

**CARF  
Survey Report  
for  
Kardel Consulting  
Services, Inc.**

**Organization**

Kardel Consulting Services, Inc.  
2951 Tillicum Road, Suite 209  
Victoria BC V9A 2A6  
CANADA

**Organizational Leadership**

Karl Egner, Ph.D., Chief Executive Officer  
Keith Macgowan, Director of Finance  
Cathy Elford, Director of Human Resources  
Stuart Munger, Director, Programs & Quality Assurance

**Survey Dates**

January 9-11, 2017

**Survey Team**

Phillip J. McConnell, Administrative Surveyor  
Jeff Harrison, Program Surveyor  
Debra A. Dickinson, Program Surveyor

**Programs/Services Surveyed**

Community Housing  
Community Integration  
Host Family/Shared Living Services  
Respite Services  
Supported Living

**Previous Survey**

January 22-24, 2014  
Three-Year Accreditation

**Survey Outcome**

**Three-Year Accreditation**  
**Expiration: March 31, 2020**



**Three-Year Accreditation**

# SURVEY SUMMARY

## **Kardel Consulting Services, Inc. has strengths in many areas.**

- Kardel employs energetic and qualified staff members who are fully dedicated to the organization's mission, which enhances the quality of life for persons served. The high caliber of the organization's operations and services starts "at the top" with the visionary chief executive officer who is well known for responding to the support needs of persons served in an increasingly large geographical service footprint. The strong leadership team is also committed to continuous organizational quality improvement.
- The organization's excellent strategic plan is based on a thorough analysis of the service environment as well as input from persons served and other stakeholders.
- Large, beautiful pictorial representations of the strategic plan displayed on walls throughout Kardel's administrative facility serve as constant reminders of the organization's mission, vision, values, and strategic goals. Other wall posters created by the same artist graphically illustrate rights of the persons served and the organization's service menu.
- Kardel collaborated with another support services provider and the Inter-Cultural Association of Greater Victoria to host a transformational theatre group whose actors performed short scenes from real stories of conflict and insensitivity experienced by persons with disabilities in the community. Consequences of various solutions to the issues portrayed were acted out and discussed as participants explored and decided on which were the most appropriate and workable.
- Kardel effectively utilizes its ShareVision information management system by customizing it for entering, tracking, and reporting on the variety of data generated through health and safety drills and inspections, critical incident reports, strategic plan implementation progress, and performance management. The organization also finds many additional uses for ShareVision that have led to better methods for communicating internally and externally.
- The Affiliation of Multicultural Societies and Service Agencies (AMSSA) of British Columbia honoured Kardel by recognizing it as one of the six top organizations in the province providing cultural diversity education.
- Kardel sponsors three awards for students graduating each year from Camosun College: two Andrea Van Rheenen awards and the Kardell award, which honours graduating seniors seeking careers in the field of human services.
- The Futures program facilitates community involvement with a high degree of choice for the persons served. Significant among the options provided is volunteer work at a local community centre where persons served receive a monthly stipend from a grant program for their work preparing and packaging food and cleaning toys to be made available to local children. Noteworthy social enterprise efforts undertaken by persons served in the Futures program include picking up items for recycling at a local condominium project, a portion of the proceeds from which are donated to local charities. The Futures program also facilitates a wide variety of other recreational and volunteer opportunities.

- The Photography Club of the Futures program has a website through which persons served sell their pictures, and it also partners with a local charity that supports women who have been abused. A person served in the Photography Club was supported to acquire and learn to use a camera, despite the challenge of limited dexterity.
- Kardel's Individual Support Network (ISN) provides a flexible, versatile, and highly individualized service option to meet the unique needs of persons served with complex needs and those who might not desire or easily benefit from traditional day programs and supported living services.
- Various stakeholders commented that the members of leadership are strong communicators who exhibit patience and respect when approached with questions or concerns. They consider Kardel's open-door policy an organizational strength, and indicated that they are comfortable approaching personnel at all levels, from the chief executive officer to direct service staff members.
- The organization's residential programs provide supports to persons served with a wide array of complex physical and medical needs. The homes are clearly designed to meet the needs of persons served, including ample accessibility-related equipment, and to maintain a comfortable and personalized environment.
- Kardel is commended for supporting Self Advocates for a Brighter Future, a local self-advocacy group.
- The organization's community partnerships and collaborations are highly valued. Staff members diligently work to maintain and broaden these and other relationships with stakeholders across the communities it serves.
- The high level of dedication evidenced across Kardel's operations is reflected in staff members' collegial respect for each other and in their strong sense of teamwork. The organization serves many communities across lower and central Vancouver Island. Teamwork appears to be the key to success in taking on the many challenges presented by the expansive region served.
- Kardel is complimented for expanding its Home Share services to central Vancouver Island. Coordinators are now located in Campbell River, Comox, Courtenay, and Nanaimo. Home Share providers in these areas indicated that having local staff members promotes greater collaboration and quick responsiveness to any needs they might have.
- The organization's commendable job of matching Home Share providers and persons served has resulted in the development of many long-term relationships. The ongoing support and open communication that characterize Home Share services ensure that quality services are ongoing. Many persons served stated that they love Kardel because "It is one big family. It's really not my family, but it sure feels like it is. I love Kardel!"

**Kardel should seek improvement in the area(s) identified by the recommendation(s) in the report. Any consultation given does not indicate non-conformance to standards but is offered as a suggestion for further quality improvement.**

On balance, Kardel provides excellent and valued services, and it is dedicated to continuous quality improvement. Persons served, referral/funding sources, and other stakeholders expressed an impressive level of satisfaction with the organization's services. The organization benefits from forward-thinking and effectively engaged leadership, and it fosters a team-oriented work culture. Kardel is a highly respected community partner and participant. Its initiatives and services reflect a focus on the provision of meaningful, community-integrative involvement. Kardel demonstrates

substantial conformance to the CARF International standards. Although there are a few areas for improvement, they are scattered throughout the standards sections and minimal in comparison to the organization's strengths. The receptivity of the leadership and staff members to the consultation and other feedback provided during this survey instills confidence that Kardel possesses the willingness and ability to bring it into full conformance to the CARF standards.

Kardel Consulting Services, Inc. has earned a Three-Year Accreditation. The leadership and staff members are recognized for their efforts in pursuit of international accreditation. They are encouraged to use their resources to address the opportunities for improvement and to continue to utilize the CARF standards on an ongoing basis as guidelines for continuous quality improvement.

## **SECTION 1. ASPIRE TO EXCELLENCE®**

### **A. Leadership**

#### **Description**

CARF-accredited organizations identify leadership that embraces the values of accountability and responsibility to the individual organization's stated mission. The leadership demonstrates corporate social responsibility.

#### **Key Areas Addressed**

- Leadership structure
- Leadership guidance
- Commitment to diversity
- Corporate responsibility
- Corporate compliance

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#### **Recommendations**

There are no recommendations in this area.

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### **C. Strategic Planning**

#### **Description**

CARF-accredited organizations establish a foundation for success through strategic planning focused on taking advantage of strengths and opportunities and addressing weaknesses and threats.

### **Key Areas Addressed**

- Strategic planning considers stakeholder expectations and environmental impacts
  - Written strategic plan sets goals
  - Plan is implemented, shared, and kept relevant
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### **Recommendations**

There are no recommendations in this area.

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## **D. Input from Persons Served and Other Stakeholders**

### **Description**

CARF-accredited organizations continually focus on the expectations of the persons served and other stakeholders. The standards in this subsection direct the organization's focus to soliciting, collecting, analyzing, and using input from all stakeholders to create services that meet or exceed the expectations of the persons served, the community, and other stakeholders.

### **Key Areas Addressed**

- Ongoing collection of information from a variety of sources
  - Analysis and integration into business practices
  - Leadership response to information collected
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### **Recommendations**

There are no recommendations in this area.

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## **E. Legal Requirements**

### **Description**

CARF-accredited organizations comply with all legal and regulatory requirements.

### **Key Areas Addressed**

- Compliance with all legal/regulatory requirements

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## Recommendations

There are no recommendations in this area.

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## F. Financial Planning and Management

### Description

CARF-accredited organizations strive to be financially responsible and solvent, conducting fiscal management in a manner that supports their mission, values, and annual performance objectives. Fiscal practices adhere to established accounting principles and business practices. Fiscal management covers daily operational cost management and incorporates plans for long-term solvency.

### Key Areas Addressed

- Budget(s) prepared, shared, and reflective of strategic planning
  - Financial results reported/compared to budgeted performance
  - Organization review
  - Fiscal policies and procedures
  - Review of service billing records and fee structure
  - Financial review/audit
  - Safeguarding funds of persons served
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## Recommendations

There are no recommendations in this area.

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## G. Risk Management

### Description

CARF-accredited organizations engage in a coordinated set of activities designed to control threats to their people, property, income, goodwill, and ability to accomplish goals.

## **Key Areas Addressed**

- Identification of loss exposures
  - Development of risk management plan
  - Adequate insurance coverage
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## **Recommendations**

There are no recommendations in this area.

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## **H. Health and Safety**

### **Description**

CARF-accredited organizations maintain healthy, safe, and clean environments that support quality services and minimize risk of harm to persons served, personnel, and other stakeholders.

### **Key Areas Addressed**

- Inspections
  - Emergency procedures
  - Access to emergency first aid
  - Competency of personnel in safety procedures
  - Reporting/reviewing critical incidents
  - Infection control
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### **Recommendations**

There are no recommendations in this area.

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## **I. Human Resources**

### **Description**

CARF-accredited organizations demonstrate that they value their human resources. It should be evident that personnel are involved and engaged in the success of the organization and the persons they serve.



## **Key Areas Addressed**

- Adequate staffing
  - Verification of background/credentials
  - Recruitment/retention efforts
  - Personnel skills/characteristics
  - Annual review of job descriptions/performance
  - Policies regarding students/volunteers, if applicable
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## **Recommendations**

There are no recommendations in this area.

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## **J. Technology**

### **Description**

CARF-accredited organizations plan for the use of technology to support and advance effective and efficient service and business practices.

### **Key Areas Addressed**

- Written technology and system plan
  - Written procedures for the use of information and communication technologies (ICT) in service delivery, if applicable
  - Training for personnel, persons served, and others on ICT equipment, if applicable
  - Provision of information relevant to the ICT session, if applicable
  - Maintenance of ICT equipment in accordance with manufacturer recommendations, if applicable
  - Emergency procedures that address unique aspects of service delivery via ICT, if applicable
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### **Recommendations**

There are no recommendations in this area.

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## **K. Rights of Persons Served**

### **Description**

CARF-accredited organizations protect and promote the rights of all persons served. This commitment guides the delivery of services and ongoing interactions with the persons served.

### **Key Areas Addressed**

- Communication of rights
  - Policies that promote rights
  - Complaint, grievance, and appeals policy
  - Annual review of complaints
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### **Recommendations**

There are no recommendations in this area.

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## **L. Accessibility**

### **Description**

CARF-accredited organizations promote accessibility and the removal of barriers for the persons served and other stakeholders.

### **Key Areas Addressed**

- Written accessibility plan(s)
  - Requests for reasonable accommodations
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### **Recommendations**

There are no recommendations in this area.

### **Consultation**

- Kardel's accessibility plan alludes to the need to secure resources to address certain architecturally inaccessible areas. It is suggested that these areas be identified more specifically in the plan. For example, the organization's offices in Nanaimo and Campbell River are accessible only by flights of stairs because the facilities have no elevator.
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## **M. Performance Measurement and Management**

### **Description**

CARF-accredited organizations are committed to continually improving their organizations and service delivery to the persons served. Data are collected and analyzed, and information is used to manage and improve service delivery.

### **Key Areas Addressed**

- Information collection, use, and management
  - Setting and measuring performance indicators
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### **Recommendations**

#### **M.6.b.(1) through M.6.b.(4)**

Performance measures have been implemented for all programs/services of Kardel, with the exception of its new respite program. The organization is urged to measure service delivery performance indicators for each program/service seeking accreditation in the areas of service effectiveness, service efficiency, service access, and satisfaction and other feedback from the persons served and other stakeholders.

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## **N. Performance Improvement**

### **Description**

The dynamic nature of continuous improvement in a CARF-accredited organization sets it apart from other organizations providing similar services. CARF-accredited organizations share and provide the persons served and other interested stakeholders with ongoing information about their actual performance as a business entity and their ability to achieve optimal outcomes for the persons served through their programs and services.

### **Key Areas Addressed**

- Proactive performance improvement
  - Performance information shared with all stakeholders
- 

### **Recommendations**

#### **N.1.b.(2)(a) through N.1.c.(3)**

Following implementation of a comprehensive performance measurement and management system that includes the respite program, the written performance analysis of performance indicators in relation to performance targets should be expanded to address the effectiveness and efficiency of services, service access, and satisfaction and other feedback from the persons served and other stakeholders, and extenuating or influencing factors. The performance analysis should fully identify

areas needing performance improvement, result in an action plan to address the improvements needed to reach established or revised performance targets, and outline actions taken or changes made to improve performance.

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## **SECTION 2. QUALITY INDIVIDUALIZED SERVICES AND SUPPORTS**

### **A. Program/Service Structure**

#### **Description**

A fundamental responsibility of the organization is to provide a comprehensive program structure. The staffing is designed to maximize opportunities for the persons served to obtain and participate in the services provided.

#### **Key Areas Addressed**

- Services are person centred and individualized
  - Persons are given information about the organization’s purposes and ability to address desired outcomes
  - Documented scope of services shared with stakeholders
  - Service delivery based on accepted field practices
  - Communication for effective service delivery
  - Entrance/exit/transition criteria
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#### **Recommendations**

There are no recommendations in this area.

#### **Consultation**

- Behaviour support plans and rights restrictions are reviewed on an annual basis by key staff members and caregivers. Kardel might consider developing a broader committee membership to review these documents. A committee including the perspectives of “at a distance” members could be useful in providing a “fresh” look at plans and restrictions that might not immediately be evident to personnel providing day-to-day supports, and it might help ensure that the committee’s decisions are guided by best practices.
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## **B. Individual-Centred Service Planning, Design, and Delivery**

### **Description**

Improvement of the quality of an individual's services/supports requires a focus on the person and/or family served and their identified strengths, abilities, needs, and preferences. The organization's services are designed around the identified needs and desires of the persons served, are responsive to their expectations and desired outcomes from services, and are relevant to their maximum participation in the environments of their choice.

The person served participates in decision making, directing, and planning that affects his or her life. Efforts to include the person served in the direction or delivery of those services/supports are evident.

### **Key Areas Addressed**

- Services are person centred and individualized
  - Persons are given information about the organization's purposes and ability to address desired outcomes
- 

### **Recommendations**

#### **B.5.b.(2)**

#### **B.5.b.(3)**

Service plans include individualized goals that reflect input from the persons served. However, it is recommended that coordinated individualized service plans consistently identify specific measurable objectives and methods/techniques to be used to achieve the objectives.

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## **C. Medication Monitoring and Management**

### **Key Areas Addressed**

- Current, complete records of medications used by persons served
  - Written procedures for storage and safe handling of medications
  - Educational resources and advocacy for persons served in decision making
  - Physician review of medication use
  - Training and education for persons served regarding medications
- 

### **Recommendations**

There are no recommendations in this area.

## Consultation

- Some of the medications Kardel manages for persons served might be at risk for theft because of their “street value.” Although certain locations have implemented procedures for counting and monitoring these medications, it is suggested that a uniform procedure for monitoring medications, including the frequency of monitoring, be developed and implemented on an organizationwide basis.
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## F. Community Services Principle Standards

### Description

An organization seeking CARF accreditation in the area of community services assists the persons and/or families served in obtaining access to the resources and services of their choice. The persons and/or families served are included in their communities to the degree they desire. This may be accomplished by direct service provision or linkages to existing opportunities and natural supports in the community.

The organization obtains information from the persons and/or families served regarding resources and services they want or require that will meet their identified needs, and offers an array of services it arranges for or provides. The organization provides the persons and/or families served with information so that they may make informed choices and decisions.

The services and supports are changed as necessary to meet the identified needs of the persons and/or families served and other stakeholders. Service designs address identified individual, family, socioeconomic, and cultural needs.

Expected results from these services may include:

- Increased or maintained inclusion in meaningful community activities.
- Increased or maintained ability to perform activities of daily living.
- Increased self-direction, self-determination, and self-reliance.
- Increased self-esteem.

### Key Areas Addressed

- Access to community resources and services
- Enhanced quality of life
- Community inclusion
- Community participation

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## Recommendations

There are no recommendations in this area.

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# SECTION 3. EMPLOYMENT AND COMMUNITY SERVICES

## Description

An organization seeking CARF accreditation in the area of employment and community services assists the persons served through an individualized person-centred process to obtain access to the services, supports, and resources of their choice to achieve their desired outcomes. This may be accomplished by direct service provision, linkages to existing generic opportunities and natural supports in the community, or any combination of these. The persons served are included in their communities to the degree they desire.

The organization provides the persons served with information so that they may make informed choices and decisions. Although we use the phrase *person served*, this may also include *family served*, as appropriate to the service and the individual.

The services and supports are arranged and changed as necessary to meet the identified desires of the persons served. Service designs address identified individual, family, socioeconomic, and cultural preferences.

Depending on the program's scope of services, expected results from these services/supports may include:

- Increased inclusion in community activities.
- Increased or maintained ability to perform activities of daily living.
- Increased self-direction, self-determination, and self-reliance.
- Self-esteem.
- Housing opportunities.
- Community citizenship.
- Increased independence.
- Meaningful activities.
- Increased employment options.
- Employment obtained and maintained.
- Competitive employment.
- Employment at or above minimum wage.

- Economic self-sufficiency.
- Employment with benefits.
- Career advancement.

## J. Family-Based/Shared Living Supports

### Host Family/Shared Living Services

#### Description

Host family/shared living services assist a person served to find a shared living situation in which he or she is a valued person in the home and has supports as desired to be a participating member of the community. An organization may call these services a variety of names, such as host family services, shared living services or supports, alternative family living, structured family care giving, family care, or home share.

Getting the person in the right match is a critical component to successful host family/shared living services. The organization begins by exploring with the person served what constitutes quality of life for him or her and identifies applicant providers who are a potential match with the person's identified criteria. The person served makes the final decision of selecting his or her host family/shared living provider.

Safety, responsibility, and respect between or amongst all people in the home are guiding principles in these services. Persons are supported to have meaningful reciprocal relationships both within the home, where they contribute to decision making, and the community. The service provider helps the person served to develop natural supports and strengthen existing networks. Relationships with the family of origin or extended family are maintained as desired by the person served. The provider supports the emotional, physical, and personal well-being of the person.

Persons develop their personal lifestyle and modify the level of support over time, if they so choose. The provider encourages and supports the person served to make his or her own decisions and choices.

The host family/shared living provider does not necessarily have to be a family, as it could be an individual supporting the person. In this program description and these standards, *provider* refers to the individual(s) supporting the person served. Although the "home" is generally the provider's home or residence, it may also be the home of the person served.

Some examples of the quality results desired by the different stakeholders of these services and supports include:

- Quality of life as identified by the person served is enhanced.
- Increased independence.
- Increased community access.
- Persons served choose whom they will live with and where.
- Participation of the persons in the community.



- Community membership.
- Support for personal relationships.
- Increased natural supports.
- Strengthened personal networks.
- Supports accommodate individual needs.
- Persons feel safe.
- Persons feel that the supports they need/want are available.
- Persons decide where they live.
- Persons feel valued.
- Persons have meaningful relationships.
- Persons develop natural supports.
- Persons participate in their community.

### **Key Areas Addressed**

- Appropriate matches of non-family participants with homes
- Contracts that identify roles, responsibilities, needs, and monitoring
- Needed supports
- Community living services in a long-term family-based setting
- Sense of permanency

### **Recommendations**

**J.22.a.**

**J.22.c.**

**J.22.d.**

**J.22.f.**

Although Kardel provides each Home Share provider with a handbook that contains educational information and providers have received competency-based training on first aid and medication management, it is less clear that providers participate in competency-based training related to other areas identified in the standard. It is recommended that Kardel ensure that each provider participates in competency-based training that addresses implementation of program values, basic healthcare expectations, documentation practices, and other specific areas as applicable to the persons served.

### **J.23.a.(4)(a) through J.23.a.(4)(c)**

The organization is urged to expand its written agreement with each provider to include identification of who has what authority over decisions regarding the individual's healthcare, finances, and legal status.

#### **Consultation**

- To enhance its recruiting process, Kardel might find it beneficial to solicit testimonials from current Home Share providers and to make the testimonials easily accessible to prospective providers in an electronic format through a link on its website or other means.
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## **K. Community Housing**

### **Description**

Community housing addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of the persons served, regardless of the home in which they live and/or the scope, duration, and intensity of the services they receive. The residences in which services/supports are provided are typically owned, rented, leased, or operated directly by the organization, or may be owned, rented, or leased by a third party, such as a governmental entity. Providers exercise control over these sites in terms of having direct or indirect responsibility for the physical conditions of the facility.

Community housing is provided in partnership with individuals. These services/supports are designed to assist the persons served to achieve success in and satisfaction with community living. They may be temporary or long-term in nature. The services/supports are focused on home and community integration and engagement in productive activities. Community housing enhances the independence, dignity, personal choice, and privacy of the persons served. For persons in alcohol and other drug programs, these services/supports are focused on providing sober living environments to increase the likelihood of sobriety and abstinence and to decrease the potential for relapse.

Community housing programs may be referred to as group homes, halfway houses, three-quarter way houses, recovery residences, sober housing, domestic violence or homeless shelters, and safe houses. These programs may be located in rural or urban settings and in houses, apartments, townhouses, or other residential settings owned, rented, leased, or operated by the organization. They may include congregate living facilities and clustered homes/apartments in multiple-unit settings. These residences are often physically integrated into the community, and every effort is made to ensure that they approximate other homes in their neighbourhoods in terms of size and number of individuals.

Community housing may include either or both of the following:

- Transitional living that provides interim supports and services for persons who are at risk of institutional placement, persons transitioning from institutional settings, or persons who are homeless. Transitional living is typically provided for six to twelve months and can be offered in congregate settings that may be larger than residences typically found in the community.
- Long-term housing that provides stable, supported community living or assists the persons served to obtain and maintain safe, affordable, accessible, and stable housing.

Some examples of the quality results desired by the different stakeholders of these services/supports include:

- Safe housing.
- Persons choosing where they live.
- Persons choosing with whom they will live.
- Persons having privacy in their homes.
- Persons increasing independent living skills.
- Persons having access to the benefits of community living.
- Persons having the opportunity to receive services in the most integrated setting.
- Persons' rights to privacy, dignity, respect, and freedom from coercion and restraint are ensured.
- Persons having the freedom to furnish and decorate their sleeping or living units as they choose.
- Persons having freedom and support to control their schedules and activities.
- Settings that are physically accessible to the individuals.

### **Key Areas Addressed**

- Safe, secure, private location
- In-home safety needs
- Options to make changes in living arrangements
- Support to persons as they explore alternatives
- Access as desired to community activities
- System for on-call availability of personnel

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### **Recommendations**

There are no recommendations in this area.

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## **L. Supported Living**

### **Description**

Supported living addresses the desires, goals, strengths, abilities, needs, health, safety, and life span issues of persons usually living in their own homes (apartments, townhouses, or other residential settings). Supported living services are generally long term in nature but may change in scope, duration, intensity, or location as the needs and preferences of individuals change over time.

Supported living refers to the support services provided to the person served, not the residence in which these services are provided. Although the residence will generally be owned, rented, or leased by the person who lives there, the organization may occasionally rent or lease an apartment when the person served is unable to do so. Typically, in this situation the organization would cosign or in other ways guarantee the lease or rental agreement; however, the person served would be identified as the tenant.

Supported living programs may be referred to as supported living services, independent living, supportive living, semi-independent living, and apartment living; and services/supports may include home health aide and personal care attendant services. Typically, there would not be more than two or three persons served living in a residence, no house rules or structure would be applied to the living situation by the organization, and persons served can come and go as they please. Service planning often identifies the number of hours and types of support services provided.

Some examples of the quality results desired by the different stakeholders of these services/supports include:

- Persons served achieving choice of housing, either rent or ownership.
- Persons served choosing whom they will live with, if anyone.
- Minimizing individual risks.
- Persons served have access to the benefits of community living.
- Persons served have autonomy and independence in making life choices.

### **Key Areas Addressed**

- Safe, affordable, accessible housing chosen by the individual
- In-home safety needs
- Support personnel available based on needs
- Supports available based on needs and desires
- Living as desired in the community
- Persons have opportunities to access community activities

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## **Recommendations**

There are no recommendations in this area.

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## **M. Respite Services**

### **Description**

Respite services facilitate access to time-limited, temporary relief from the ongoing responsibility of service delivery for the persons served, families, and/or organizations. Respite services may be provided in the home, in the community, or at other sites, as appropriate. An organization providing respite services actively works to ensure the availability of an adequate number of direct service personnel.

Some examples of the quality results desired by the different stakeholders of these services/supports include:

- Services/supports are responsive to the family's needs.
- Services/supports are safe for persons.
- Services/supports accommodate medical needs.

### **Key Areas Addressed**

- Time-limited, temporary relief from service delivery
  - Accommodation for family's living routine and needs of person served
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## **Recommendations**

There are no recommendations in this area.

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## **P. Community Integration**

### **Description**

Community integration is designed to help persons to optimize their personal, social, and vocational competency to live successfully in the community. Persons served are active partners in determining the activities they desire to participate in. Therefore, the settings can be informal to reduce barriers between staff members and persons served. An activity centre, a day program, a clubhouse, and a drop-in centre are examples of community integration services. Consumer-run programs are also included.

Community integration provides opportunities for the community participation of the persons served. The organization defines the scope of these services and supports based on the identified needs and desires of the persons served. This may include services for persons who without this option are at risk of receiving services full time in more restrictive environments with intensive levels of supports such as hospitalization or nursing home care. A person may participate in a variety of community life experiences or interactions that may include, but are not limited to:

- Leisure or recreational activities.
- Communication activities.
- Spiritual activities.
- Cultural activities.
- Pre-vocational experiences.
- Vocational pursuits.
- Volunteerism in the community.
- Educational and training activities.
- Development of living skills.
- Health and wellness promotion.
- Orientation, mobility, and destination training.
- Access and utilization of public transportation.
- Interacting with volunteers from the community in program activities.
- Community collaborations and social connections developed by the program (partnerships with community entities such as senior centres, arts councils, etc.).

Some examples of the quality results desired by the different stakeholders of these services include:

- Community participation.
- Increased independence.
- Increased interdependence.
- Greater quality of life.
- Skill development.
- Slowing of decline associated with aging.
- Volunteer placement.

- Movement to employment.
- Centre-based socialization activities during the day that enable persons to remain in their community residence.
- Activity alternatives to avoid or reduce time spent in more restrictive environments, such as hospitalization or nursing home care.

### **Key Areas Addressed**

- Opportunities for community participation
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### **Recommendations**

There are no recommendations in this area.

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# PROGRAMS/SERVICES BY LOCATION

## **Kardel Consulting Services, Inc.**

2951 Tillicum Road, Suite 209  
Victoria BC V9A 2A6  
CANADA

Community Integration  
Host Family/Shared Living Services  
Supported Living

## **Campbell River HS**

Unit E – 1691A Willow Street  
Campbell River BC V9W 3M8  
CANADA

Host Family/Shared Living Services  
Respite Services

## **Courtenay HS**

357 4th Street  
Courtenay BC V9N 1G8  
CANADA

Host Family/Shared Living Services  
Respite Services

## **Lakes House**

6284 Lakes Road  
Duncan BC V9L 4S6  
CANADA

Community Housing

## **Nanaimo HS**

2290 Bowen Road, 203  
Nanaimo BC V9T 3K7  
CANADA

Host Family/Shared Living Services  
Respite Services



**Parksville HS**

198 East Island Highway, 215  
Parksville BC V9V 1P9  
CANADA

Host Family/Shared Living Services  
Respite Services

**Patterson**

7882 Patterson Road  
Saanichton BC V8M 1L5  
CANADA

Community Housing

**The Well**

7577 Wallace Drive  
Saanichton BC V8M 1V8  
CANADA

Community Integration

**Amelia**

2316 Amelia Street  
Sidney BC V8L 2H9  
CANADA

Community Housing

**Henry**

2374 Henry Street  
Sidney BC V8L 2B5  
CANADA

Community Housing

**Maryland**

9496 Maryland Drive  
Sidney BC V8L 2R6  
CANADA

Community Housing

**Sentinel**

8598 Sentinel Place  
Sidney BC V8L 4Z7  
CANADA

Community Housing

**Dustin**

4967 Dustin Court  
Victoria BC V8Y 3B5  
CANADA

Community Housing

**Futures Club**

875 Catherine Street  
Victoria BC V9A 3T9  
CANADA

Community Integration

**Hillside**

1055 Hillside Avenue, Apartment 200  
Victoria BC V8T 2A4  
CANADA

Community Housing

**Paskin**

761 Paskin Way  
Victoria BC V8Z 6N4  
CANADA

Community Housing