



AUTISM SOCIETY

OF THE REGIONAL MUNICIPALITY OF WOOD BUFFALO

Social-Respite Program

Handbook for Parents

Autism Society of the Regional Municipality of Wood Buffalo January 2023

Autism Society of the Regional Municipality of Wood Buffalo

Established 2017

Mission Statement:

We are committed to creating an inclusive community through programming, supports, and understanding for Autistic individuals in our region, and all those living with a disability and their families across the lifespan.

Vision:

A region where autistic individuals and all those living with a disability are valued and are participating members of the community. A region that recognizes that all citizens have the right to live, work and play.

Guiding Principles:

- Support an inclusive community by respecting all people, valuing diversity and a commitment to equality
- Promoting education and acceptance around autism to create an understanding and inclusive community
 - Empowering autistic individuals and those with disabilities to achieve their goals
 - Inspiring optimism in the community
 - Provide an emotionally safe and supportive setting.

Program funded in part by:



United Way
Fort McMurray
and Wood Buffalo

About the Program

Our Social-Respite program was created for neurodiverse children and youth to take part in fun activities and experiences with peers while providing parents with much-needed respite. Children attending the program practice social skills while interacting with their peers and learning life skills such as independence, responsibility, and accountability. Youth learn practical skills such as managing money, using public transport and self-advocacy. Activities will include, but are not limited to games nights, swimming, eating out, skating, golf, attending concerts or sporting events, craft evenings and volunteering in the community at local events such as Canada Day, Festival of Trees and with local agencies such as the Food Bank and SPCA.

Who can join the Social-Respite Program?

The program is designed for children and youth ages 3-17 years-old, who have an ASD diagnosis and/or other disabilities and/or social communication challenges.

How do we access the program?

We will use an intake process so that we can get to know your child/youth and help you find the most appropriate activities for them to enjoy with us. The process involves completing an online application form, signing declarations and a brief interview with the Program Director.

Once your application has been approved, the Program Director will let you now that you can now start signing up for activities.

How do I sign up for activities?

Activities can be registered through our free app 'Wild Apricot for Members'. Activities will be on a 'first-come, first-served' basis and there is a 24hr cancellation policy to allow for spaces to be filled in the event of cancellations. *Cancellations less than 24hrs will be charged for if space cannot be filled.*

What kinds of activities do participants do?

Program activities will include board games nights, swimming, rock-climbing, video games nights, art & craft nights, cooking classes, attending local festivals, sporting events or concerts... and everything in between!

**Please note: This is an independence-building program. Therefore, some 'conveniences' will be purposely missing from the activities, in order to provide specific opportunities for participants to experience and practice real world situations.*

How can I find out if I have FSCD funding?

If you do not know whether you have access to funding for respite support, please call your FSCD caseworker, if you already have one. If not, please contact the local FSCD department for more information: 780-743-7113.

If you are already aware that you do not qualify for funding but are still interested in this program, please get in touch with us. We may be able to help with some subsidy support or see if one of our other programs might be a better fit for you at this time.

What fees are associated with the program?

There is an annual fee of \$50 (or 5hrs volunteer commitment) per child to go towards the cost of program materials, etc. We charge an hourly respite rate which varies depending on your child/youth's needs and level of support required. Because the needs of each participant will vary greatly, the rates for the program will also vary to a certain extent. Individual rates will be confirmed upon registration approval.

FSCD direct-billing rates are dependent on the individual contract and the types of services covered by the contract.

If paying 'fee-for-service' fees must be paid either at the time of booking with a credit card or by EMT within 24hrs of registering.

**Please note that these rates are for Respite Support Staffing only, and activities themselves will have an added cost (admission, tickets, etc.) which will be payable by the participant (i.e. not billed to FSCD). You will be informed of these costs when registering for activities.*

What if I have funding, but I cannot afford the cost of activities (admission, lunch, transit passes)?

We encourage you to contact the Program Director to discuss your individual situation, there may be ways we can help you mitigate some of those costs.

What happens on the day of the activity?

On the day of the activity, parents are responsible for dropping off & picking up their child/youth at the designated meeting spot. Activity details, including time & location, can be found on the event registration page for each activity.

**Please note: If you are unable to pick up your child/youth at the end of the event, respite support staff will only be allowed to release your child/youth to someone who has been authorized by you.*

Program Accessibility:

The Autism Society of the Regional Municipality of Wood Buffalo's Social-Respite Program Room is located on the lower level of the Unifor 707a building, 10019 Macdonald Avenue, Fort McMurray, Suite 21B. The building is accessible by both public and private transport. The municipal bus terminal is a short walk (400m) from the building. There is free parking available at Unifor 707a, with two designated spaces for Blue Badge users. The building has an accessible path to travel to the entrance of the building and an elevator to access the lower level. Access throughout the building, including washrooms, is suitable for people with disabilities.

The Autism Society of the Regional Municipality of Wood Buffalo's Life Skills Apartment is located on the lower level of 204b Sandpiper Place, Eagle Ridge, Fort McMurray, apartment #110. The building is accessible by both public and private transport. The nearest bus stop is a short walk (300m) from the building, stop 7062 (Route 41) on Loutit Road. There is free visitor parking available at Sandpiper Place. The building has an accessible path to travel to the front entrance of the building and three steps to access the visitor entrance. Access throughout the building, including washrooms, is suitable for people with disabilities.

Who are the staff?

Our Respite Support staff are experienced in supporting youth to learn and practice social skills such as; building friendships, maintaining friendships, initiating and exiting conversations and other social interactions. All our staff have First Aid Training (Level C) + CPR, Nonviolent Crisis Intervention training, current criminal record and child service intervention checks, valid driving licences and adequate auto insurance for transporting your child/youth. Support staff are supervised by the Program Director and relevant training is provided, as necessary. Program Leaders are responsible for planning activities, the day-to-day running of the program and maintaining safe and accessible spaces.

What is the ratio of staff to participants?

The program runs with a maximum staff ratio of 3:1 down to 1:1 (*to maintain social interaction for those still needing one-to-one assistance*). The ratio of staff is never above 3:1 and is always based on the needs of each member and the activity.

My child needs 1:1 care - are you able to provide that?

We can provide 1:1 care if it is required. This decision will be made during intake process. If you have any questions or concerns about this, please don't hesitate to contact the Program Director with any questions.

Can parents or siblings come with my child?

Our funding model relies on the understanding that we are providing respite for families, and as such, we are not able to invite family members to stay at activities.

If you are concerned about your child adjusting or feeling comfortable with the group, you are welcome to discuss options and strategies with the Program Director.

My child has difficult behaviours. Are they still welcome in this program?

The staff are familiar with a wide range of behaviours and are confident in supporting children/youth through strong emotions. We feel that with the right information, support from program staff and the family we can ensure success in the program. For any specific questions or concerns please contact the Program Director. All program staff are trained in Nonviolent Crisis Intervention which focuses on verbal de-escalation techniques and prevention of challenging behaviours by supporting individuals social and emotional needs in a positive manner.

Will I need to bring, or send with my child, any specific items or supplies?

Any additional supplies or items (*such as bathing suits, indoor shoes, etc.*) will be described in the activity details at registration.

If your child requires specific items for sensory or self-care needs (*i.e. headphones, sunglasses, chew tubes, personal care items*) it will be parent's responsibility to send these items.

How does transportation work?

Parents are required to drop off and pick up from activities. Transportation within the activity will be walking distance, public transit or in Respite Support Worker vehicles.

Social-Respite Groups

Social-Respite Kinder

This group is for children aged 3-5 years-old (typically in ECDP/EEP/Kindergarten). Sessions are 2hrs long with 2-3 children in group and take place in our downtown location and activities include play in Program Room & Sensory Room, walks to local parks and indoor playgrounds, etc.

Social-Respite Junior

This group is for children aged 5-8 years-old. Sessions are 3hrs long, have 3-5 children in group and take place in our downtown location and activities include play in Program Room & Sensory Room, swimming, rock-climbing, parks and indoor playgrounds, Total Ninja Warrior Gym, skating, skate parks, movie theatre, etc.

Social-Respite Senior

This group is for youth aged 8-12 years-old. Sessions are 3hrs long, have 3-5 children in each group and take place in our downtown location. Activities include playing (games that encourage using social skills), bowling, swimming, rock-climbing, Total Ninja Warrior Gym, skate parks, skiing/snowboarding, movie theatre, etc.

Social-Respite Life Skills

This group is for youth aged 10-17 years-old. Sessions are 3hrs long, take place in our uptown location and activities include meal planning, grocery shopping, cooking, simple budgeting, household cleaning, laundry, etc.

Social-Respite Friday Friends

This group is for youth aged 10-14 years-old who have completed PEERS program. Sessions are 3hrs long, take place in either our downtown or uptown location and activities include social activities that encourage youth to practice the skills learned during the PEERS program, as well as going to inclusive community groups at BGC (Limitless Youth) and JSYF.

Social-Respite PEERS (Program for the Education and Enrichment of Relational Skills)

This is a six-week, facilitator led group for youth aged 10-14 years-old (typically grades 6-9). The program teaches youth friendship skills such as making and maintaining friendships, appropriate use of humour, how to handle arguments, rumours, bullying, etc.

All of our Social-Respite groups are organized by age but are flexible dependent on developmental needs of the individual. Please contact Program Director (programdirector@autismrmwb.org) for more information about any of the groups.

Policies & Procedures

Accidents and Injuries:

- If an accident occurs during the program, which results in an injury, the program staff will take appropriate steps to treat the injury, inform parents/legal guardian, and document the incident using the Incident Report Form.

Medication Administration:

- Medication may only be administered by program staff on completion of a Medication Consent Form (prior to session) which must clearly state the dosage and time to be administered.

Transportation:

- The Autism Society of the RMWB will ensure the safety of participants being transported to all program activities.
- When youth are transported using personal vehicles of staff or volunteers, proper safety devices, including seatbelts and when necessary, booster seats as prescribed by law are always to be used.

Respectful, Inclusive & Engaging Environments:

- The Autism Society of the RMWB will create a positive program environment that enriches the Society experience for children, youth, and families.
- The social environment of the program will be safe, positive, inclusive, and welcoming for children, youth, and families. The program environment nurtures a sense of belonging and club ‘ownership’ among children, youth, and families.

Program Safety:

- Appropriate measures will be taken to ensure the health and safety of all participants in Autism Society of the RMWB’s programs, including during field trips.
- To ensure proper care and contact in the event of an emergency, the parent or legal guardian will provide relevant health information on the information form completed upon registering their child for Society activities. The Program Leader will have access to each participant’s health information during program activities.
- **ALLERGY SAFETY – to protect children attending the program with airborne nut allergies we do not allow any food containing nuts in the program.**

Illness:

- To ensure the health and well-being of the youth in the program, no child/youth, staff or volunteer will be permitted to attend an activity if they have the following symptoms: fever, vomiting, diarrhea, pink eye or any other contagious illness.
- If youth’s symptoms appear during a Society program, the Program Leader will call parent/guardian to pick the child/youth up. If the parent/guardian cannot be reached, their emergency contact will be called.
- In the case of highly contagious illnesses, inform other parents of possible infection, but withhold the child/youth’s name.

Cancellation:

- If cancellation is made by parents giving a minimum of 24hrs notice a full refund or credit will be offered. **No refunds if less than 24hrs notice is given.**
- If session is cancelled by ASRMWB a refund or credit will be offered.

Please read and initial the following statements, if agreeable:

I give permission for Autism Society RMWB to direct-bill FSCD for supported respite hours monthly (copy of FSCD contract must be provided to Program Director).	
I agree to pay the Autism Society of the RMWB agreed hourly rate for supported respite hours that are <u>not</u> covered by FSCD (payable within 24hrs of registering for sessions)	
I have read the Cancellation Policy and understand that all cancellations with less than 24hrs notice will still require payment (either FSCD or Parent/Guardian).	
I understand that the Parent/Guardian is responsible for any costs occurred from attending activities/events (i.e., movie tickets, swimming, food purchased, etc.)	
I have been informed of and understand the program activities and I am aware that there are certain risks inherent in my child/youth's participation in the program.	
I understand that every care and attention will be given to the health and wellbeing of my child/youth and that Autism Society of the RMWB cannot be held responsible for any injuries sustained while participating in the program activities.	
I give Autism Society of the RMWB permission to take photographs of my child/youth while participating in program activities that may be shared in PRIVATE parents Facebook group.	
I give Autism Society of the RMWB permission to take photographs of my child/youth while participating in program activities that may be used in printed or online media publications.	
I give permission for my child/youth to be transported in staff of the Autism Society of the RMWB's personal vehicles and agree to provide appropriate safety car seat/booster seat where necessary.	
I give permission for my child/youth to receive emergency first aid treatment if necessary, during program and hold no liability against the staff of the Autism Society of the RMWB.	
I will not hold Autism Society of the RMWB liable for paying any costs occurred with providing emergency treatment for my child (e.g., ambulance charges.)	
I give permission for staff to administer medication to my child/youth during program activities (following completion of Medication Administration consent form).	
I give permission for Autism Society of the RMWB to communicate with FSCD regarding my child's contracted respite hours for invoicing purposes.	
If I choose to volunteer 5hrs in 2023 in lieu of paying \$50 Annual Registration fee but do not complete 5hrs volunteering, I understand I will be invoiced \$10 per outstanding volunteer hour remaining.	

I have read the above information and agree on the Autism Society's Social-Respite Policies and Procedures.

To the best of my knowledge, the above information is accurate and complete. Should anything change, I understand that the Program Director will be notified in a timely manner.

Parent(s) Signature:

Program Director Signature:

Date: _____

Date: _____

General Waiver and Release of Liability

1. In consideration for receiving permission to enter Autism Society of the Regional Municipality of Wood Buffalo at 10019 MacDonald Avenue, Fort McMurray, AB, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE Autism Society of the Regional Municipality of Wood Buffalo, their officers, agents, contractors, volunteers, or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in such activity, while in, on or upon the premises where the activities are being conducted, REGARDLESS OF WHETHER SUCH LOSS IS CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise and regardless of whether such liability arises in tort, contract, strict liability, or otherwise, to the fullest extent allowed by law.
2. I am fully aware of the risks and hazards connected with the activities which may take place in this building and I hereby elect to voluntarily participate in said activities, knowing that the activities may be hazardous.
3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage, or costs, including court costs and attorneys' fees that Releases may incur due to my child's participation in said activities, WHEATHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise, to the fullest extent allowed by law.
4. It is my express intent that this Waiver and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the Province of Alberta and the federal or provincial courts of Alberta. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions.

IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read Terms and Conditions and the foregoing Wavier of Liability and Hold Harmless Agreement, understand it, and sign it voluntarily and I am at least eighteen (18) years of age.

ALL FIELDS ARE MANDATORY

Please fill in YOUR First and Last name:

Please fill in your Child's First and Last name:

Please fill in your address:

City:

Postal Code:

Parent Signature:

Date:

[Type here]