

### Deb Gordon's remarks

Thanks, Smokey for your remarks. I'm Deb Gordon, chair of the OPSEU Community Services Division.

The work of our 11,500 members is important work, though often invisible to the general public.

Yet each of us can likely think of a time when we ourselves, a friend or family member has needed to access and rely on support from a community based service.

We might need respite care support, shelter from various forms of abuse, supports to reintegrate into society after troubles with the law or addictions, a group home to provide a community of care for our developmentally delayed adult child.

Or we might have needed counselling to assist us in overcoming struggles with mental illness, or an enriching educational environment for our children while we go to work.

Smokey has discussed the poll. I would like to illustrate with some real-life stories what our members live through on a daily basis.

As workers we can no longer remain silent about the impacts that service cuts, as a result of under funding, have had on our clients.

Our clients, their families, workers and communities deserve better.

Society does not tolerate public safety being compromised due to “cost savings” on a construction site – we know the dire consequences should a public building or bridge collapse.

We all know the consequences if someone assaults or threatens a police officer. But what about a youth correctional officer? What about a CAS field worker?

For our members, assaults and threats are considered ‘part of the job.’

Quality of care and the health and safety of our clients –is being compromised due to under funding, which leads to increased pressures to do more with less.

Hurried care is now the reality, even the norm.

Reduced staffing ratios, and inadequate working (and sometimes living) environments, affect the quality of care we can provide our clients.

It increasingly difficult to recruit and retain staff in community-based services.

In our travels across the province, we have heard stories from workers about the effects of under funding and “hurried care”. Workers have had to barricade themselves and clients in rooms due to a client’s assault attempts.

In one instance, no phone was accessible to call for assistance. A worker had to break out of a window to escape as an aggressive client broke through the door.

We learned of another worker who was trying to assist a troubled individual, and was bitten so badly that her wound was thought to be from a dog attack. Yet, when she contacted her supervisor to state she required medical attention, was asked to complete her shift as there was no one to back-fill that evening due to cutbacks.

Another worker attempted to support a verbally non-communicative developmentally disabled adult from self-assaulting. The worker suffered a severe concussion when his punches were re-directed to her head. Her colleagues were unable to help, due to the needs of other residents.

Another worker’s jaw was shattered from a ‘head butt’. The worker required reconstructive surgery and was still in recovery four months after the assault. This was after an attempt to help a co-worker who was being assaulted.

These are just a few of the stories we have heard over the past eight weeks. These are from members who choose, to care for vulnerable people and hope for a better society.

It is time for the Ministry to provide “care for the caregivers.” Laws must be in place to protect these workers those they desire to care for.

I'll ask Terri Aversa to speak a bit about the changes we need so we can do our jobs, knowing that health and safety is prioritized as a standard of care in community based services.

Thank you.

