

- ☞ **Collaborate with the various workers involved with the user**, which includes communicating relevant observations and participating, as required, in discussions.

⚠ ATTENTION

- Examples concerning **non-invasive care** activities for daily life or **invasive care** techniques related to feeding, elimination or respiration are examples of exceptional activities that may be assigned to non-professionals under certain guidelines and training. The institution establishes their standards of care.

- The Form does not cover **professional services** that cannot be assigned to non-professionals.

- Ensure that the **services requested** from the resource are covered by the institution's nursing care standards.

- The institution managing the resource is responsible for ensuring that **activities assigned to non-professionals** (resource) comply with applicable standards.

5 **Accompany a user showing a risk or difficulty in exercising and applying the means recommended by a professional**

✎ Consider the user's condition

- Be close to the users while they perform alone exercises and apply the means recommended by a professional, because they present a risk of accident, or to support the activity through multiple interventions in order for things to run smoothly. Be close to the users to guide them, reassure them and intervene rapidly if necessary.

  - Support the users while they learn speechreading, Braille, sign language.

  - Perform stimulation exercises with the user.
  - Do or have the spastic user do the daily stretching exercises or the exercises recommended by the physiatrist, occupational therapist, doctor, etc.
  - Perform postural drainage with percussion (clapping) exercises.
  - Follow the instructions from a nutritionist (special diet, liquid diet, etc).
  - Give the user treatments against lice repeatedly.
  - Transform, modify the texture of foods because a professional has recommended adjustments due to the user's health problems.

ASK YOURSELF

? What is the user's condition in order to attain the stated objective for the *Physical (care)* descriptor? Is it:

- an autonomous user or a user who cooperates well in exercising and applying the means recommended by a professional?

- a user who is unable alone to exercise or apply the means recommended by a professional. Note that a diagnosis is not necessary to identify a difficulty.

6 **Apply invasive care techniques for breathing**

- Exercise care or exploration methods that go beyond physiological boundaries or via an artificial opening in the human body or that cause a non-superficial lesion to the body. Examples:
  - Tracheostomy care;
  - Aspiration of tracheobronchial secretions;
  - Cleaning the inner cannula.

? In relation to the user's condition, **what specific support or assistance service(s) should be provided by the resource?**

? If applicable, in collaboration with the resource, **should the details box be completed?** [*Compulsory if there are protocols and standards of care.*]

ACCOMPANY THE USER TO APPOINTMENTS OF A PSYCHOSOCIAL OR FAMILY NATURE OR FOR SCHOOL-WORK-OTHER, OR WITH HEALTH PROFESSIONALS OR FOR OUTSIDE ACTIVITIES.

N.B. COUNT 3 HOURS FOR AN APPOINTMENT.

1 No intervention
↳ *Consider the capacity of the user or of an effective help network*

- Do nothing if users go to appointments on their own.
- If the users have difficulty in terms of appointments, it is therefore someone other than the resource or a resource employee (family, a caregiver or a staff member from the institution) who accompanies users to appointments on an ongoing basis.

2 Slight verification with or without adaptation
↳ *Consider the user's autonomy*

- Briefly verify the means taken by the users to respect their appointments.

- Adapt the space, routine or necessary material according to the users' needs in relation to appointments. Examples: place prominently the user's appointment schedule, provide a room for the user to receive the people the user meets. With these adaptations, the users can look after their appointments.

3 Help, monitor, encourage, promote, remind
↳ *Consider the user's degree of cooperation*

- Help users prepare for their appointments, to have the necessary material, etc. Help users by recording their appointments for them and keeping the appointment schedule.
- Supervise the users by providing rules concerning the location of their appointments, the people present, the duration, etc. The user goes along without much resistance.
- Encourage the users who are experiencing a lack of motivation to respect their appointments. Encourage them to go to their appointments.
- Encourage the users to make appointments by organizing everything involved (location, greeting, privacy, tranquility, etc). Adapt the routine so the users can have appointments. Show the users interest concerning their appointments.
- Remind the users to do something they already know how to do. Remind them of the date, location, rule concerning their appointments, etc.

4 Accompany the user less than once per month to appointments
See supporting tables on the next page.

5 Accompany the user once or twice per month to appointments
See supporting tables on the next page.

6 Accompany the user more than twice but up to 4 times per month to appointments
See supporting tables on the next page.

7 Accompany the user more than 4 times per month to appointments
See supporting tables on the next page.

EXAMPLES OF WHAT IS CONSIDERED AN APPOINTMENT

- Going with the user to appointments of a psychosocial or family nature, or for school work other, or with health professionals or for outside activities as part of the IP.

- Going to an appointment with the user and remaining available on site in case needed. Examples: waiting in the waiting room while the user meets with a professional or family members, attend with the user an outside activity as part of the IP, such as accompanying the user to hockey practices, games or tournaments.

- Having to attend with the user an appointment of a psychosocial or family nature, or for school-work-other, or with health professionals, even if the meeting takes place in the resource.

- Having to be present and implement protective measures (following a court order) when the user receives a visit from a family member. Or, supervising a meeting the user has with a family member, as part of the intervention plan guidelines.

- Going with a child to the office of a professional for supervised visits with the child's parents.

- Going with the user to receive the school report card.

EXAMPLES OF WHAT IS NOT CONSIDERED AN APPOINTMENT

- Going to an appointment without the user, for example, for discussing a case. This is a collaboration service included in the support or assistance services common at all levels.

- Holding a weekly follow-up meeting, or a support meeting, alone with the user.

- Meeting with the teacher for the school report card without the user.

- Meeting the user's caseworker for a follow-up with the user being present.

- Remaining available while the user goes out with their natural family to receive the user earlier in case of problems.

- Going to the hair salon with the user.

ASK YOURSELF

? What is the user's condition in order to attain the stated objective for the *Appointments* descriptor?
Is it an autonomous user or a user who cooperates well?

? In relation to the user's condition, **what specific support or assistance service(s) should be provided by the resource?**

? If applicable, in collaboration with the resource, **should the details box be completed?** [*Compulsory if there are protocols and standards of care.*]

CALCULATING THE NUMBER OF APPOINTMENTS

- Estimate and add, on an annual basis, all the appointments mentioned under the descriptor and calculate a monthly average.

- Although appointments with the doctor or dentist are common services expected from all resources, they are part of the appointments to be calculated, provided that the resource accompanies the user.

DURATION OF APPOINTMENT (including waiting and transportation time)	EQUIVALENCE EN IN NUMBER OR APPOINTMENTS
0 - 3 hours*	= 1 appointment
3 - 6 hours	= 2 appointments
6 - 9 hours	= 3 appointments
9 - 12 hours	= 4 appointments
12 - 15 hours	= 5 appointments
15 - 18 hours	= 6 appointments
18 - 21 hours	= 7 appointments
21 - 24 hours	= 8 appointments

* A 15 minute appointment is equal to 1 appointment. Note that one should not combine shorter appointments in order to reach 3 hours.