Community Social Services WorkSafeBC Pilot Project

an Innovation and Sustainability Roundtable Partnership









PILOT PROJECT FINAL REPORT



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Noteworthy acknowledgments: Stephen Symon, Patrick Whalen, Denise Subotin and Dale Walker from WorkSafeBC, and Brenda Gillette from the BC CEO Network for their support.

Executive Leadership: Gentil Mateus (CSSEA) & Rick FitzZaland (FED).

Participating Employers

Abbotsford Community Services, AXIS Family Resources Ltd, Chilliwack Society for Community Living, Community Living Society, Delta Community Living Society, Inclusion Powell River Society, Milieu Family Services Inc., North Okanagan Youth & Family Services Society, Options Community Services, posAbilities Association of British Columbia, Sea to Sky Community Services Society, Spectrum Society for Community Living, Sunshine Coast Community Services Society, The John Howard Society Lower Mainland of BC, Vancouver Aboriginal Child & Family Services, AiMHi Prince George Association for Community Living, Bethesda Christian Association, Community Integration Services Society, Creston and District Society for Community Living, Developmental Disability Association, J. Garnons Williams Ltd., Nanaimo Association for Community Living, Okanagan Boys & Girls Clubs, PLEA Community Services, Richmond Society for Community Living, Semiahmoo House Society, Starbright Children's Development Centre, The Immigrant Services Society of BC, Touchstone Family Association, Victoria Cool Aid Society

Community Social Services Bargaining Association

BC Government and Service Employees' Union, BC Nurses' Union, Canadian Union of Public Employees, Christian Labour Association of Canada, Construction and Specialized Workers' Union, Health Sciences Association of BC, Hospital Employees' Union, Service Employees' International Union, United Food and Commercial Workers International Union, United Steelworkers of America



INTRODUCTION

Since April 2015, as the Project Manager of the Community Social Services WorkSafeBC Pilot Project (Pilot Project), I have been awestruck by the Community Social Services (CSS) sector on how resilient, creative, efficient, and passionately dedicated it has been in serving individuals in need. All too often the CSS industry/employers has been overlooked on the true value and contributions that are made each and every day in our communities throughout British Columbia.

As a sector that has been identified by WorkSafeBC as a High Risk Industry for the past several years, it was the task of the Community Social Services WorkSafeBC Pilot Project to take the first steps and embark on an in-depth journey to: identify patterns/trends/causation on what elements predicated this, and to further explore both practical and proactive solutions to Injury Management (IM) or Disability Management (DM) (including: the prevention of injuries, reducing workplace injury time loss of claims, injury time loss of days, Return To Work/Stay At Work/Recovery at Work practices, and improving claims case management) and to further build-on improving the overall health and safety management process.

In its tenure the CSS WorkSafeBC Pilot Project served as a vital catalyst in fostering and promoting health & safety in workplaces for the entire social services industry/employers. The deliverable outcomes achieved by the Community Social Services industry/employers in four short years has demonstrated overall reductions of injuries, and the costs associated with time loss claims and an increase of Injury Management practices through prevention, and better Disability Management strategies. The best practices gathered from consultation with the industry, Unions, and WorkSafeBC, directly contributed in the development of the *Community Social Services Health & Safety Handbook*. Based on our understanding, the Handbook is the first of its kind in Canada, an important practical tool and resource for both employers and unions in the industry/employers in creating healthier and safer work environments.

Community Social Services industry/employers registered in WorkSafeBC Health Care & Social Services Subsector Classification Units Assessable Base Rates (Counselling or Social Services (CU#766007), Life and Job Skills Training (CU#766010), Residential Social Services Facility (CU#766017), and Short-Term Care (CU#766019) from 2016 to 2019 have seen reductions in each of the four Assessable Bases Rates ranging from -5.9% to -38.9%.

Without the volunteer support of over 30 organizations and the combined efforts of the Community Social Services Union Bargaining Association, BC CEO Network and WorkSafeBC this endeavour would not have been successful. It is critical that we all continue to build on the momentum achieved in health and safety throughout the Community Social Services Industry/employers and the belief that all our workers are entitled to working in a safe environment.

In closing, I wish to express my appreciation to Gentil Mateus and Rick FitzZaland for their vision, guidance, unconditional support and leadership on holistically addressing the health and safety needs of the Community Social Services Industry/employers in British Columbia.

It has been my privilege to serve on this innovative, collaborative and prosperous enterprise.

EXECUTIVE SUMMARY

The *Pilot Project Final Report* is a practical cumulative summary of all the activities, outreach initiatives, partnerships, deliverables and outcomes that have been accomplished in the four year (2015-2019) timeline of the Community Social Services WorkSafeBC Pilot Project.

The Community Social Services (CSS) industry/employers contributes in the spectrum of 10 million dollars per year to WorkSafeBC in Assessment (insurance) premiums. Historically, the CSS industry/employers has experienced a high number of injuries, a high number of time loss claims, and a high volume of costs associated with injuries which are in many ways comparable or surpass the Healthcare Industry/employers experience.

From the years 2010 to 2015, WorkSafeBC Health Care & Social Services Subsector Classification Unit Base Rates where a large percentage of Community Social Services industry/employers are registered have had consecutively increased on average 10% to 20% per year. These increases in WorkSafeBC Assessment Rates have reflected the level of risk of worker exposure to injury and is not acceptable. It is also a contributing factor to the financial pressures for employers in the social services industry/employers.

As a result of a partnership initiative with The Federation of Community Social Services of BC (FED or FCSSBC), the Community Social Services Employers' Association of BC (CSSEA), WorkSafeBC and the BC Provincial Innovation & Sustainability Round Table, and the support of the Community Social Services Bargaining Association, (Appendix A) the *Community Social Services WorkSafeBC Pilot Project* was launched in April 2015. The Pilot Project specifically addressed the challenges for the Community Social Services industry/employers in reducing injuries and costs related to time-loss claims duration, including acts of violence; increasing engagement in improving on Disability Management; and building robust health and safety management systems.

The Pilot Project was to work in partnership with Community Social Services Employers' Association of BC, Federation for Community Social Services of BC, stakeholders and WorkSafeBC directly to achieve the following objectives:

- Improve Injury Prevention and Return to Work performance within the CSS industry/employers in the following Classification Units (CU): Counselling or Social Services (CU#766007), Life and Job Skills Training (CU#766010), Long-Term Care (CU#766011), Residential Social Services Facility (CU#766017), and Short-Term Care (CU#766019);
- Reduce WorkSafeBC claims costs, slow the growth in WorkSafeBC base rates and reduce or eliminate premium surcharges by controlling the net costs of managing Occupational Health and Safety (OSH) and Disability Management (DM) business for employers; and
- Review opportunities that will improve access to WorkSafeBC Certificate of Recognition (COR) and other programs for employers in the social services industry/employers.

The project consists of three main areas of focus:

1. Best Practices:

Occupational Safety and Health, and Disability Management: To develop a comprehensive Occupational Safety & Health and Disability Management program based on best practices gleaned by the Pilot through analyzing WorkSafeBC experience ratings of CSS industry/employers to develop improved outcomes.

2. Classification Units Review:

Conduct a review of six (6) of the most common Classification Units (CU) and rate making structure of CSS industry/employers to determine possible cost savings, including differential analysis of union & non-union settings and to explore the possibility of CSS employers forming a majority in one or more CU.

3. Review of Accreditation and the WorkSafeBC COR Program:

A comparison analysis between CSS industry/employers Accreditation processes such as Commission on Accreditation for Rehabilitation Facilities (CARF) and Council on Accreditation (COA) with respect to WorkSafeBC COR Program to determine if there is equivalency with WorkSafeBC requirements. Early on the Pilot Project adopted a strategy of engagement with all the stakeholders, and activities throughout the life of the Pilot from 2015 to 2019 (Appendix D) were extremely vibrant, and many of the objectives were implemented and completed as outlined in the high-level strategic plan. The strategic plan was crafted in 2015 with the support of Community Social Services Industry/employers Innovation & Sustainability Committee, WorkSafeBC and Stakeholders, employers and the Union Bargaining Association who were major supports of the Pilot Project.

The initial WorkSafeBC data analysis of Community Social Services process revealed that there is no simple formula to address the high cost of claims and injuries. This is partly because Community Social Services are registered in more than one Classification Unit (CU) with WorkSafeBC and each Employer Performance Profile revealed in many cases, that they performed differently in each of the CU's they were registered in. While most employers were registered in two primary CU's (766007 and 766017), some of the large employers were represented in multiple CU's, some as many as five.

As the report shows, there will be elements that have been captured in earlier Interim Reports, which demonstrates a consistency we identified during the life of the project and we attempted to capture in the final recommendations.

The Pilot Project engaged 26 employers since 2015 (13 employers facing challenges), and added an additional 4 employers in late 2017, making a total of 30 employers that directly participated on a volunteer basis and provided valuable and essential data and support.

The Pilot's vision was firmly committed to identifying key indicators and developing practical strategies to decrease the number of workplace injuries, reduce claims, and the associated financial and human costs of workplace injuries by cultivating and promoting safe and healthy workplaces where every stakeholder from employers, unions, WSBC and the employee play a part.

While the Pilot Project was modest in scope, over the past four years, the hard work and dedication of the participants in the community social service industry/employers as a whole has been successful in reducing all costs associated with workplace injuries, provided employers and unions with tools to be proactive to foster safe work places and reduce duration of claims by adopting and promoting best practices in Safety and Disability Management.

We collectively thank WorkSafeBC for funding and supporting the Community Social Services WorkSafeBC Pilot Project.



COMMUNITY SOCIAL SERVICES PROFILE

The Community Social Services industry/employers in British Columbia is a complex, diverse and unique industry which delivers a wide range of services to some of the most disadvantaged and marginalized groups in British Columbia (Appendix A). Until recently, Community Social Services had very limited access to Occupational Health & Safety (OSH) expertise and resources or the opportunity to identify industry-specific challenges to try to develop a framework and strategy to address the health and safety needs of the industry/employers unlike in other industries.

Community Social Services shares many similarities with Healthcare, particularly on the type of injuries, but is not like Healthcare and fundamentally, does not have access to the same range of Injury Management supports, resources as Healthcare does and therefore, the strategies need to be different.

This vital dialogue has just begun and in four years we had every key player at the table and a industry/employers that is primed to change how we look at workplace safety.

The Federation of Community Social Services of BC (FED), collectively represents over 140 agencies who provide support to individuals and communities in BC. Member agencies span the entire province and offer a broad range of services to communities such as people living with physical and mental challenges, vulnerable children, youth and seniors, new immigrants, people living with addictions or mental health issues, and those living in poverty.

The Community Social Services Employers' Association of BC (CSSEA) provides research and knowledge management, human resources, labour relations and collective bargaining services to 204 members and 89 associates throughout the province ranging in size from under 10 employees to more than 700 and collectively employs more than 20,000 people.

The Community Social Services Bargaining Association (CSSBA) is the bargaining agent representing over 16,000 unionized community social service workers in B.C. which is composed ten unions:

- B.C. Government Service and Employees' Union (BCGEU),
- Canadian Union of Public Employees (CUPE),
- Hospital Employees' Union (HEU),
- Health Sciences Association of British Columbia (HSA),
- United Steelworkers of America (USWA),
- United Food and Commercial Workers International Union (UFCW),
- Construction and Specialized Workers' Union (CSWU),
- Christian Labour Association of Canada (CLAC),
- British Columbia Nurses' Union (BCNU), and
- Service Employees' International Union (SEIU)

The diverse types of services/programs are being delivered by Community Social Services across British Columbia, can be best categorized in the following: 1) Community Living Services, 2) Indigenous Services, and 3) General Services.

 Community Living Services are primarily serving adults with developmental disabilities, as well as individuals who have a diagnosis of Autism Spectrum Disorder (ASD) or Fetal Alcohol Spectrum Disorder and who also have significant difficulty doing things on their own. Services and programs to individuals, families, service providers, community and government partners to help people to have lives filled with possibilities in welcoming communities. Service Delivery includes: Community Inclusion, Employment, Residential, and Recreation, for youth and adults.

2) Indigenous Services to First Nations and Métis organizations Culture and Languages: Business and Economic Development, Child and Family Services, Communications, Education Employment, Friendship Centres, Health and Healing, Housing, Legal, Women and Youth, First Nations, and Métis Communities and Councils. 3) General Services include: Community Social Services Harm Reduction, Youth Support Programs, Immigrant/Refugees/Agricultural Worker Services, Women's Street Entrenched Programs, Food Banks, Needle Exchange Distribution & Programs, Family Support Programs, Youth Counselling, Recreation and Support Programs, Daycare and Child Support Programs, Infant Autism, Occupational Speech, Substance Abuse Therapy Programs, Counselling, Crime Victim Assistance, Relationship Violence Prevention, Sexual Abuse Intervention Programs, Employment Programs, Employment Skill Development Programs, English as an Additional Language Classes, Immigrant Settlement Programs, Immigrant Youth & Young Adults Programs, Legal Advocacy (Immigrants, Refugees, Agricultural Workers...), Parenting Life Skills Immigrants, Caregiver Support Programs, Family Center Supports, Young Parent Programs, Housing Support Programs, Senior Groups, and Senior Support Programs (Income Tax, Meals On Wheels, Medical Support, Information/Referral and Resources).

The Community Social Services captured above are a fraction of the many types of services provided in communities across British Columbian.

Funding sources for Community Social Services are also complex, some of these funders include: Ministry of Justice and Attorney General, Ministry of Children and Family Development, Ministry of Education, Ministry of Energy, Mines and Natural Gas (responsible for housing), BC Housing, Ministry of Health, Regional Health Authorities, Ministry of Jobs, Tourism and Skills Training, Ministry of Social Development and Social Innovation, Ministry Environment and Climate Change Strategy, Municipal Governments, First Nations Health Authourity, Ministry Indigenous Relations, and Reconciliation, Other Provincial & Territorial Government(s), Community Living British Columbia, BC Gaming Grant, United Way and Foundations (ex. Law Foundation, Vancouver Foundation) service fees and fundraising.

Community Social Service organizations or employers receiving funding from government sources attain several types of accreditation designations in order to qualify to tend for contracts. Two of the predominant accreditation bodies utilized by the Community Social Services industry/employers are either Commission on Accreditation of Rehabilitation Facilities (CARF) International and or the Council on Accreditation (COA). Other Accreditation bodies include: BC Education Quality Assurance, Private Career Training Institutions Agency (PCTIA), Languages Canada, Imagine Canada, Accreditation Canada and others.

Commission on Accreditation of Rehabilitation Facilities (CARF) International is an independent, non-profit accreditor of health and human services founded in 1966. The vision of CARF *is to promote the quality, value, and optimal outcomes of services through a consultative accreditation process and continuous improvement services that center on enhancing the lives of persons served.*

The Council on Accreditation (COA) is also an international, independent, non-profit, human service accrediting organization, which was founded in 1977, and their *mission is to partner with human service* organizations worldwide to improve service delivery outcomes by developing, applying, and promoting accreditation standards.



COMMUNITY SOCIAL SERVICES WORKSAFEBC STATISTICS

Community Social Services employers are registered under the WorkSafeBC Healthcare & Social Services Subsector Industry/employers Number 7660. CSS employers in this sector are currently under five Classification Units: Counselling or Social Services (766007), Job Life and Job Skills Training (766010), Residential Social Service Facility (766017), and Short-Term Care (766019). There are a number of employers that are classified in Long-Term Care (766011) that are in the process of migrating to Residential Social Service Facility (766017).

WorkSafeBC Injury Rate Comparison

| Industry | Injury Rate CU* |
|--|-----------------|
| ALL BC Average | 2.2 |
| Healthcare& Social Services Subindustry/employers (7660) | 3.6 |
| Acute Care (CU 766001) | 4.0 |
| Community Health Support (766006) | 4.0 |
| Long Term Care (CU 766011) | 8.9 |
| Residential Social Services (CU 766017) | 5.3 |
| Short Term Care (CU 766019) | 3.7 |
| Life Job Skills (CU 766010) | 3.1 |
| Counselling or Social Services (CU 766007) | 1.8 |
| General Construction Subindustry/employers (7210) | 3.9 |
| Forestry (CU 7030) | 4.5 |
| Oil and Gas (CU 7040) | 1.2 |

SOURCE: WorkSafeBC 2017 Injury Rate Data. *The Injury Rate represents the number of time-loss claims per 100 workers over a year. *Blue Predominately Healthcare* / Black Predominately Community Social Services / Green Other Industries



Community Social Services Classification Units Assessment Base Rates

Community Social Services employers have observed an overall decrease from 2015 to 2019, in classification unit base rates they were registered in at WorkSafeBC.

⁽Base Rate per \$100 of assessable payroll.)

Community Social Services High Level Gap Analysis Claims & Cost

The following graphs pertain to the Types of Injury Claims Count vs Cost, Top Occupations associated to cost, and CU Time Loss Comparison are generated for WorkSafeBC data in an aggregate form from January 2014 to December 2018. The data presented below is applicable to all Classification Units.



⁽Note: *Total number of claims 5,612 (100%). Total Claims Cost \$58,891,163 (100%). Three types as noted above attribute to claims count **3,739** (66.6%) account for **\$37,761,000** (64.0%) of all claims are generated.)



⁽Note: The two occupations claims count make up 3642 (64.8%) of the total occupation claims count. The two occupations claims cost total \$36,161,000 (61.3%) of the total occupation claims cost.)



(Note: **Note:** Total Time Loss Days in the Four CU's from January 1, 2014 to December 31, 2018, equate to **209,589 Days** (100%). Claims in the two predominate CU's come to 174,724 Work Loss Days (83.4%)

OCCUPATIONAL SAFETY AND HEALTH, AND DISABILTY MANAGEMENT BEST PRACTICES

In years three and four the Community Social Services WorkSafeBC Pilot Project built on the achievements made in years one and two, and demonstrated consistency in reaching objectives and outcomes. Years three and four highlighted activities can be summarized as the following:

- To reiterate, the primary data analysis (over a 5 year term) focused on three key indicators: Injury Rate, Injury Time Loss Days and CU Experience Rating (Injury Management). They were applied to identify employers that were performing well (good), and those who were not (challenging). The following were considered among employers to capture a proper cross section: region, size of employer, division (type of services: General, Community Living, and Indigenous), union or nonunion workplaces, and membership affiliation with CSSEA/FED/independent agencies.
- In years three and four, all 26 employers were actively involved, on a volunteer basis, along with four (4) employers that were engaged in a consultative manner in November 2017.
 - The Pilot continued to work with 26 pilot employers to participate in the Project.
 - Detailed cost drivers were continuously identified for each agency including an in-depth analysis of the types of claims, the cost of the types of claims, identifying historical injuries, and assessing overall Disability Management. This was done to monitor and develop trends at the agency level.
 - Mini projects for the 13 pilot employers were developed and implemented in Year 2.
 Disability Management, Agency Policy Review, Review of WorkSafeBC, Employer Health and Safety Planning Tool Kit, and Examination of CU
- In 2015 and 2016, Best Practices on Occupational Safety & Health and Disability Management were gathered by the CSS industry/employers via survey, presentations and general feedback recommend the creation of an all-encompassing document to highlight Community Social Services; the *Community Social Services Health & Safety Handbook* (Appendix C) was the result.
- The Pilot Project provided regular updates and presentations to the CSS WorkSafeBC Check-In Committee, BC Government Innovation and Sustainability Roundtable, CSSEA HR Regional Groups, the BC CEO Network and the Community Social Services Bargaining Association (CSSBA).
- With respect to the WorkSafeBC Certificate of Recognition Program the Pilot liaised with the BC Municipality Safety Association (BCMSA) to explore means to improve access for the Community Social Services industry/employers.
- Detailed analyses were completed based on WorkSafeBC experience ratings of CSS industry/employers to develop improved outcomes. In year two (2015-2016) the three most common injury types identified initially remained the same which were: Acts of Violence/Force, Overexertion (soft tissue) and Falls/Slips/Trips. This validated WorkSafeBC's reports and data in years three and four (2017-2018).
- All 26 agencies remain actively involved with the project and the level of interest and engagement in the industry/employers remained consistently high.
- Third Party Benefit Providers continued to be involved in claims management administration with the 13 employers engaged with the DM part of the Pilot. The three Benefit Providers were: Healthcare Benefit Trust – Great West Life, Community Services Benefits Trust – Disability Management Institute, and Schmunk/Gatt/Smith – Acclaim.
- In consultation with WorkSafeBC where applicable the Classification Unit migration process for employers to transfer from Long Term Care (CU#766011) to Residential Social Service Facility (CU#766017) continued throughout the life of the Pilot.
- Ongoing monthly Pilot updates were provided to CSSEA, FED, WorkSafeBC, and Innovative Roundtable Provincial Steering Committee in Year 1 and Year 2.
- The development of a Pilot Newsletter Update was created and distributed to the industry/employers on a periodical basis (Appendix E).
- During the course of the Community Social Service WorkSafeBC Pilot Project from April 2015 to March 2019 a total of 169 Presentations were conducted.

5

| 0 | Pilot Project Employer (30) | 134 |
|---|----------------------------------|-----|
| 0 | CSS Employers (One to One) | 15 |
| 0 | Handbook Education sessions | 9 |
| 0 | Regional Presentations | 3 |
| 0 | CSS Bargaining Union Association | 3 |

Provincial Government

COMMUNITY SOCIAL SERVICES HEALTH & SAFETY HANDBOOK

The Community Social Services industry/employers continues to make a clear case that the industry/employers is not the same as Healthcare, and has demonstrated a need for industry-specific information and resources.

As a result of Best Practices on Occupational Health & Safety gathered from the Community Social Services industry/employers by the Pilot Project through outreach activities and collecting data/feedback, the Pilot crafted the framework for a CSS Health and Safety resource. A Resource Review Time Line Plan was developed to ensure the process would appropriately address all the needs as highlighted by the CSS industry/employers and that all stakeholders had the opportunity to provide viable feedback on the development of a *Community Social Services Health & Safety Handbook*.



In years three and four, several education/information webinar sessions took place with employers in Victoria, Kelowna, Kamloops, Lower Mainland and Northern BC. The purpose of the education/information sessions was to collaborate and support employers by building on their existing OSH, DM & RTW policies/practices and to share best practices gathered by the CSS Handbook.

The Community Social Services Employer's Health and Safety Handbook (Appendix C) was completed and distributed to the CSS industry/employers.

The Pilot would like to thank the Community Social Services Bargaining Association (CSSBA) for providing valuable feedback and endorsing the *Community Social Services Employer's Health & Safety Handbook*.

Community Social Services Health and Safety Handbook Education Sessions

The Pilot is pleased to convey there were 8 locations, where 9 Handbook presentations were made and reached 322 participants (227 Employers). The Pilot Project would like to thank the WorkSafeBC Prevention Field Services for having Prevention Officers at the majority of the presentations.

The Presentations took place in 2018 the following areas throughout BC:

| September 13 | Terrace |
|----------------------------------|------------------------------------|
| September 19 | Victoria |
| September 21 | Nanaimo |
| September 25 | Cranbrook |
| September 27 | Kelowna |
| October 3 | Dawson Creek |
| October 10 | Vancouver - CSSEA Conference |
| November 1 | Prince George |
| November 29 | Vancouver - CSSEA HR Practitioners |
| | |

Special recognition to the following agencies for hosting and providing support to the Handbook Presentations:

AiMHi Prince George Association for Community Living, Cranbrook Society for Community Living, Dawson Creek Society for Community Living, Independent Living Housing Society – CLBC (Victoria), Nanaimo Association for Community Living, Starbright Children's Development Center – Office of DBO Canada LLP (Kelowna), and Terrace District Community Services Society

PILOT PROJECT EMPLOYER WORKSAFEBC ANALYSIS

For the 13 Pilot Project employers that were having challenges the following WorkSafeBC Classification Unit Data was compiled from CU 766017, CU 766007, and CU 766010, were analyzed by WorkSafeBC in this assessment. Comparison between the most recent year with complete data to 2014 (reference year).

Injury Rate (2017 compared to 2014):

The median percent change in injury rate was a reduction by 29.9%.

Total Claims Costs Paid (2018 compared to 2014):

The median percent change in claims costs was a reduction of 43.7%.

Experience Rating (2018 compared to 2014):

The median percent change in experience rating was 8%, where 6 employers saw a decrease in one or more CUs. The median percent change in experience rating of these 6 employers was a <u>reduction of 57.5%</u>.

Assessable Payroll (2018 compared to 2014):

The median percent change in assessable payroll was an increase of 16.7%.

CLASSIFICATION UNITS (CU) MIGRATION

The Classification Unit migration component of the Pilot Project was intended as a cost neutral exercise to ensure community social service agencies are registered in the correct WorkSafeBC Classification Unit(s), and an attempt by the CSS industry/employers to form a majority presence in a single or more CU. It is important to note that WorkSafeBC is the authourity on the CU selection and audit process of employers throughout BC.

In year one, the migration process was put on hold for employers in the Long Term Care (LTC - CU#766011) to the Residential Social Services Facility (RSSF - CU#766017). The reason for this was due to the CU migration of 2016, where the gap was significantly close for CU Base Rates issued in LTC (\$2.42) and RSSF (\$2.39). Because the cornerstone of this initiative requires the migration to be cost neutral, the decision was made to suspend the work until 2017 and then revisit it in 2018.

Working with WorkSafeBC Assessments, the Community Social Services industry/employers determined where employers should migrate out of Long Term Care (LTC - CU#766011) and move to the Residential Social Services Facility (RSSF - CU#766017) to provide proper coverage, improve WorkSafeBC data, and more accurately reflect the industry/employers /industry.

An important observation made by the Pilot Project was that there was no incentive for employers to participate in WorkSafeBC premium cost savings initiatives because funding sources would historically claw back the savings from the employer's contracts. Employers that are doing an excellent job on injury prevention, Disability Management and overall mitigation of health and safety costs were in essence not being rewarded for their good performance and employers who were underperforming were in some cases, being subsidized.

COMMUNITY SOCIAL SERVICES COLLECTIVE AGREEMENTS & HEALTH AND SAFETY ASSOCIATION / COUNCIL

In 2018, collective bargaining for Community Social Services (Indigenous Services, Community Living, and General Services) successfully negotiated new collect agreements that would be effective for 2019-2022. At the bargaining table both parties agreed to work together to address concerns about violence in the workplace and promote and support health and safe work environments. To that end, the parties agreed to a Collective Agreement Memorandum of Agreement (MOA) between CSSEA and the CSSBA that was signed on June 9, 2018 and committed the parties to establish a *"Provincial Occupational Health and Safety Committee* (Council)." (Appendix B). The MOA support the formation of a Health and Safety Association/Council to address the needs for all employers and workers in community social services where they are predominately registered with at WorkSafeBC Health Care & Social Services Subsector (Counselling or Social Services (766007), Job Life and Job Skills Training (766010), Residential Social Service Facility (766017).

The focus of the Provincial Occupational Health and Safety Council will be to study the risk factors of occupational health and safety, violence and harassment in the workplace, and to jointly conduct an annual level gap analysis to support the development of proactive strategies. These strategies will work towards reducing the number of injuries, mitigating the length of injuries and implementation of prevention educational initiatives of benefit all parties in the CSS industry/employers. The first meeting of the Council took place in June 2019.

ACCREDITATION AND WORKSAFEBC COR PROGRAM

The WorkSafeBC Certificate of Recognition (COR) Program allows employers to assess their health and safety management system and is an important tool which proactively addresses injuries and accidents in the workplace and improves workplace safety culture. The COR program rewards large and small employers who have developed and implemented safety management systems. Employers that successfully completed the BC Municipality Safety Association (BCMSA) WorkSafeBC COR Program receive a 10% reduction on their existing registered CU rate.

Currently, less than 8% of Community Social Service employers are able to participate in the WorkSafeBC COR Program. This is due to obstacles such as a lack of industry/employers specific dedicated resources, supports and an unclear path for CSS employers to access the program.

In 2015, WorkSafeBC conducted an in-depth analysis of the CSS Accreditation standards [Council on Accreditation (COA) and Commission on Accreditation of Rehabilitation Facilities (CARF)] and the WorkSafeBC Certificate of Recognition (COR) Program. The review was initiated for two reasons. First, to attempt to reduce duplication in the event there was equivalency between the two bodies which would result in cost savings on WorkSafeBC Assessments for CSS employers; and second, to facilitate an increase in the enrollment of the CSS employers who want to participate in WorkSafeBC COR Program.

The Pilot Project working with WorkSafeBC conducted a comprehensive review of the criteria and concluded that CARF and COA were not deemed equivalent to WorkSafeBC COR Program and the pilot work on this focus area was completed. It is worth noting there is not equivalency between CSS accreditation entities and COR because the CARF and COA accreditation tools contain 50% of the Health and Safety Management System elements required by WorkSafeBC COR program.

The BCMSA is the certified partner which is working with the Community Social Services industry/employers administrating the Certificate of Recognition Program. The Pilot Project worked closely with the BCMSA to understand the WorkSafeBC COR Program in order for CSS employers to improve access to the WorkSafeBC COR Program.

COMMUNITY SOCIAL SERVICES HIGH RISK KEY INDICATORS

The Pilot Project reached the following findings regarding the primary reasons for why Community Social Services is currently a high injury risk industry:

- 1. Community Social Service agencies provide unique and highly complex services/programs to individuals in various needs, often complex, in communities throughout BC;
- The setting or context of the type of services/programs that are provided in the communities are not in a contained or set work environment. Therefore this fact compounded with services/programs to individuals with human behaviour challenges only further complicate what safeguards can be put in place and increases the level of worker exposure to risk;
- 3. Over the past decade as operations in the delivery of service have become the paramount directive and focus of employers, a continual funding pressures make it extremely difficult for employers to find money for health and safety programs (mostly showing on contracts under "administration costs") has created a significant gap pertaining to OH&S resources for training, safety equipment, and staffing directed specifically toward injury prevention;
- 4. The lack proper and timely disclosure of individual information being served between government agencies and employers have been identified as major issue particularly on injury claims related to acts of violence or force in the workplace. A greater level of transparency and timely disclosure on individual's behaviours receiving support or care is required between government and agencies. This is to ensure employers can carry out their due diligence under Worker's Compensation Act Section 115.
- 5. A significant lack of Community Social Services industry specific information and education on health and safety was identified early on. The development of the "Community Social Services Health & Safety Handbook" is a solid foundation and an important first step, however, much more materials are needed to be developed and/or adapted for social services on such prevention topics as acts of violence, slips/trips/falls, musculoskeletal injuries, health & safety risk management, and other related resources;
- 6. Outside WorkSafeBC there are no other provincial health and safety resource or entity to work with social services employers, unions and employees and associations in the Community Social Services in British Columbia.

PILOT PROJECT DELIVERABLES & OUTCOMES

COMPLETED

- From June 2015 to March 2019, twenty-six (26) employers were identified and engaged to participate with the Pilot Project. As of October 2017 an additional four (4) employers were added to the Pilot pool of employers on consultative manner bringing a total of thirty (30) employers directly engaged with the Project.
- Of the original twenty-six (26) Pilot employers, the Pilot Project provided direct consultation and support to the thirteen (13) employers who were experiencing high injury and experience rates with support on Disability Management (Case Management, Return to Work Plans) and the review to support the overall Health & Safety policy.
- Ongoing comprehensive review of CU data analysis of with Pilot Employers throughout the life of the Pilot Project.
- A consistent dialogue on a Best Practices on Occupational Health & Safety, Disability Management practices with the CSS industry/employers.
- Identify opportunities, best practices and obstacles to implement a industry/employers approach to
 positively impact Injury Management programs.
- Disseminate and implement Learning and Best Practices to the CSS industry/employers.
- Development, education and dissemination of the "Community Social Services Health & Safety Handbook" to the CSS Industry/employers.
- Explored opportunities with the CSS industry/employers on how to optimize and access WorkSafeBC resources, and foster a forum to collaborate with the CSS industry/employers and WorkSafeBC on injury prevention initiatives.
- Examined prospects to develop strategies by working with the BC Municipality Safety Association to improve access to the WorkSafeBC COR Program for the CSS industry/employers.
- Project Interim Report, Year 2 Report and Final Pilot Project Report.
- The Pilot Project served as a conduit with all Stakeholders to collectively address Health & Safety and for four years, a constant spotlight on OH&S and changed the narrative in the social services industry/employers.

REMAINING

- Community Social Service employers in consultation with WorkSafeBC that are registered in Long Term Care (CU #766011) is recommended to be placed in Residential Social Service Facility (CU #766017), to ensure they are receiving the proper coverage and that they are registered in the correct CU, therefore, improving CSS industry data.
- The Community Social Services Industry/employers develop injury prevention resources/materials on Acts of Violence and Overexertion and coordinate training/education with WorkSafeBC where possible.

IMPACT OUTCOME

The Community Social Services industry/employers in the following Health Care & Social Services Subsector Classification Units from 2015 to 2019 have seen a reduction in the base rates, injury time-loss of claims, costs associated with injuries (Healthcare only and time-loss claims), and an improvement on Return To Work Practices, Injury Claims Management Practices, Disability Management and injury prevention.

| C U # | Classification Unit (CU) Description | 2016 | 2017 | 2018 | 2019 | %Change** | Result |
|--------|--------------------------------------|--------|--------|--------|--------|-----------|----------|
| 766007 | Counselling or Social Services | \$1.19 | \$1.16 | \$1.15 | \$1.12 | - 5.9% | Decrease |
| 766010 | Life and Job Skills Training | \$2.30 | \$2.09 | \$1.91 | \$1.55 | - 32.6% | Decrease |
| 766017 | Residential Social Service Facility | \$2.39 | \$2.12 | \$2.01 | \$2.10 | - 12.1% | Decrease |
| 766019 | Short Term Care | \$2.10 | \$1.80 | \$1.60 | \$1.29 | - 38.5% | Decrease |

(*WorkSafeBC Classification Unit Base Rates. ** 2016 comparison to 2019 change in percentage.)

(NOTE: These figures are subject to variable costing: claims, duration of claims, and time loss of claims which may vary)

RECOMMENDATIONS

Please be advised this section of the report is presenting recommendations which are arising from work with and feedback directly from industry. The intent of the recommendations is to provide guidance and support to foster and improve health and safety outcomes in the industry/employers.

- The Community Social Services industry/employers must build on the successes achieved over the past four years with regard to injury and cost reductions to the overall health & safety challenge, continue the development of prevention materials, and to continue to raise awareness on injury prevention by adopting a "safety first" culture.
- The Community Social Services Employers' Association of BC, The Federation of Community Social Services of BC, WorkSafeBC, the Community Social Service Bargaining Association, and Stakeholders to actively engage in the development of a viable sustainable model such as a Community Social Services (CSS) Industry/employers Health & Safety Council or Association to address the emergent and long term health and safety needs of the Community Social Services industry/employers of BC.
- BC Governments seek guidance from WorkSafeBC on health and safety matters and to collectively work together in a holistic manner at a policy, contract and procurement level to support health and safety of workers in Community Social Services. Savings that are the result of sound health and safety practices should not be clawed back by funders but used as an incentive to promote best practices.
- The Community Social Services industry/employers should be encouraged and supported to develop a high level sustainability strategy on injury prevention, Disability Management, creation and implementation of industry/employers specific education/information, to promote access to WorkSafe COR Program and other health and safety programs and resources.
- The Community Social Services industry/employers work with WorkSafeBC and employers where applicable that are registered in Long Term Care Classification Unit (766011) to transfer into Residential Social Service Facilities Classification Unit (766017) to ensure that employers are listed correctly with WorkSafeBC and the industry/employers is properly represented in the CU.
- Funders and employers must work with WorkSafeBC to receive guidance and direction with respect to legal
 obligations under the Worker's Compensation Act of BC on injury prevention education/training and violence
 prevention.
- Proactively address the potential risk of violence in workplace situations, from a prevention perspective to best
 mitigate exposure to injuries and protect workers and individuals served. A formal and uniform "Disclosure
 Protocol Process" be developed and implemented by Community Social Services to be utilized between agencies
 and including government representatives to also include provisions for appropriate transition timelines.
- Community Social Services industry/employers work with WorkSafeBC to determine how best to support
 insurance coverage for Home Share Providers through Worker's Compensation Act of BC, and that it is
 consistently applied throughout British Columbia.
- Community Social Services employers delivering Harm Reduction services to work collaboratively with funders, and stakeholders to continue to support the mental and physical health and safety of workers responding to the Opioid Crisis.
- In order to improve access to the WorkSafeBC Certificate of Recognition (COR) Program, the Community Social Services Industry/employers to collaborate with WorkSafeBC and the BC Municipality Safety Association to develop, implement and promote a Community Social Services industry-specific tools and resources to the WorkSafeBC Certificate of Recognition (COR) Program.
- To encourage BC Government Funders to add a specific health and safety training line item on financial contract templates with employers and in addition to third parties whereby these funds are specifically directed and targeted to health and safety training & education.
- Community Social Services industry/employers work and or collaborate with WorkSafeBC to explore
 opportunities to improve and develop consist best practices in Claims Management Services where the process
 builds efficiencies to avoid duplication, reduce gaps, promote immediate and transparent communication among
 parties to support the successful integration of injured workers back to the workplace.

APPENDIX SECTION

- A. Community Social Services Partners
- B. Provincial Occupational Health and Safety Committee/Council MOA
- C. Community Social Services Health & Safety Handbook
- D. Community Social Services WorkSafeBC Pilot Project Reports
- E. Pilot Project Sample Newsletter
- F. Final Pilot Project Report Sources



Appendix A Community Social Services Partners

Community Social Services Employers Association (CSSEA)

Created in 1994 and based in Vancouver, CSSEA is the accredited bargaining agent for its members and negotiates three industry/employers al collective agreements on their behalf. CSSEA provides human resources, labour relations, collective bargaining, and research and knowledge management throughout the province to approximately 200 members and 87 associate agencies that range in size from under 10 employees to more than 700 and collectively employ more than 21,000 people. CSSEA's members deliver a variety of services to the people they support across B.C. in three service divisions: Indigenous Services, Community Living Services, and General Services. Governments and members rely on CSSEA to be a leader in human resources and labour relations in the CSS industry/employers. Through stakeholder consultation and collective bargaining, CSSEA endeavours to build constructive and collaborative relationships with its members, government partners, employees, and unions, while continuing to attend to the evolving needs of its members.

Federation of Community Social Services of BC (FED)

The Federation of Community Social Services of B.C. is a group of social services organizations whose goal is to influence decision-making to improve the well-being of communities. The FED represents more than 140 member agencies serving over 250 communities across the province, including both on and off, recognized First Nations' (Indigenous) territories. Its members provide more than 50 different services and programs to people of all ages, employ more than 6,000 British Columbians, and represent more than \$500 million of community investment in B.C.'s social services industry/employers. Support services include for those with disabilities, employment programs, early childhood education, homeless outreach, and family programs. The Federation is a catalyst for positive change in social policy development and implementation, and it believes in collaborating on how changes should be made within the community service industry/employers and coming together for the common good.

Community Social Services Bargaining Association (CSSBA)

Established on June 19, 2003, by the *Community Social Services Labour Relations Act* (Bill 61), the CSSBA is the bargaining agent representing over 15,000 unionized community social service workers in B.C. The Community Social Services Bargaining Association consists of ten unions: B.C. Government Service and Employees' Union (BCGEU), Canadian Union of Public Employees (CUPE), Hospital Employees' Union (HEU), Health Sciences Association of British Columbia (HSA), United Steelworkers of America (USWA), United Food and Commercial Workers International Union (UFCW), Construction and Specialized Workers' Union (CSWU), Christian Labour Association of Canada (CLAC), British Columbia Nurses' Union (BCNU), and Service Employees' International Union (SEIU).

BC CEO Network

The BC CEO Network represents a broad membership base of over 120 service providers with a collective budget of over one billion dollars. Membership is made up by social service agencies throughout the province and represents union, non-union, private and non-profit organizations that provide a wide range of services. The focus of the CEO Network is to facilitate and promote a collective voice, effective leadership practices, and leadership development. The CEO Network regularly develops best practices guides and legal opinions on topics that directly relate to the people receiving services.

Ministry of Social Development and Poverty Reduction

The Ministry of Social Development and Poverty Reduction focuses on providing British Columbians in need with a system of supports to help them achieve their social and economic potential.

Community Living BC (CLBC)

Community Living BC (CLBC) is a provincial crown agency, mandated under the *Community Living Authority Act* that funds support and services through service agencies for adults with developmental disabilities and their families in British Columbia. CLBC is working to create communities where people with developmental disabilities have more choices about how they live, work and contribute.

Ministry of Children & Family Development (MCFD)

This Ministry works together with Delegated Indigenous agencies, Indigenous service partners and approximately 5,400 contracted community social service agencies and foster homes, cross-government and social industry/employers partners to deliver inclusive, culturally respectful, responsive and accessible services that support the well-being of children, youth, and families.

WorkSafeBC (WSBC)

WorkSafeBC is a statutory agency dedicated to promoting safe and healthy workplaces across B.C. It works with workers and employers to save lives and prevent injury, disease, and disability. When work-related injuries or diseases occur, it provides compensation to injured workers and supports them in their recovery, rehabilitation, and safe return to work. It also provides no-fault insurance and works diligently to sustain the workers' compensation system today and for the future.

Appendix B Provincial Occupational Health and Safety Committee/Council - MOA

DRAFT MOA 2019 -2022 AGREEMENTS - (NEW)

RE: Joint Provincial Occupational Health and Safety Committee between Community Social Services Bargaining Association (CSSBA) and Community Social Services Employers Association (CSSEA) July 2018

Within six months of ratification of the collective agreement, the Community Social Services Employers Association (CSSEA) and the Community Social Services Bargaining Association (CSSBA) agree to establish a Provincial Occupational Health and Safety Committee.

The purpose of the committee will be to examine the effects of occupational health and safety risks, including violence and harassment in the workplace, to jointly conduct an annual level gap analysis to support the development of strategies to reduce the number of injuries and claim duration and implement education, and prevention initiatives of benefit to all parties in the Community Social Services sector. This is to be an inclusive Committee that is supported by all unions and employers in the sector.

The mandate of the Committee will include discussion on:

- Violence Prevention & Training including risk assessments
- Psychologically Healthy and Safe Workplace Standards
- Exploring provincial standards for JOSH committee processes
- Recommendations to the Joint Training Committee on joint educational opportunities
- Collaboration with the Sick Leave, Illness and Injury Plans and Benefit Improvement Costs Committee (MOA 13) (NOTE: WorkSafeBC BC Project); and
- Any other OHS topic of mutual interest and benefit to the Industry/employers

The Committee will:

- a) Be made up of five representatives appointed by CSSBA and five representatives appointed by CSSEA and one representative from WSBC
- b) Be co-chaired by one representative of the union (CSSBA) and one representative of the Employer (CSSEA)
- c) Have the discretion to establish sub-committees to address regional JOHS issues as necessary, and work on data collection, analysis, and development of recommendations on any other topic/initiative as determined by the Committee
- d) Have the discretion to invite participation/seek advice of additional representatives with technical expertise.
- e) The Committee will also draw on resources already developed/being developed in the public and/or private sector that may be of benefit to this sector to effectively utilize available resources. Any costs related to external advice/resources will be shared equally.
- f) Meet at least every 4 months; other meetings may be called by mutual agreement
- g) Regularly submit reports and recommendations to the sector committee.

The WSBC, CSSEA and the CSSBA will each pay their own expenses for activities related to the Committee.

Appendix C Community Social Services Health and Safety Handbook

• <u>Community Social Services Health & Safety Handbook (link)</u>

Community Social Services Health and Safety Handbook



Health & safety is everyone's responsibility. Regencer we can make the difference in coeffing healthy work environments in community social services.



Appendix D Community Social Services WorkSafeBC Pilot Project Reports

Community Social Services WorkSafeBC Pilot Project – Interim Pilot Project Report – June 2016 (link)



<u>Community Social Services WorkSafeBC Pilot Project – Year Two Pilot Project Report – June 2017 (link)</u>





Appendix E Pilot Project Sample Newsletter

Community Social Services WorkSafeBC Pilot Project An Innovative & Sustainability Roundtable Partnership January 2019 Newsletter

Community Social Services Health and Safety Handbook Update

Safety Handbook Update We are pleased to announce the <u>Community Social</u> *Services Health* Servic Handbook has recently been revised with updated hyperlinks. The Handbook serves as a best practice document which provides strategies on how to reduce or prevent highter GCS sworkers, how to report and respond to an occupational highty, and how to effectively reintragrite workers back into the workplace after an injury occurs. It also includes a summary of joint health and safety committees and the WorkSafeC Certificate of Recognition frequent, sweller Sackers from the Workers Compensation Act and the Occupational Health and Safety Negalation. The Handbook was developed in collaboration with The Federation of Community Senders Englyper/ Association of Ref. we Community Social Services Bragaining Association, and WorkSafeBC.

Community Social Services Health and Safety Handbook Presentations



Convergised and addressed to convergised and addressed to the third and safety Handbook presentations we conducted in the following areas. Gsea The recention



CSS Health & Safety Handbook Presentat

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CSS WorkSafeBC Pilot Contact Information For questions or more information on the Pilot, please contact: Satvinder Basran, Project Manager of the Community Social Services WorkSafeBC Pilot Project at 604.051.3127 or 101 free at 1.800.377.3340 extension 127 or email at sea.bc.ca



Acknowledgements

Migration of Classification Units (CU) Nigration of Classification Units (CU) The Classification Unit (CU) Migration process has gained momentum and continues for CSS employers to ensure they are registered at WorkSafeEC in the correct CU. This is most commonly applicable to employers that are registered in Long Term Care CU (#766011) which should technically be in Residential Social Service Facility (CU #766017).

2019 Collective Bargaining & Ratification 2019 Collective Barganning & Kathfication The Community Social Services Employers' Association of BC (CSEA) and the Community Social Services Bargaining Association (CSSBA), comprising ten unions representing 16,000 unionized employees in the community social services sector, renewed three collective agreements agreements. CSSEA and CSSBA is pleased to convey that within the Collective Agreements a Memorandum of Agreement (MOA) between the two partices was signed that commits them to the establishment of a Provincial Occupational Health and Safety Council by April 1, 2019.

WorkSafeBC Information WSBC Innovation at Work grant opportunity (up to \$50,000) for employers to support a safety initiative for one year in the workplace. The deadline is <u>February 15, 2019</u>. WSBC Certificate of Recognition Program on November 22, 2018, new polices were approved by the Board of Directors.

by the Board of Directors. <u>Consultation on the 2019-2020 Policy Workplans</u>. The Policy, Regulation and Research Division has prepared a draft 2019-2021 work plans for stakeholder to review and comment. The plans will encompass compensation policy relating to, encompass compensation putty reading to, occupational disease, assessments, and occupational health and safety. Stakeholders are invited to provide feedback by <u>February 4, 2019</u>.



The Pilot Project would like to thank the following for their participation and support:

Pilot Project Employers



The Community Social Services WorkSafeBC Pilot Project sincerely appreciates the support, contributions, guidance and leadership on addressing the health and safety needs from the community social services sector.



BRITISH

Appendix F Final Pilot Project Report Sources (Links & References)

- <u>Community Social Services Employers' Association of BC</u>
- <u>The Federation of Community Social Services of BC</u>
- BC Community Social Services Workers
- BC CEO Network
- <u>Community Social Services Tentative Agreements</u>
- WorkSafeBC
- WorkSafeBC Industry Classification Units
- Commission on Accreditation of Rehabilitation Facilities (CARF)
- Council on Accreditation (COA)
- WorkSafeBC Data
 - Classification Units: Counselling or Social Services (766007), Job Life and Job Skills Training (766010), Residential Social Service Facility (766017), and Short-Term Care (766019). Long-Term Care (766011) migrating to Residential Social Service Facility (7660170.
 - WorkSafeBC Industry Injury Rates for 2017
 - WorkSafeBC aggregate data from January 2014 to December 2018
 - WSBC Rpt Generated on December 31, 2018) of Employers Classification Profile in the CU's [(766007), (766017), (766010), (766019)]
- Pictures In Report Satvinder Basran

Terms

- Community Social Services Industry/employers (CSS)
- Community Social Services Employers' Association of BC (CSSEA)
- The Federation of Community Social Services of BC (FED)
- Community Social Services Bargaining Association (CSSBA)
- WorkSafeBC (WSBC)
- BC Municipality Safety Association (BCMSA)
- Occupational Health and Safety (OSH)
- WorkSafeBC Certificate of Recognition (COR) Program
- Classification Unit (CU)
- Disability Management (DM)
- Injury Management (IM)
- Return To Work (RTW)
- Recovery At Work (RAW)
- Stay At Work (SAW)
- Commission on Accreditation of Rehabilitation Facilities (CARF)
- Council on Accreditation (COA)