

**Providing Benefits Counselling**

**TO PLWHIV/AIDS:**

A Resource Guide and  
Train-the-Trainer Manual



## **The Canadian AIDS Society**

The Canadian AIDS Society (CAS) is a national coalition of more than 115 community-based AIDS organizations across Canada. CAS is dedicated to increasing the response to HIV/AIDS across all sectors of society, and to enriching the lives of people and communities living with HIV/AIDS.

Since 1996, the Canadian AIDS Society has served as the national voice for the community-based AIDS movement. The national office advocates on behalf of people and communities affected by HIV/AIDS, develops programs, services and resources for its member organizations, and provides a national framework for community-based participation in Canada's response to AIDS.

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# SUMMARY

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This “train the trainer” manual describes how leaders in benefits counselling can share and transfer their expertise to other individuals and ASOs interested in providing (or expanding) benefits counselling services to PLHIV/AIDS.

This manual provides a step-by-step guide to building a workshop, bringing together key players, and sharing knowledge and experience. Each component of the manual includes goals, instructions, tools and resources to support the builders, facilitators and participants of a workshop.

## **Part I – Core Themes and Activities**

### **Section 1 – Introduction and Background to the use of this Manual**

- An overview and the purpose of the manual

### **Section 2 – Purpose and Overview of a Workshop**

- A definition of a benefits counsellor and the reasons for a workshop

### **Section 3 – Steps Leading up to a Workshop**

- A description of the necessary steps to plan/prepare a workshop

### **Section 4 – A Model Agenda for a Workshop**

- A suggested agenda for a training workshop

### **Section 5 – Building Strong Facilitation Skills and Effective Overheads**

- Skills needed to plan and facilitate a successful workshop

## **Part II – Suggested Learning and Training Tools**

- Supplied handouts or supplements

## **Part III – References**

- References to interesting and useful web sites related to benefits and labour market participation by persons living with HIV/AIDS
- A bibliography of studies and literature that are referenced in the text of the manual.





# PART I

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## **Core Themes and Activities**



# SECTION 1

## Introduction and Background to the use of this Manual

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This manual is a reflection of the Canadian AIDS Society's (CAS) continuing commitment to the training of local AIDS service organizations (ASOs) to assist in providing people live with HIV/AIDS (PLWHIV/AIDS) accurate, reliable and current information on leaving, staying, entering or returning to the workforce.

This manual is meant to provide the reader with an overview of a recommended process on how to train staff, volunteers, peer counsellors, and PLWHIV/AIDS associated with an ASO, and to provide:

- Basic information on the meaning of “benefits counselling”
- How this process relates to (re)entering the workforce
- How it fits into the wider context of vocational rehabilitation services for persons with HIV as a disability.

This manual should appeal to ASOs interested in enhancing their ability to counsel and mentor PLWHIV/AIDS who are at a crossroads in examining “new life options” such as assessing a return to the workforce. The manual concentrates on the return to work aspects of benefits counselling, although the content can be adapted to knowing how to assist individuals who want to leave or maintain their work activities.

Simply put, **benefits counselling** for a return to work should help the individual explore answers to the following personal questions:

- How will present sources of income, i.e. welfare, Canada Pension Plan and/or other private or public income security or income replacement programs, be affected if a return to work happens?
- What happens to the extras gained, such as drug coverage and affordable housing, if the source and amount of income changes in the case of a return to work?
- Will health, disability and insurance benefits be available to the individual at the new work place?
- What kind of “maze” would one have to go through if work didn't succeed as planned, or if one got sick and had to rely on income supports again?
- Is it worth the stress of changing one's current stability for the real or perceived benefits of a return to work?

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## **The rationale for this Manual is based on the following ideas:**

- PLWHIV/AIDS are living longer and are seeking a variety of ways to improve their quality of life by setting longer term life goals and objectives
- A primary goal for ASOs is to empower PLWHIV/AIDS by maximizing their financial independence and reducing the economic impact of HIV/AIDS on their daily lives
- One of these new goals for PLWHIV/AIDS can include re-entering the workforce or entering the workforce for the first time
- The steps involved in deciding whether or not to (re)enter the workforce include consideration of many issues, i.e. financial, medical, psycho-social
- Benefits counselling must be an early step in the process of considering (re)entry to the workforce

## **Users of this Manual will see it as a tool to:**

- Help ASOs and community groups build the benefits counselling skills of staff and volunteers, and see how and if this assistance to clients fits into the kind of services provided by that particular ASO
- Understand how benefits counselling relates to issues specific to a return to work process for PLWHIV/AIDS
- Help ASOs and/or other community agencies organize, plan and execute workshops for staff, volunteers and PLWHIV/AIDS of partner ASOs and other community groups
- Understand how benefits counselling can generate awareness of, and access to, HIV rehabilitation/vocational services offered by local, provincial and national providers for PLWHIV/AIDS.
- Understand how to use workshops as a way for ASOs to promote and forge partnerships with community, public/government and private sector agencies to better serve PLWHIV/AIDS

## **This Manual IS NOT intended to:**

- Provide specific and detailed information on public or private benefits programs at a local, national or provincial level<sup>1</sup>
- Provide specific contact lists for persons and programs involved with paying benefits, offering vocational rehabilitation or other supports to PLWHIV/AIDS
- Supply all aspects and skills necessary for providing benefits counselling.

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<sup>1</sup> A detailed resource for PLWHIV/AIDS and ASOs outlining many of the Federal and Provincial benefits that are available across the country will be available in summer, 2005. Contact the Canadian AIDS Society for more information.



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**THINKBOX:**

**What skills and knowledge do I and/or my ASO want to learn from a workshop?**

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**What skills and knowledge can I and/or my ASO contribute to a workshop?**

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- Provide training on how to organize a workshop on benefits counselling and how to identify and recruit the correct resource persons
- Provide training on how to build partnerships with other community resources
- Provide training to help participants develop a community strategy to address workforce (re)entry and benefits issues

**Limitations of a Workshop:**

- ASOs/staff need to understand their limitations and when it is necessary to ask outside experts for help
- It could be difficult for an ASO to add benefits counselling to its array of services without additional resources, since on-going technical support is required
- PLWHIV/AIDS must have access to benefits information without fear of disclosure of their health status to their benefits payer (i.e. people have a chance to investigate the options without fear of being forced back to work when not ready)
- Workers in ASOs do not necessarily need to become experts in benefits counselling, especially if there are others in the city, region or province with the necessary expertise with whom working partnerships could be built
- ASOs must determine their own role in assisting clients, whether that role be directly assisting or counselling clients and/or creating a network for referrals of clients to other experts in order that the client get the benefits information he/she needs

**THINKBOX:**

**What are some of the barriers that my ASO and/or I face when attempting to counsel clients on their benefits and economic choices?**

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# SECTION 3

## Steps Leading up to a Workshop

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The following is a quick overview of the steps that could be taken in the planning and development of the workshop. These steps provide a possible work plan:

### **STEP 1 – Form the Sponsor Group and Identify the Target Group**

#### **Form the Sponsor Group for the Workshop**

A **sponsor group** takes ownership and responsibility for the workshops and the strategy involved. The sponsor group is normally formed to reflect the area(s) selected to benefit from the learning opportunities. Such areas could be:

- A municipality or regional municipality
- A region of a province
- An entire province
- A group of provinces<sup>2</sup>

Based on the above possibilities, a sponsor group would most likely include:

- A large ASO
- A partnership of smaller ASOs
- A province-wide network or group of ASOs
- A partnership of two or more provincial ASOs

#### **Finding the Target Group for the Workshop**

The decision to plan a workshop would usually be based on information coming from managers and/or frontline workers at ASOs who are aware of demand from clients for return to work or benefits counselling assistance. This may also be coming from the volunteers and staff at ASOs who live with HIV and who may have gone through a process where they made a transition in their source of income or employment status, and who would like to use this experience to support others.

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<sup>2</sup> Having more than one province involved in the training adds an extra challenge to the logistics and planning of a training event. As will be seen in subsequent parts of this manual, a training program must cover the particulars of the disability benefits and labour force integration or rehabilitation programs unique to a specific province

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The planners should undertake a market analysis. This would involve surveying the intended users of the training on what areas they would like to develop or improve skills, what they hoped would be gained from such training opportunities, who should be involved as experts and or participants, etc.

This first step would entail a telephone or mailed invitation to possible participants on the intention of the sponsor group to offer a workshop.

The **Target Group** would normally include:

- Larger and smaller ASOs in the area
- Within these ASOs, individuals or positions with responsibility for front-line contact with client PLWHIV/AIDS or for the management of the ASO (i.e. client support workers, client advocates, peer or volunteer counsellors, Members of the Board)
- Other service organizations, of a non-ASO nature, who could have PLWHIV/AIDS as part of their client groups or beneficiaries and/or could have practical experience in providing benefits counselling to their clients, i.e. disability service/advocacy organizations, rehabilitation professionals, provincial or municipal income support workers, labour force training and development workers, anti-poverty advocacy organizations
- Other service organizations, of a non-ASO nature, but who are serving other disability groups with chronic conditions as part of their client groups or beneficiaries and/or could have practical experience in providing benefits counselling to their clients/target groups or want to develop skills in that area

An **invitation** to attend a workshop should be sent to the defined target group and include:

- A concise description of the rationale for the workshops and the unique opportunities that participants would gain by participating
- A fax-back form which asks respondents questions such as:
  - If they are interested
  - Dates of availability
  - Goals and objectives they would have in attending
  - Other possibly interested participants
  - Resource persons they feel should participate in the workshops, provincial disability-income security staff



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## **STEP 2 – Form An Advisory Group**

An **Advisory Group** could be formed to assist in the planning and development of the workshop. This group of experts should be knowledgeable and experienced in the field of private and public benefits programs, and be seen as “experts” in the process of benefits counselling.

The Advisory Group should provide the Sponsor Group with ideas rich in experience, that are based on the current realities that service-providers to PLWHIV/AIDS face. The ideas should reflect the trends and requirements related to disability benefits and labour force re-integration programs. Consultations with such individuals will yield very important information and ideas on benefits counselling, and on the goals and outcomes of the workshop.

Potential members of the Advisory Group could include:

- ASOs and their staff with benefit counselling track records
- **PLWHIV/AIDS** who are staff, volunteers or users of the ASOs services
- Legal specialists from legal firms or clinics who are aware of the law and legal precedent related to return to work, benefits eligibility and workplace policies related to **PLWHIV/AIDS**
- A cross-section of provincial benefit payers, i.e. from income support, welfare or disability benefits programs
- Representative(s) from federal programs such as the Canada Pension Plan (CPP), Employment Insurance, CPP Disability program CPP(D) or the Quebec Pension Plan
- Private Insurance Payers representatives, i.e. companies known for their health, pharmaceutical and Long Term Disability programs (LTDs)
- Representatives from employment preparation and vocational rehabilitation agencies, both public and private
- Representatives of other non-HIV/AIDS agencies with benefits counselling expertise, i.e. disability service & advocacy community
- National Disability Organizations, i.e. WORKink of the Canadian Council of Rehabilitation and Work, the Canadian Association of Independent Living Centres (see Part III – Resources for more information on these groups)
- Anti-Poverty advocacy organizations or service organizations

**It is very crucial that the Advisory Group include PLWHIV/AIDS who have experienced or considered a return to work, and/or those who can provide a “critical analysis” on benefits counselling from the PLWHIV/AIDS perspective.**

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Some of the goals of the Advisory Group should be:

- To provide expertise on the “best practices” for benefits counselling
- To define learning tools for building and maintaining skills
- To identify potential resource persons or agencies that could be part of an alliance necessary to create a (virtual) Benefits Counselling Information and Resource Centre, operating at local and/or provincial levels
- To locate potential tools to distribute information, i.e. web sites, hotlines, information sheets and bulletins that could be part of follow-up actions to the workshop
- To develop draft benefits counselling curriculum for the workshops
- To help plan workshops, identify resource persons, presenters and/or be the resource persons themselves
- To ensure that the PLWHIV/AIDS /client perspective is well integrated into plans and workshop curricula

### **STEP 3 – Expand and Confirm Partnerships to Help Plan the Workshop**

The Sponsor Group for the workshop could be a partnership of two or more organizations or it could be composed of a single organization, i.e. a larger ASO.

If the group is a single organization, the goal of investigating and developing partnerships to co-sponsor the event is highly recommended. The reasons for this include:

- The budget for the event could be doubled, tripled, etc.
- The number of possible participants would be drawn from a combination of networks that each partner would “bring to the table”
- The training event could be organized alongside another event that one or more of the partners is planning, i.e. an Annual General Meeting, a Provincial ASOs training or skills development event or symposium
- Money could be saved if the budget for the “other event” is subsidized by national or provincial funding agencies, since it could cover the costs of travel for participants and other costs related to the logistic of the benefits counselling workshop
- The credibility and importance of the training event would be enhanced by virtue of the co-sponsorship

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## **STEP 4 – Begin Logistics Planning**

Locate a place for the event. The venue for the training would depend on a number of factors:

- The number of participants
- The physical environment that is desired, i.e. a space that lends itself to both large group work and small break out groups; a space that is well-lighted and preferably has access to natural light; a space that offers a comfortable room temperature, a **place that is barrier-free for persons with disabilities**
- A space that is convenient for food service whether the food is provided by an on-site or off-site caterer
- A space that has appropriate furnishings, movable chairs and a sufficient number of tables for both large group and small group work
- The budget i.e. can the room be rented or must it be provided at no cost

A Materials Check List could be drafted as a tool to keep track of the materials and equipment necessary and to be reserved and procured for the Workshop.

## **STEP 5 – Continue to Market the Workshop, Secure the Venue and Confirm Participants**

Responses to the preliminary invitation (STEP 1) indicating interest in the workshop should be acknowledged and further communications may have to be made with respondents to begin to determine the date(s) that are preferred by the target group.

The second contact provides an opportunity to ask respondents more specific questions about their experiences and activities related to benefits counselling. One of the people involved in the planning should create a chart to keep track of who has responded and the reasons they would want to attend the workshop.

This information will help the sponsor group to “customize” the agenda to ensure that the workshop program would meet the requirements of the participants, as best possible and as best appropriate given the major goal for organizing the event. It is important to realize that a workshop may include people at various levels of experience and practice in benefits counselling. Those with more experience could be recruited as resource persons or asked informally to share their experiences during the workshop.

Final Notices/Invitations and Registration Forms for each workshop should be sent to the interested ASOs/individuals/other service organizations in advance of the event.

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## **STEP 6 – Recruit Resource Persons to be Included as Presenters**

Ensure the workshop brings together key resource persons involved in public and private benefit programs. A portion of the workshop would be devoted to presentations or overviews of benefit programs.

Invited Resource Persons could include representatives from:

- ASOs who have experience in benefits counselling, and could provide subjective perspectives on the reality of benefits, access to programs and services with/for PLWHIV/AIDS
- PLWHIV/AIDS who have had experience as a counsellor or as a client/recipient of benefits or have experienced a return to work
- Public/Government Benefit Programs, both federal and provincial including the Canada Pension Plan-Disability, The CPP Disability Vocational Rehabilitation Program, provincial disability benefits or income support programs, social assistance (welfare) or income security programs and “pharmacare” or drug coverage insurance
- Private Benefit Programs, i.e. insurers who provide health, long or short-term disability insurance, drug coverage, life insurance
- Government, private and community based programs that are related to labour market reintegration, job training, vocational rehabilitation for persons with a disability.
- Legal specialists from legal firms or clinics who are aware of the law and legal precedent related to return to work, benefits eligibility and workplace policies related to PLWHIV/AIDS
- Service and advocacy organizations for persons with disabilities.
- Anti-Poverty advocacy organizations or service organizations

Initial contact with Resource Persons/Presenters would be made by phone and followed up by written confirmation. When initiating contact with potential resource persons, it is very important to:

- Identify the sponsor group for the workshop, the place and date for the event (or potential dates if still tentative)

- 
- Be clear and concise on the goals and purpose of the workshop
  - Give a general sense of who will be in attendance, both ASOs and other resource persons expected to attend
  - Be convincing on why the resource person's role is crucial for enriching the content and program for the workshop
  - Stress the opportunity that participation in the workshop will offer the resource person in terms of networking and meeting other benefit payers
  - Define the workshop as an occasion for increasing the visibility and understanding of the resource person's program for clients and their advocates
  - Be clear on the time commitment that is required to assist at the workshop (i.e. use discretion in asking for the person's availability for the full workshop or just the portion where benefit program overviews will be given), but stress that they are welcome and encouraged to stay for the whole workshop
  - Be clear and concise on the time allotted for the person's presentation and the points the workshop sponsor would expect the person to cover
  - Confirm that the he/she will be able to prepare visual aids and provide handouts to the participants

**Once the types of resource persons to be invited to the workshop are determined, the process of locating them begins. The sponsor group could be aware of who key persons from the representative groups/benefit payers are in jurisdiction for the workshop. If not, the Internet or toll-free numbers could be used to complete the search.**

## **STEP 7 – Plan the Agenda for the workshop**

# SECTION 4

## A Model Agenda for the Workshop

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The following section:

- Describes each section of the Model Agenda,
- Suggests the time needed to develop or prepare for this component,
- Describes the
  - Goals of each section
  - Suggested activities in each section
  - Advance preparation needed to develop materials, visual aids, handouts
  - Proposed tools to be used for the activity or presentation, that are included in Section II “Suggested Learning and Training Tools”

### **Background and Context**

**Timeframe** –15 minutes

**Goal** – To provide participants with a brief history of the sponsor group’s decision to offer the training. If there are external donors for the project, they should be recognized and their expectations explained.

**Activity** – Verbal presentation, possibly using an overhead or flipchart that summarizes the key points of the presentation

**Advance Preparation** – Prepare the flipchart and/or overhead that notes the milestones in the planning of the workshop

### **The Purpose and Desired Outcomes of the Workshop from the Viewpoint of the Sponsor and the Participants**

**Timeframe** – 30 to 40 minutes

**First Goal** – To introduce participants to the desired outcomes of the workshop as conceived by the sponsor group

**Activity** – Use of overheads or a handout as a visual aid during the presentation, which reviews the workshop expectations as defined by the sponsor group

**Advance Preparation** – Prepare the visual aid. An example of the content of a possible handout and overhead is presented as **Tool #1**.

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**Second Goal** – To review the participants’ expectations in attending the workshop

**Activity** – Review the participants’ expectations through the process of:

- A quick round table where each participant expresses one key goal for attending. These responses could be noted on a flip chart.
- Overheads or handouts that present the goals and objectives that participants would have submitted during the planning stage when invitations to the workshop were sent to potential participants (target group) including a fax-back form (refer to Section 3, Step 1)

**Advance Preparation** – List some trigger questions to be used for the round table discussion, or refer to the fax-back forms sent in by participants on which participants’ goals were entered

Prepare overheads or handouts. An example of the content of a possible handout and overhead is presented as **Tool #2**.

## **Benefits Counselling within a Context of a Return to Work**

**Timeframe** – Variable

**Goal** – To give participants an overview of the current issues and barriers facing PLWHIV/AIDS who are considering (re)entering the workforce. The overall length of the workshop will dictate the amount of time that could be dedicated to this component of a workshop agenda. Depending on time, one or more of the following topics could be covered:

- General overview of the concerns and barriers that PLWHIV/AIDS have themselves identified in relation to a return to work
- A review of the guiding principles and philosophy that must form the foundation of any return to work process
- Principles of vocational rehabilitation
- Assessment tools or guides to help an individual explore the possibility of employment

**Activity** – A “teaching-piece” by the workshop facilitator and interactive dialogue with participants on the topics to be included in this training component. This section should include visual aids and handouts. This would also be an opportunity to hear voices of PLWHIV/AIDS who have considered and/or experienced a return to work, or who have never left work.

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**Advance Preparation and Suggested Training Tools** – Prepare visual aids to guide the presentation/discussion. Example of the content of such aids are presented below:

- Discussion 1: Current Issues and Barriers Which Concern PLWHIV/AIDS considering a return to work are:
  - Ethical Issues on Return to Work: “Free Choice” vs. Coercion
  - Gaining or losing benefits/financial security
  - Labour market issues/workplace policies
  - Help to transition back/training and vocational reassessment
  - Disclosure/discrimination
  - Psycho-social issues/supports

An example of the content of a handout and overhead is presented as **Tool #3**

- Discussion 2: a review of the guiding principles and philosophy that must form the foundation of any return to work process
  - Ethical Issues on Return to Work: “Free Choice” vs. Coercion

An example of the content of a handout and overhead is presented as **Tool #4**

- Discussion 3: Principles of Vocational Rehabilitation
  - Rehabilitation in the context of HIV as a Disability
  - Prepare overheads and handouts of key information on Rehabilitation
  - Invite a vocational rehabilitation professional to provide an overview of vocational rehabilitation, especially in relation to HIV as a chronic disability

An example of the content of a handout and overhead is presented as **Tool #5**

- Discussion 4: assessment tools or guides to help an individual explore the possibility of employment
  - Includes a self-assessment questionnaire for PLWHIV/AIDS

An example of the content of a handout and overhead is presented as **Tool #6**



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## **A Definition of Benefits Counselling and the Ideal Skills of a Benefits Counsellor**

Timeframe – 30 minutes

Goal – To familiarize participants with a general definition of benefits counselling and the kinds of knowledge and skills a benefits counsellor would require

Activity – A “teaching-piece” by the workshop facilitator and interactive dialogue with participants on the topics to be included in this training component. Visual aids and handouts should be used

Advance Preparation and Suggested Training Tools –

- An example of the content of a handout and overhead on the Definition of Benefits Counselling is presented as **Tool #7**
- Refer to **Tool #8** for example and a list of “Attributes of a Benefits Counsellor”. These materials can be distributed to participants for an interactive discussion during this component and as future reference materials

## **The Process of Benefits Counselling: “The Model Protocol”**

Timeframe – 45 minutes

Goal – Provide participants with an overview of a model protocol for providing benefits counselling. The model contains six phases as follows:

- 1 – INTAKE OR ENTRY PHASE**
- 2 – DISCOVERY AND EXPLORATION PHASE**
- 3 – THE DISCUSSION AND SETTING OF GOALS PHASE**
- 4 – DETERMINING ACTIONS TO REACH GOALS / OBJECTIVES**
- 5 – EXTERNAL CONTACTS AND ADVOCACY PHASE** (Note that this phase may not happen in sequence and that such contact could be happening throughout the other phases)
- 6 – CONCLUDING PHASE**

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**Activity** – A “teaching-piece” by the workshop facilitator and interactive dialogue with participants on the Model Protocol. A handout of the Model Protocol could be distributed. The facilitator should walk through the phases of the Model Protocol, explaining the phases and getting feedback and reactions from participants.

**Advance Preparation and Suggested Training Tools –**

- Refer to **Tool #9** for a copy of the Model Protocol
- Contact a reference person within an ASO who has experience in providing benefits counselling or generally helping clients in accessing or maintaining financial benefits; review the model protocol, make modifications in consultation with this resource person; or request the resource person to co-facilitate this component of the agenda
- Invite PLWHIV/AIDS who have experienced benefits counselling to provide a real-life perspective

**Improvisation/Roleplays on being a Benefits Counsellor**

**Timeframe** – 45 minutes to 1 hour, depending on the number of participants

**Goal** – Provide participants the opportunity to experience doing benefits counselling or one-on-one counselling with a client

**Activity** – Divide the participants into “counsellors” and “clients”. Distribute “Improvisation – Roleplays in Being a Benefits Counsellor” to all participants. Distribute the sheet on “Client’s State of Mind” only to the Clients Team.

**Advance Preparation and Suggested Training Tools** – Refer to **Tool #10** for a copy of the sheets “Improvisation – Roleplays in Being a Benefits Counsellor” and “Client’s State of Mind”.

**An Overview of Benefits Programs**

**Timeframe** – Will depend on the number of resource persons and key informants who are on the Panel of Benefits Payers

**Goal** – Provide participants with an overview of the various benefits programs (CPP/CPP(D) QPP, private disability insurance/LTD, income replacement/welfare programs offered by a province, drug benefits programs, vocational rehabilitation and employment preparation programs) from the perspective of:

- Program eligibility - how does one get on the program
- Leaving a program for a possible return to work (risks & opportunities)
- Getting “back-on” the program if an individual can’t continue working
- The interconnections of different benefits programs
- The use of related job readiness and placement programs, Vocational Rehabilitation programs

The above information should be provided by recruited representatives of federal programs, provincial and/or municipal income benefits programs, from related job readiness and placement programs, and from private insurers, i.e. LTD, private group health and drug plans and from vocational rehabilitation programs (federal/provincial/private) which have been serving or desire to serve PLWHIV/AIDS, ASO benefits counsellors, PLWHIV/AIDS.

**Activity** – Invited resource persons do 10 to 15 minute presentations of their programs or experiences. They are asked to organize their talks based on the perspectives outlined above. They entertain questions from the participants and hopefully stay for the remainder of the workshop to take part in discussions and answer any questions that may arise.

**Advance Preparation and Suggested Training Tools** – The presenters should be requested to prepare visual aids and provide handouts to the participants to provide the training tools needed.

## Case Studies Exercise

**Timeframe** – 1 hour

**Goal** – To challenge participants to apply their knowledge of benefits programs by analyzing the situations of individual clients seeking benefits counselling. By doing the case studies, participants should realize their level of knowledge, i.e. what they know or don’t know about federal, provincial and private benefits programs and in some instances, job training and vocational rehabilitation programs. The case studies could be based on actual cases dealt with by Benefits Counsellors, composites of actual cases or purely fictional cases.

**Activity** – Participants should be divided into groups, i.e. maximum 5 to a group. The case studies would be distributed and each working group would spend 10 to 15 minutes analyzing the case. Each group could be given the same number of cases to work through or each group could be assigned a different case. After the group work, all participants would rejoin and discuss and compare the results of their case analysis.

**It is also an important goal to provide as best possible the views of experienced benefits counsellors from the ASO or community agency sector, and PLWHIV/AIDS who could provide a “reality check” on the information coming from the “official program representatives”. This is essential, since many people have experienced barriers or unethical behaviour from program administrators or managers (“bad apples”), and by internal policies that discourage providing benefits. However, be sure that these “reality checks” are non-confrontational and do not attack the program representatives themselves, since you want them to come back. Many of the staff that work in government or private programs are aware of these problems, are willing to listen to criticisms of the program, and can take these comments back to their staff and managers.**

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**The learning goal for the exercise is to give participants a sense of the process of benefits counselling and how to work on a “plan of approach and discovery” about the case and NOT necessarily to completely “solve the case”.**

There should be trigger questions provided for each case as a guide in helping to “work the case”. There would be more to the case than what the trigger questions imply. Participants would be instructed to:

- Analyze the particulars of the case; engage in “issue spotting”, i.e. what are the known facts of the case, the unknown issues, the possible difficulties, need for more information, etc.
- Work the case to the point of
  - a) Determining what clearly can be concluded and advised to the client
  - b) What remains unclear and needs more analysis
  - c) What would the necessary actions be to follow through with the “discovery and research” for the case, who should be contacted, etc.

Ideally, the key informants who participated in the panel presentations on programs would remain at the workshop and help participants by answering questions related to the cases.

#### **Advance Preparation and Suggested Training Tools –**

- The first step is to draft the Case Studies. This could be done in collaboration with persons who have had experience in counselling PLWHIV/AIDS on benefits and return to work issues, as well as PLWHIV/AIDS. These collaborators could suggest situations they have actually encountered with clients, or experienced themselves. The case should contain a mixture of benefit situations reflecting issues and problems related to federal, provincial and private programs
- The Case Studies should, if possible, reflect the realities of the specific area of the workshop; participants could also be encouraged to submit cases they have dealt with, or are aware of, during the registration phase of the workshop
- Refer to **Tool #11** for an example of case studies. These examples are generic in that they could be used in practically any area
- The workshop facilitator must do the research necessary to be fully acquainted with the answers or solutions to the cases.

#### **Action Planning for ASOs**

**Timeframe** – 15 minutes

**Goal** – To have participants examine the actions they plan to take after the workshop to increase their ability to offer benefits counselling and/or develop partnerships with

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other agencies to ensure that clients have access to benefits counselling. Planned actions can be as individual staff persons of an ASO or actions that the ASO will take as an organization.

**Activity** – A facilitated brainstorming session to help participants examine goals for building and sustaining an ability to provide benefits counselling given information received through the workshop. Such goals may include:

- In the short term, what can the individual or the ASO do to improve capacity either through increasing their own knowledge and skill sets, working at developing partnerships and networking with key resource persons in the public and/or private sector or linking with other ASOs
- In the longer term, what tools and structures do participants see as necessary for creating a greater competence at the national or provincial levels to do benefits counselling (i.e. website, mentoring initiative, bulletins)

Distribute an Action Planning Worksheet to be filled out by participants. The sheet is designed as a grid to identify the types of actions planned in a 3-month period for which both “outputs” and “outcomes” are identified. An “output” is a measurable event or action to take place; and an “outcome” predicts the results of this action.

Example Output:

- To meet provincial officials to discuss and better understand the rules and regulations of provincial disability benefits programs

Example Outcome Predicted:

- To be more knowledgeable about programs and therefore better able to counsel clients
- To develop an on-going partnership with provincial officials in order to confer with them on specific cases

**Advance Preparation and Suggested Training Tools** –

- Prepare trigger questions to be used for the “brain-storming”
- Refer to **Tool #12** for an example of an Action Planning Work Sheet.

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## **Closure and Evaluation of Workshop**

**Timeframe** – 10 minutes

**Goal** – to wrap up the workshop and have participants evaluate their experience

**Activity** – Ask each participant to take 2 minutes to describe his/her experience in attending the workshop. Suggest that adjectives and brief phrases be used. Distribute Workshop Evaluation Form and have participants fill the out the form.

**Advance Preparation and Suggested Training Tools** –

- Refer to **Tool #13** for a sample Workshop Evaluation Form

# SECTION 5

## Building Strong Facilitation Skills and Effective Overheads

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### In order to effectively facilitate the workshop:<sup>3</sup>

- The facilitator(s) must have a thorough knowledge of the materials to be covered and be prepared to answer any questions about the workshop content or if an immediate answer is not possible, the facilitator should commit to helping participants find the answers after the workshop
- The person(s) who run the workshop should be skilled in group facilitation and have a variety of facilitation tools at hand. This is an important trainer prerequisite as the person running the workshop will have to develop and adapt most of the agenda based on the needs of the participants, which often emerge only during the course of the workshop
- The facilitator must have a clear understanding of what the participants want to accomplish by the end of the workshop and the means to guide the group to this end.

### Responding to the Priorities of the Participants

It is important to understand the nature of the group to be facilitated. This will impact on both the design of the workshop and the issues and concerns that arise during the workshop. The facilitator will need to adapt the materials in this Manual to match the specific needs of workshop participants.

### Flexibility and Adaptation

Regardless of the advance work done in preparing for the workshop, it is important to review the objectives and the process with participants at the beginning of the workshop. No matter how much consultation takes place prior to the workshop, issues and ideas will be sparked during the workshop itself. Such issues and ideas should be noted especially if they go beyond the planned content of the workshop. A running list should be maintained on a flip chart as ideas and issues come up. They can be addressed at an appropriate time during the workshop or as part of the wrap-up.

There may be issues raised that the facilitator is not able to deal with because of lack of time or knowledge. He/she can either state that the answers will be obtained and the participant will be contacted with an answer, or suggest that participants work on these issues, i.e. Action Planning, and share the results/findings post-workshop.

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<sup>3</sup> King, K., Smith, A. & Frank, F. (2000)

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## **Building Effective Overheads and Handouts<sup>4</sup>**

The goal of building overheads is not to convey information, but to reinforce key messages and keep participants focused. When building overheads, ask the following question and keep these principles in mind:

### **What are the *most important* concepts that you want participants to remember or learn?**

Answering this will also help you keep your presentation focused. Build an outline for each presentation, with short headings that state the theme or focus of that particular discussion. These will be the key “points” that you are trying to communicate, and can be used as text in the overheads.

- These points should be short and concise, with no more than 10-12 words. If there is too much information, participants will get distracted by reading the text rather than focusing on your words.
- Each slide or overhead should only contain 2 or 3 points. If there are too many points, participants will be reading ahead and thinking about what’s coming next, rather than focusing on what you are speaking about at that moment.
- The font should be easy to read (like Times New Roman or Arial), and no smaller than 22pt. If you want to make your overheads look more attractive, you can put a border around the text, a picture next to the text, as long as it doesn’t obstruct the text itself.
- You can insert a picture that takes up the whole slide, or with a subtitle or joke at the bottom. This can sometimes lighten the mood and energize participants with some laughing or an encouraging picture.
- Some guidelines suggest using dark text and a clear or light background if you are using an overhead projector, and light text with a dark background if you are using an LCD projector.
- There should be no more than 7 words per line, and 7 lines per slide or overhead. This means that you have to make sure that your points are clear, short and precise.
- Use as many slides/overheads as you need.

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4 Chapman, Ainsley. Canadian AIDS Society (2004)



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- Make printed copies of your slides/overhead with room for participants to make notes next to each slide. This is very easy to do with presentation software like Power Point.

Handouts are a great way to make sure that participants have all of the information that you want them to have, without having to say all of it, or put it up on an overhead. It's often helpful to hand them out at the end of the presentation, since shifting paper can make distracting noise, and many people will start reading the materials rather than focusing on your presentation. Handouts should be tools for them to keep in their office as a reference. Refer to Tool 14 for an example of effective handouts and overheads.

### **References and Tips on Good Facilitation**

- Appendix I – Facilitation. Allan, J. & Salley, L. Fighting the Tide: Creating a Community Response to Women & HIV: Resource Manual. The Nova Scotia Women and AIDS Project. (1995)
- Part I – Facilitator Information, Section 9 “Tips for Facilitators”. Taken from: King, Ken, Smith, Anne & Frank, Flo. (2000) The Partnership Facilitator's Guide. Prepared for Human Resources Development Canada (available in an electronic version through <http://dsp-psd.communication.gc.ca>)



# PART II

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## **Learning and Training Tools**



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# TOOL #1

## **Sponsor Group's Goals of the Workshop**

### **Sponsor Group's Goals of the Workshop**

- Review the methods and tools to assist clients to deal with the hurdles that often complicate a return to the labour force
- Develop a better sense of how to provide benefits counselling which is meant to offer accurate, reliable and current information to PLWHIV/AIDS who are at a crossroads in examining new life options that could affect their social and economic well-being
- Be better able to determine the role of an ASO in directly assisting clients, or in referring clients to other agencies and experts in the field, i.e. to be aware of the boundaries, parameters and liabilities of benefits (counselling)
- To learn from peers in other ASOs about the models and strategies they use to assist clients
- Better understand the ways of building the capacity to train staff and partner organizations in the “art” of benefits counselling and in the ways of helping clients on their “journey” of returning to work

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# TOOL #2

## **Participants' Objectives in Attending Workshop<sup>5</sup>**

### **PARTICIPANTS' OBJECTIVES IN ATTENDING WORKSHOP – Networking with key players, informants and peers**

- Network with professionals in the field
- Build networks needed to assist in a return to work
- Learn models and strategies used by ASOs/peers to assist clients
- Peer networking and resource gathering
- Learn from challenges faced by other participants
- Network with ongoing experts about labour laws and rights
- Learn where to go for benefits information in my region
- Forge and maintain new alliances; develop strategies for making partnerships

### **PARTICIPANTS' OBJECTIVES IN ATTENDING WORKSHOP – Determine ASOs role**

- Consider what roles an ASO can take on; what role can it play in referrals to other experts?
- Gain knowledge of key steps a client would need to pursue to receive benefits.
- Enhance the ASO's ability to counsel PLVHIV/AIDS considering a return to work and those seeking employment or skill-improvement courses
- Determine the ASO's role in directly assisting clients to access experts and a return to work
- Consider the tools necessary to integrate benefits counselling into existing programming

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<sup>5</sup> Capacity Building and Training Strategy on Benefits Counselling Issues for Canadian ASOs, Canadian AIDS Society (Spring, 2000)

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# TOOL #3

## **Current Return-to-Work Issues that are faced by PLWHIV/AIDS<sup>6</sup>**

### **Ethical Issues on Return to Work: “Free Choice” vs. Coercion**

- A tension exists between “free choice” in considering a return to work, and a feeling that momentum is building to “force” a return
- PLWHIV/AIDS expressed fears that the “push back to work “ will ignore the complex realities that an individual faces in considering or experiencing such a transition

### **The Changing Structure of the Labour Market**

- Individuals with a long history of being out of the labour market feel their skills and abilities may be out-of-date in today’s world of work. The fear of being seen as unable to keep up with the new demands of the restructured workplace was emphasized
- The concept of a “permanent” job is changing. Employers are hiring fewer permanent employees and are instead moving toward work that emphasizes temporary or contract work, part-time work and self-employment
- The need for flexible, less rigid work hours and autonomy in setting one’s work schedule are work conditions desired by PLWHIV/AIDS

### **HIV/AIDS as a Disability**

- New therapies for PLWHIV/AIDS may mean that the disease will come to be viewed as a “chronic manageable condition with life threatening complications” much like diabetes

### **Discrimination and the Stigmatization of the Worker / Person with HIV/AIDS**

- Fear of discrimination and prejudice by employers and co-workers remains a pre-dominant issue for PLWHIV/AIDS

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<sup>6</sup> The Canadian AIDS Society Project. *Force for Change: Labour Force Participation for Persons Living with HIV/AIDS*. (1998)

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- A national survey revealed that over 50% of PLWHIV/AIDS that are still working haven't disclosed their HIV status to their employers
  - Discrimination in employment because of a disability is prohibited in Canada, under provincial/federal human rights acts and codes.
  - Employers are not permitted to discriminate in hiring, promotion, job duties and employment benefits on the basis of disability
  - Employers have a duty to accommodate an employee's disability to the point of undue hardship
  - PLWHIV/AIDS need to be empowered with knowledge of their legal rights

### **Public & Private Disability Benefits Programs**

- The loss of benefits or the fear of losing them may keep some PLWHIV/AIDS from seeking employment
- Many PLWHIV/AIDS receive public or private benefits that may be lost or reduced once they start working, and there is a fear that benefits once lost may never be regained
- PLWHIV/AIDS need to know and appreciate their rights and responsibilities as a participant in public/private insurance or disability benefit programs

### **Medications and New Therapies**

- In spite of public or private coverage for medication costs, PLWHIV/AIDS must still pay out-of-pocket expenses
- The side effects are real and complicating, especially if working. The "good and bad days" syndrome must be acknowledged.
- A return to work may mean one gives up coverage provided through provincial disability benefits programs. Provinces such as Ontario and Quebec have programs dedicated to subsidising costs of medications, but there are user co-payments which could cause financial hardship to those on lower incomes
- Coverage through private insurance plans present problems. "Pre-existing condition" clauses severely limit coverage for PLWHIV/AIDS who might begin working for a new employer. Some plans exclude or limit certain drugs or drug categories



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## **Psychosocial Issues/Support**

- PLWHIV/AIDS have only recently considered their lives with a greater sense of optimism. Many have endured continuous, chronic grief, anticipatory loss and a host of life changes intrinsic to living with a degenerative and life threatening disease
- To introduce new activities, such as returning to work, requires a supportive environment

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# TOOL #4

## **Guiding Principles to Assisting PLWHIV/AIDS with a Return to Work**

- PLWHIV/AIDS **must** be at the centre of the decision-making process
- PLWHIV/AIDS are their own best experts in determining:
  - Their physical, emotional and spiritual health & well-being
  - Their life plans
  - The means for achieving their goals
- Under no circumstances should a person be pressured or coerced to enter or re-enter the work force; the focus on job re-entry should be on creating opportunities, innovative supportive programs and safe environments
- Employment should be available as an option in the care continuum
- Programs must protect the individual's right to negotiate his/her own plan based on self-identified needs; programs must be flexible and responsive to the individual's life experiences
- Government, insurance companies and employers must recognize each person's right to self-determination, and respect the paths and means by which they may choose to exercise it
- Decisions about an individual's capability of working cannot be based solely on current clinical evidence
- Every individual has the right to privacy and to keep their health status confidential
- Individuals should be able to pursue their educational and employment goals without losing financial safety and security

Adapted from: The Canadian AIDS Society. Force for Change: Labour Force Participation for Persons Living with HIV/AIDS. (1998) [www.cdnaids.ca](http://www.cdnaids.ca)

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# TOOL #5

## Principles of Rehabilitation for PLWHIV/AIDS

Rehabilitation is a broad term used to describe a range of techniques or interventions that can be applied to maintain, restore, or enhance aspects of health and quality of life.

### **In the context of HIV/AIDS, rehabilitation is:**

- A range of services that individuals can choose to recuperate themselves when they experience an impairment or disability caused by their illness
- A service that addresses the impairments, disabilities and handicaps that result from HIV-related conditions and the side effects of anti-retroviral medication
- A continuous goal to slow the deterioration of an individual's condition by improving, restoring or maintaining activities and participation in daily life
- Aids an individual to optimize independence and quality of life, while minimising health and income support costs

### **The following principles should guide the provision of rehabilitation services to PLWHIV/AIDS. Service providers should:**

- Place the individual at the centre of the rehabilitation team and make sure he/she is involved in assessing, planning and selecting the services desired
- Ensure that rehabilitation services are coordinated with HIV/AIDS community care providers
- Recognize the importance of self-help and self-care, mutual assistance and the natural support networks of PLWHIV/AIDS
- Ensure that rehabilitation services adopt a holistic approach and address the physical, emotional, spiritual and mental needs of the individual
- Assume a supporting role on behalf of individuals being assisted
- Recognize that PLWHIV/AIDS may have multiple conditions at any one time
- Use plain language, since language and terminology remain a potential barrier between the professional “helper” and the person being helped

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## **Principles of Vocational Rehabilitation**

Vocational Rehabilitation is a process designed to assist participants in developing the necessary skills to become job ready. The process may include individual assessments, vocational counselling, labour market information, upgrading, skills training, résumé preparation, job search skills, and work experience

When assessing whether a particular vocational rehabilitation program is suitable for a PLWHIV/AIDS who is contemplating a return to work, the following questions are appropriate:

- Can the program be accessed by PLWHIV/AIDS? (Many vocational rehabilitation programs are designed to take on the most severely disabled first and so may not be available to the HIV community)
- Does the program have experience providing services to PLWHIV/AIDS?
- Does the program provide for the possibility of gradual placement from part-time to full-time positions or trial work periods?
- Does the program provide job counselling, matching and placement for people who have a range of work experience and require a range of options in returning to work?
- Does the program provide counselling to address poor self-esteem and confidence, violence, fear and confidentiality issues?
- Is the program accessible to people dealing with substance abuse issues? Employment can be an important component of a harm reduction model for such people

Adapted from: BC Persons with AIDS Society. Issues and Guiding Principles: Vocational Rehabilitation and Rehabilitation Services in the context of HIV Infection. (January 1998) [www.bcpwa.org](http://www.bcpwa.org) and Mobilizing Talents and Skills, National Assn. of People with AIDS, Gay Men's Health Crisis Gaining Access to Work for People with HIV Disease: National Public Policy Roundtable-Findings and Recommendations. (February 1999)

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# TOOL #6

## Guide to Exploring Employment Related Needs Of PLWHIV/AIDS<sup>7</sup>

### Purpose:

- The purpose of this section is to assist clients and service providers in considering issues and areas of concern related to employment, and in deciding which resources and/or services may be most beneficial.
- The Thinking about Work: A Self-Assessment Inventory and the Structured Interview Form are preliminary tools provided to help an individual and the interviewer discuss information and issues related to employment in more depth.

### The Thinking about Work: A Self-Assessment Inventory is used to:

- Promote the client's involvement in the decision-making process.
- Focus the discussion on the areas/issues of most concern to the client, and to increase awareness of employment needs.
- Utilize the interview time more efficiently.

### The Structured Interview Form is used to:

- Help explore the degree to which a client has been impacted in his/her employment by HIV/AIDS.
- Identify needs he/she may have in order to become or remain competitively employed.
- Record pertinent information.
- Make a preliminary judgement as to whether or not the individual is likely to be eligible for vocational rehabilitation services. A client able to relate needs in each section of the form would likely be found eligible for these types of services. The form does not identify the severity of the client's disabling condition, which determines the order in which he/she will receive services.
- Help an individual consider and effectively communicate the broad range of factors, preparing him/her to apply for state vocational rehabilitation services if appropriate.

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<sup>7</sup> Canadian Working Group on HIV and Rehabilitation (April 2003)

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## **Unique Considerations for Persons Living With HIV/AIDS**

These are aspects specific to persons living with HIV/AIDS that should be taken into consideration when assisting a client to prepare for and engage in work or return to work activities.

**Language:** the term disability may evoke different meanings and emotions to persons. In this context the word disability is a legal and technical term, though persons who have disabilities may not consider themselves to be “disabled.” It is important to interchange other words when necessary to help a client recognize how the term disability is used in determining eligibility for services and benefits.

**Disability Benefits:** Essential to vocational planning is understanding how work activities and earned income will impact a client's disability income sources, health insurance, prescription benefits, and housing subsidy, among other disability-related benefits. Service providers must have a basic knowledge of public and private benefits and the so-called work-incentive rules and should always refer clients to seek individualized benefits counselling.

**Documentation:** Participation in vocational training or employment services, even if temporary, may trigger disability reviews by thean income support program Social Security Administration or by insurance companies administering private disability plans. AIDS service providers and employment specialists may assist to document clients' difficulties while seeking work and/or participating in training programs. Additionally, it is essential that providers advise and coach clients to continue to document medical and psychiatric symptoms, as well as functional limitations and medications' side effects so as to preserve clients' rights to disability benefits.

**Health Status:** In light of new treatments for HIV/AIDS, a client's health status may have improved to the degree that he/she shows few physical symptoms or physical limitations. Yet the client may experience significant emotional impacts as a result of coping with the changes, adjusting to new circumstances and adhering to medical regiments required to sustaining health. In many cases the individual client may still be considered disabled and meet eligibility requirements. It is important to gain insight into the client's complete physical and mental health status, including adjustments to change and emotional aspects that may affect him/her over a prolonged period of time.

**Drugs and Alcohol Use:** Programs have different eligibility policies in relation to drug/alcohol use and/or addiction. If a client currently uses drugs or alcohol, it is important to understand the client's priorities and his/her commitment to manage or reduce the harmful effects associated with substance use. A client who is participating in a treatment program or who is committed to harm reduction strategies, may choose to attend vocational training and pursue employment goals precisely to enhance his/her health and stay away from drugs and/or alcohol altogether.

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## Thinking about Work: A Self-Assessment Inventory

*Copies of this tool are available to download in PDF and in MS Word from the Canadian AIDS Society Website: [www.cdnaids.ca](http://www.cdnaids.ca)*

This self-assessment inventory has no right or wrong answers. It is a tool to help you communicate what needs or concerns you may have about employment or vocational rehabilitation services.

**Directions:** Read the entire question first. Then put a check mark next to any listed items that apply to you. You may also write in the white space anything that you think applies to you.

1. **Why is working important to me at this time?**

- Self esteem
- Desire to do something purposeful
- Want to be with other people
- Financial needs or aspirations
- Boredom, Want to be more active
- Other

2. **Obviously, working would give me some income. I understand what effect working would have on other income and/or expenses.**

- Yes       No       Uncertain
- Current income sources
- Health insurance coverage and prescription benefits
- Potential future benefit eligibility
- Potential pension eligibility
- Other

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3. **Can I work while living with my illness?**

Yes                       No                       Uncertain

I can work if I find the right job

I have been active enough to know that I can physically work for a period of time

I have learned to deal with my symptoms

I think “reasonable accommodations” on the job will be enough

I am concerned about dealing with my illness and/or medications while working

Specifically: \_\_\_\_\_

Other

4. **I have the job qualifications that I need to work.**

Yes                       No                       Uncertain

I have previous work experience

Educational qualifications

Volunteer experience, hobbies, etc.

Personal and team skills

I have done odd jobs

I understand English. I     Speak     Read     Write

I am not sure of what my qualifications are

My qualifications may not be up to date

I want to change careers and need new qualifications



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5. **My employment goals are realistic.**

- Yes             No             Uncertain
- I have the skills to get the job I want
- I am willing to complete retraining or to develop the right qualifications
- I will consider jobs/careers consistent with my present skills
- I will consider salary consistent with my current capabilities even if it's not as much as I want to earn eventually

6. **I want to improve my readiness to work**

- Yes             No             Uncertain
- Increase my self-confidence
- Improve my communication skills
- Become more assertive without losing control
- Learn my legal rights
- Understand what work-related accommodations are
- Learn to talk about needed accommodations
- Manage my symptoms better in order to look for work or manage on the job
- Choose or refine an employment goal
- Understand how to deal with discrimination or employer attitudes
- Get additional services/products to become employable
- Want to manage my drug/alcohol recovery better

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7. **I want to improve my job seeking/keeping skills.**

Yes             No             Uncertain

- Writing resumes, cover letters, applications
- Knowing how, when and to whom to/not to discuss my HIV status
- Learning interviewing techniques
- Identifying potential employers and making contacts
- Communicating with superiors and co-workers

8. **I am willing to work with others to help me get and keep employment.**

Yes             No             Uncertain

- Talk to friends, acquaintances in business.
- Consult with counsellors or vocational specialists.
- Talk to volunteer mentors or peers in work groups.
- Maintain schedule of appointments.
- Participate in assessments and planning meetings.

9. **The following employment options interest me:**

- Full-time employment.
- A transitional work opportunity.
- Part-time or flexitime employment.
- Volunteer work that might lead to a job.
- Temporary employment

10. **I know what jobs I want to do.**

Yes             No             Uncertain

The job is \_\_\_\_\_

- I need help determining what I should do.

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## Interview Form

Name: \_\_\_\_\_ Interview Date: \_\_\_\_\_

**A. MOTIVATION TO WORK:** Why is working important to you at this time (economics, self-esteem, social, etc.)? What options have you considered for the future (similar work, change fields entirely, short term vs. long term plan)? Do you have plans to move/relocate?

**B. FINANCES:** Have you thought about how to prepare for the impact working may have on your disability benefits? Are you aware of the costs related to pursuing employment? How much more income do you need/desire to earn every month?

### CURRENT FINANCIAL NEEDS IN ORDER TO PURSUE EMPLOYMENT:

- Transportation
- Child care/Family support
- Clothing
- Training
- Other:

**CURRENT INCOME SOURCES:** The names of the benefits that are listed with an asterix (\*) will vary, depending on which province and municipality the client resides. You can replace these with the appropriate provincial names so clients will recognise them, and add more names to the list if other benefits are available, or become available, in your community.

Check all that apply

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> CPP (D)                               | <input type="checkbox"/> Union Pension                             | <input type="checkbox"/> Spouse/Partner Income                  |
| <input type="checkbox"/> EI                                    | <input type="checkbox"/> Veterans Benefits                         | <input type="checkbox"/> Savings                                |
| <input type="checkbox"/> Employment                            | <input type="checkbox"/> Municipal Housing Subsidy*                | <input type="checkbox"/> Private Retirement Pension             |
| <input type="checkbox"/> Provincial Social Assistance/Welfare* | <input type="checkbox"/> Provincial Disability Assistance Program* | <input type="checkbox"/> Private Insurance/Long Term Disability |
| <input type="checkbox"/> Other: _____                          |  |   |

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HEALTH INSURANCE SOURCES: (To cover health related expenses such as medication, specialists, rehabilitative devices, dental and eye care, etc.)

- Private Insurance
- Veterans Benefits
- None
- Provincial Pharmacare Program (medication)
- Provincial Disability Coverage
- Access to travel supports (bus tickets, cab fare, etc. to travel to medical appointments)

Again, more sources can be added.

### C. CURRENT FUNCTIONAL CAPACITIES

■ CURRENT HIV STATUS (clinical record of disease progression, CD4 count, viral load, etc.): \_\_\_\_\_

■ Other known medical or mental health diagnosis or treatments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

■ Do you currently experience symptoms or difficulties in any of the following areas? (check all that apply and explain)

- Balance
- Temperature Sensitivity
- Lifting
- Walking
- Symptoms vary/ unstable

- Memory
- Pulmonary Problems
- Bowel or Bladder
- Fatigue/Energy
- Pain/tenderness/numbness

- Cancer
- Skin problems
- Weight loss
- Internal organ involvement
- Other

- 
- Do you have difficulty in any of the following areas (with or without medications), i.e. have you had to find new ways in order to do routine things or manage responsibilities in any of the areas listed? Do you have to seek help from others, use medications, require accommodations? (Check all that apply and explain)

- Speaking:** Using your voice, articulating or finding words, communicating with friends, family, service providers, colleagues, employers, etc.

- Mobility:** Getting to places you need to go, walking, standing, being on time, etc.

- Hearing:** Understanding what people are telling you, being in places with a lot of background sounds, etc.

- Seeing:** Reading, writing, getting around at night, etc.

- Concentration:** Following instructions, remembering, sleeping, multi-tasking, etc.

- Personal Care:** Shopping, fixing meals, getting ready to go places, being on time, etc.

- Self-Direction:** Setting goals and achieving them, completing tasks, managing personal responsibilities, plan for the future, etc.

- Interpersonal Skills:** Talking to new people, getting out of the house, maintaining contact with friends and family, breaking isolation.

- Work Tolerance:** Maintaining stamina, keeping a pace, managing fatigue, pain, and medication.

- Work Skills:** Using skills you once had, finishing tasks, learning new skills.

- What medications do you take? Describe any difficulties that you have in taking these medications. Do you experience side effects? Describe:

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- List of any devices, aids or assistance from others that you use to help you in your daily functioning.

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**D. IMPACT OF HIV AND OTHER DISABILITIES ON EMPLOYMENT:** In what ways does your disability make it difficult for you to seek work, get the job you want, keep the one you have or to advance into other employment? (Include physical problems, psychological motivations, an uncertainty/fear of the future, experience/fear of discrimination, if applicable.)

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**E. MARKETABLE SKILLS:** Tell me about what you've done in the past, which jobs/activities you did well and enjoyed doing (May include education/training, job history, volunteer experience, hobbies/interests, effect of disability on skills)

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**F. REALISTIC GOALS:** What do you want to do? Do you know what will be necessary in order to achieve your goals? (Is it realistic?)

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**G. WORK READINESS:** Managing your disability on the job is crucial. What do you think you need help with? (May include understanding of symptoms and disability and client's response to it, management skills, feeling about self, need for accommodations, emotional stability, etc.)

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**H. NEED FOR OTHER SERVICES/PRODUCTS:** Are there special services or products, which you believe would help enable you to obtain or retain employment?

If so, what are they?

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■ What do you need help with in order to pursue employment?

(Check all that apply)

- Find out how I can use skills that I already have. Improve my capability to seek employment.
- Learn ways to find accommodations and improve my ability to work.
- Keep my job.
- Get a new job.
- Figure out whether I can work part-time or full-time and how many days/hours per week.
- Learn what resources are available to help me.
- Understand better my finances.
- Understand better my legal rights and how to deal with discrimination if it should occur.
- Understand how to prepare for changes in my disability that may effect me on the job.
- Adjust to increased activity level through a transition work experience.

**I. KNOWLEGE OF JOB SEEKING/KEEPING SKILLS:** Do you need help in learning about effective ways to find a job? Are you comfortable talking about yourself and your disability? (Check the following areas that you feel need attention)

- Improving Self Image/Confidence
- Communicating with others
- Describing my skills to others
- Preparing a resume

- 
- Preparing a cover letter
  - Networking
  - Answering difficult interview questions
  - Finding job leads
  - Knowing legal rights
  - Managing time/energy
  - Knowing how to request accommodations
  - Knowing when to/not to discuss my disability
  - Other:

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What are your primary concerns related to employment?

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# TOOL #7

## Definition of Benefits Counselling

### Benefits Counselling – What is it?

- Assist people living with HIV/AIDS through culturally appropriate counselling, education and advocacy in making informed choices that maximize, empowering PLWHIV/AIDS to take control of the financial aspect of their lives.
- Help PLWHIV/AIDS first understand and reflect on the financial implications of their possible choices (in returning to work); ensure that clients have accurate, current and reliable benefits information and be empowered to make the best possible decisions

Benefits counselling for a return to work should help the individual explore answers to the following personal questions:

- How will present sources of income, i.e. welfare, Canada Pension Plan and/or other private or public income security or income replacement programs, be affected if a return to work happens?
- What happens to the extras gained, such as drug coverage and affordable housing, if the source and amount of income changes in the case of a return to work?
- Will health, disability and insurance benefits be available to the individual at the new work place?
- What kind of “maze” would one have to go through if work didn’t succeed as planned, or if one got sick and had to rely on income supports again?
- Is it worth the stress of changing one’s current stability for the real or perceived benefits of a return to work?

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# TOOL #8

## Attributes of a Benefits Counsellor

This tool provides an overview of the skills and attributes of a Benefits Counsellor, and can be used to build a job description.

### Knowledge:

Essential:

- Broad knowledge of:
  - individual, group and government insurance/benefits, including life, disability, health and dental benefits, mortgage and creditor insurance, living benefits, beneficiary rules
  - employment standards and regulations, tax rules, governing legislation
  - accepted practices with respect to extension of benefits during disability, etc.
- Clear understanding of the value and liability of benefits entitlements
- Knowledge of the insured person's rights with respect to benefits on disability
- Knowledge of rehabilitation, recurrent/episodic disability, return to work provisions, insurance company practice in adjudicating, investigating and approving claims

Useful:

- Knowledge of HIV/AIDS illness, impact, treatment regimes, and related terminology
- Contacts with insurance providers, ability to network within the benefits community
- Understanding of use and need for powers of attorney, living wills, etc.
- Understanding of pension, RRSP issues around disability, or limited life expectancy.

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**Experience:**

- Benefits consulting, or insurance (preferably group insurance)

**Other Important Attributes:**

- Respect and compassion for clients
- Good analytical, negotiating and conflict resolution skills (for interaction with clients, employers and benefits providers)
- Strong counselling and interpersonal skills
- Commitment to advocacy
- Commitment to protection of privacy and confidentiality and careful practices in support of this goal

As suggested by Sandra Dudley, Volunteer Benefits Counsellor at AIDS Committee of Toronto

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# TOOL #9

## Model Protocol for Providing Benefits Counselling<sup>8</sup>

This tool provides a look at the process of benefits counselling, i.e. a “model protocol” or standard procedure for offering a benefits counselling service to individuals.

### INTAKE OR ENTRY PHASE:

- Client will have been advised at pre-appointment stage to come to the session with all relevant documents, i.e. copies of employees benefits booklet, if on private plan, or copies of any applications, communications, letters related to a public plan; in general any documents they have received from the provider of any and all benefits they may be receiving
- A general overview of the process is provided, i.e. number of sessions possible or necessary or simple assurance that additional sessions will be offered according to need.
- Roles and responsibilities of both the counsellor and the client are established, i.e. it is preferable that the client is the one who will be making contacts, asking questions of the benefit payer; the counsellor is there as a “coach” or facilitator making suggestions and providing guidance on how best to proceed in a safe and secure way without the client possibly jeopardizing or compromising his/her position with the benefit payer

These issues are assessed, but often not directly discussed just encouraged according to the counsellor’s best judgement. Certainly, it is more empowering if the client acts for themselves with advice and counselling, provided their health and confidence permits.

- The principle of confidentiality is stressed, i.e. the client owns all information and results of the counselling and must provide the counsellor permission/authorization if a sharing of this information might be necessary with a third party
- A formal authorization is typically not used for this purpose, but certainly permission should be sought. There is also a need to be very careful leaving messages that identify them coming from an ASO, or without knowing who can access the person’s voice mail, etc.

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<sup>8</sup> Pamela Bowes, Benefits Counsellor, Toronto Persons with AIDS Foundation; Sandra Dudley & Charlene Milton, Volunteer Benefits Counsellors, AIDS Committee of Toronto

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## DISCOVERY AND EXPLORATION PHASE

- The client is encouraged to “tell his/her story”; a synopsis of the issues and events which led the client to the counsellor
- The counsellor could ask about/assess:
  - The person’s recent “life history” including medical, employment, income/assets
  - The full array of the benefits being received, coverage, particulars of health or drug benefits, the particulars of disability or income replacement benefits, life insurance policies (group/individual), as well other subsidies being received, i.e. housing, child care
  - The person’s current life scenario (partner, spouse, dependents)
- The counsellor determines where there are gaps in information, i.e. what more needs to be known about the situation
- The counsellor probes the client on areas that may not have been apparent to the client, i.e. the interconnections of benefits or where action in one benefit area may affect or have consequences in another benefit area
- The counsellor may need to explain in understandable terms the “jargon” or terminology used in contracts, policies or agreements related to benefits

## THE DISCUSSION AND GOAL SETTING PHASE

- The counsellor works with the client to fully understand the reasons the client has come for counselling, i.e. better understand the benefits he/she is receiving; the process for requesting changes to benefits; explore the possibility of a return to the workforce
- A mutual agreement on the goals and objectives of the counselling is reached

The goals and objectives setting is not usually a formal phase, and to the extent that this occurs it would happen before or after the fact-finding described in Phase 2.

## DETERMINING ACTIONS TO REACH GOALS / OBJECTIVES

- Given the information and particulars known so far, the counsellor assists the client to begin a decision-making process with a full (as possible) understanding of the consequences of making a particular decision or following a particular option

- 
- Scenarios are examined in a “cost/benefit” context
  - The counsellor helps to enable the client to grasp the consequences and potential outcomes of decisions made or options pursued

Sometimes the process is more obvious and straightforward. Often the client just needs an answer that an expert can give easily, i.e. helping to fill out or review forms for E.I., CPP, or private insurance, or explaining how a plan works.

What is crucial to understand is that the process has tremendous overlap to personal support. Once you gain trust, clients will unburden themselves of many non-benefit related concerns. In such cases, you listen, offer support and comfort, if that is all that is needed, but if the issues are more serious you try to link the client to a peer counsellor or other assistance.

- The issue of liability is clearly discussed, i.e. the counsellor will provide information and suggestions to the best of his/her knowledge and expertise but cannot assume any liability for the outcomes and consequences of any actions taken by the client or by the benefit provider
- The client could be asked to sign a DISCLAIMER in this regard. However for the most part a formal disclaimer is not part of the process at present. All the same, the disclaimer may be a good idea, but would probably not stand up if misguided advice resulted in a significant financial penalty to the client.

EXTERNAL CONTACTS AND ADVOCACY PHASE (Note – this phase may not happen in sequence – contact could happen throughout other phases)

- There may be a need to contact different payers for more information; in this case the counsellor provides points and tips on how the client can do this in a safe and uncompromising way
- The counsellor may provide written “instructions” and suggestions on what to say/ask or how to do so; or the counsellor may provide drafts of letters to be sent to the benefit payer that the client can use as models
- The counsellor will provide tips or “do’s and don’ts” that the client could use to assertively represent his/her issues to benefit payers without being aggressive or combative with the payer

- 
- If the counsellor concludes that the client because of health or psycho-social reasons, is not able to follow-up on his/her own with a benefit payer, the counsellor as a last resort can contact the payer directly on behalf of the client; the client would have signed a letter of authorization for the counsellor to act on his/her behalf directly with payer.

#### CONCLUDING PHASE

- Once a “plateau” is reached in terms of the help and assistance that a counsellor can provide, the Benefits Counselling process can reach closure
- This does not preclude that the client in future will require a return to the Benefits Counselling process and further access to the counsellor’s interventions due to changing circumstances
- The client is encouraged to keep documents and records of the counselling process for future reference; but for the sake of confidentiality and security, the counsellor would not keep hard or electronic copies of documents or a case file on the client over the long term. Maintaining a file can sometimes be done with full knowledge and permission of the client. Then it is necessary to find a secure site for maintaining this info. For very complex ongoing cases, temporary files should be locked up and made secure. Such files are shredded once the issues are resolved and no further immediate reference is required.

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# TOOL #10

## Improvisation/Roleplays on being a Benefits Counsellor<sup>9</sup>

### Improvisation/Roleplays on being a Benefits Counsellor

Rules of the game:

1. Two teams – “Clients” and “Counsellors”
2. Choose one member of each team to begin
3. Start with entry and go as far as you can
4. The team member doing the improvisation can “tag” another member of team to “walk into role” (maintain for at least 5 minutes, not more than 10 minutes)
5. This team member “takes up where the other left off”
6. Clients only will play the role using suggested “states of mind”
7. When one “client” continues from another, the state of mind of the replacement “client” can continue or change

This is meant to be a learning exercise, but also fun:

- be creative
- be reasonable
- be dramatic or even somewhat melodramatic

The client’s states of mind

- 1 – gripped by fear on investigating a return to work
- 2 – feeling ill and disoriented
- 3 – wants to take charge, and not sure of his/her confidence in counsellor
- 4 – “spaced out” and not sure what benefits he/she is on
- 5 – needs to feel he/she will be in control of the process as it unfolds
- 6 – wants the counsellor to make all the moves

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<sup>9</sup> Jim Zamprelli. Canadian AIDS Society. June 2004



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# TOOL #11

## Examples of Generic Case Studies<sup>10</sup>

*Copies of this tool are available to download in PDF and in MS Word from the Canadian AIDS Society Website: [www.cdnaids.ca](http://www.cdnaids.ca)*

There are trigger questions to help in working this case. There may be more to the case than what the trigger questions imply.

1. Analyse the particulars of the case, engage in “issue spotting” (i.e. what are the facts of the case, the unidentified issues, the possible difficulties, the needed information, etc.)
2. Work the case to the point of:
  - a) determining what clearly can be concluded and advised to the client (i.e. based on the group’s existing or newly acquired knowledge of programs/benefits)
  - b) recognizing what remains unclear and needs more analysis
  - c) discovering what the necessary actions would be to follow through with the “discovery and research” for the case, who would be contacted, etc.

The **learning goal** for the exercise is to get a sense of the process of benefits counselling, how to work on a “plan of approach and discovery” and NOT necessarily to conclude the case

### CASE 1

Karl is a single male, on private LTD and CPP Disability. He has been out of work for ten years. His income is approximately \$2000 per month. Karl wishes to return to the labour force but wants to take some training and upgrading courses.

- If he returns to school, are any of his benefits in jeopardy?
- What are the eventual impacts of a return to school or work on his private LTD and CPP?
- What would Karl be eligible for in terms of training and upgrading programs?
- What happens if Karl starts a new job but has to leave work after fourteen months because of ill health?

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10 Jim Zamprelli. Canadian AIDS Society. June 2004

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## **CASE 2**

Alice is 26 years old and has been diagnosed with HIV. She is on combined therapies. She has been unable to hold a job for more than a few weeks and does not have any savings or assets. Alice lives with her parents in a home that they own. Her father earns an annual income of \$40,000 and her mother, who was working, has given up her employment as she feels she wants to be more available to assist Alice.

- What income programs would Alice be eligible for in the province? How much would she receive and what disability definition would govern her eligibility? How would the eligibility test be applied?
- What drug program would Alice be eligible for? What portion of drug costs would be covered? What steps need to be taken to qualify for support?

## **CASE 3**

George is a professional architect who has not worked for over eight years. He has been receiving LTD through a plan he has as a member of the Architects Association of Alberta. He is not sure if his LTD plan is a group plan or a personal/private plan. George is also wondering if the plan covers any vocational rehabilitation options as he feels his long absence from professional work would require re-training and “updating” in the field. On the other hand, he’s not sure what “Vocational Rehabilitation” really means in his case. George is terrified to contact the LTD provider and ask questions.

George has already made some inquiries with firms and feels his prospects are good. He even has discussed returning to work on a part-time basis. He is wondering if he would qualify for health benefits with a new employer given what he’s heard about the “pre-existing conditions clause”.

- How would you counsel George on the “terror” he feels?
- What about his uncertainty about the type of LTD plan he has and his minimal understanding of Vocational Rehabilitation and how it fits in his case?
- What about the “pre-existing clause” issue?

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#### **CASE 4**

Jim, who is 21 years old, was diagnosed with HIV two years ago. He has just graduated from university as a computer science major. He has been offered an entry-level position with a computer firm. The starting salary is \$12,000 a year but the job has real advancement opportunities. Jim has a \$10,000 trust fund established by his grandfather, but has no other savings.

- Would Jim be eligible for any disability income “top-up” or supplement in that he feels his proposed salary is insufficient for his life-style? If so, what conditions would apply? Would the trust fund be a factor for eligibility?
- Jim is concerned about drug costs in the long-term. Right now things are manageable. He’s not sure what happens if his medication needs to change.

#### **CASE 5**

Joe is receiving LTD from the group plan of his former employer and CPP-disability. His income is \$2000 per month. He gets a call from the LTD provider saying that if he is interested in rehabilitation, he should give them a call. Joe has also taken part of his life insurance policy as accelerated benefits.

- What are the risks of making this call?
- What can rehabilitation do for Joe?
- What happens if Joe does get a job with a new employer, gets sick again, and needs to leave his job within two months of starting? Or within six months? Or a year?

#### **CASE 6**

Tom has been receiving provincial income support for many years as a person with a disability. In the past he has had credit cards “written off” and student loans suspended due to his disability and fixed income. Also, his payment of back taxes has been suspended.

- If Tom returns to work, what will happen to these credit issues once he begins working?

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# TOOL #12

## Individual/Organizational Action Plan – Outputs & Outcomes

*Copies of this tool are available to download in PDF and in MS Word  
from the Canadian AIDS Society Website: [www.cdnaids.ca](http://www.cdnaids.ca)*

**NAME**

<b>MONTH 1</b>	<b>MONTH 2</b>	<b>MONTH 3</b>
OUTPUTS	OUTPUTS	OUTPUTS
OUTCOMES	OUTCOMES	OUTCOMES

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# TOOL #13

## Closure & Evaluation – Model Evaluation Sheet

*Copies of this tool are available to download in PDF and in MS Word  
from the Canadian AIDS Society Website: [www.cdnaids.ca](http://www.cdnaids.ca)*

### Workshop On Benefits Counselling Issues For ASOs Evaluation/Feedback On The Workshop

CITY \_\_\_\_\_ DATE \_\_\_\_\_

1 = not at all      5 = extremely

1 – Did the workshop meet your expectations/objectives?      1    2    3    4    5

2 – Did the workshop cover the material you expected?      1    2    3    4    5

3 – Were the presentations clear and to the point in the:

A.M.      1    2    3    4    5

P.M.      1    2    3    4    5

4 – Did the discussion raise issues/questions that you had not  
thought about before?      1    2    3    4    5

5 – Was the place, the food, and the organization of the  
workshop satisfactory?      1    2    3    4    5

6 – Will the workshop:

help you to do benefits counselling?      1    2    3    4    5

help you in helping others make decisions about  
working/returning to work?      1    2    3    4    5

---

7 – What did you like MOST about the workshop? \_\_\_\_\_

8 – What did you like LEAST about the workshop? \_\_\_\_\_

9 – If more training related to benefits counselling was possible, what topics/issues would you like to see dealt with?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10 – OTHER COMMENTS or explanations of your answers of questions 1-6

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SELF-RATING AS BENEFITS COUNSELLOR: FROM 1 TO 10**

PROCESS \_\_\_\_\_ CONTENT \_\_\_\_\_

OPTIONAL:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

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# TOOL #14

## Building Effective Overheads

### Building Effective Overheads

A Presentation by:  
THE CANADIAN AIDS SOCIETY  
June 2004

### Building a Slide

- Use max 7 words per line
- Use max 7 lines per slide
- Use as many slides as needed

### Using Overheads

- Don't use them to convey information
- Do use them to reinforce key messages

### Building a Slide

- Overheads: dark font, light background
- LCD projector: light font, dark background
- Borders, logos, pictures should not interfere with text

### What are your Key Points?

- Identify your key messages
- Prioritize them/put them in order
- Use them to guide your presentation

### Building a Slide

- Do use pictures to illustrate a point
- Pictures lighten the atmosphere
- Use simple pictures with thick lines

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### **Building your Key Points**

- Make them short and concise
- No more than 10-12 words

### **Handouts**

- Prepare handouts with your presentation slides
- Prepare handouts with details from your presentation, and other relevant info
- Include your contact info on handouts and presentation slides

### **Examples of Key Points**

- Short and concise slides/overheads reinforce your message
- Key points keep participants focused on topic, and on you
- Use handouts to convey details

### **Building a Slide**

- Use only 2-3 points per slide
- Use Arial or Times New Roman Font
- Use a minimum of 22pt font

## **THANK-YOU!**

For more information:  
**The Canadian AIDS Society**  
1-800-499-1986  
[www.cdnaids.ca](http://www.cdnaids.ca)



# PART III

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## **Resources**



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## Interesting Internet Sites:

1. [www.hivatwork.org](http://www.hivatwork.org) Business Responds to AIDS and Labour Responds to AIDS Programs, Centers for Disease Control
  - helps large and small businesses and labor unions meet the challenges of HIV/AIDS in the workplace and the community.
  - contains information and resources on workplace HIV/AIDS policy development, manager/labour leader training, employee education, and community service.
2. <http://www.hivandrehab.ca/> Canadian Working Group on HIV and Rehabilitation (CWGHR)
  - The site offers very good educational and research references in its promotion of innovation and excellence in rehabilitation in the context of HIV disease.
  - CWGHR facilitates development of/access to rehabilitation resources for people living with HIV disease
3. <http://www.canadiansocialresearch.net/> Canadian Social Research Links

This excellent site provides a comprehensive, current and balanced collection of links to Canadian social program information. It is a collection of bookmarks that are updated regularly. There are pages that focus on Welfare Programs and on provincial and territorial social assistance programs.

Types of information you'll find:

- Launch pads to external sites on a specific subject or a particular jurisdiction
- Thematic research guides contain commentary on a particular topic, as well as relevant links.
- Non-Governmental Organizations that include links to groups whose missions include advocacy on behalf of disadvantaged people.

- 
4. <http://www.thebody.com/workplace/> The Body

See section on **Workplace Issues** that covers Returning to Work (and Remaining at Work) and Legal Issues in the Workplace. It is an American perspective, but a lot of good resource materials.

5. <http://www.apla.org/> AIDS Project Los Angeles

See the sections **Benefits and Insurance Counselling** and **Work Services**, which deal with Employment Issues and Resources for People Living with HIV/AIDS. Information is US-based but the site offers good examples of web-based “counselling” on a return to work.

6. <http://www.ccrw.org/> The Canadian Council on Rehabilitation and Work is a Canada-wide network of organizations and individuals. Our mission is to promote and support meaningful and equitable employment of people with disabilities. As innovators and agents of change, we build partnerships, develop skills, share knowledge and influence attitudes.

The CCRW offers *WORKink* ([www.workink.com](http://www.workink.com)), a Virtual Employment Resource Centre for Work Seekers. It offers free online employment counselling, the use of business chat rooms for individual counselling, support groups, guest speakers, and even direct contact with employers. *WORKink* is sponsored by Human Resources Development Canada.

7. <http://www.cailc.ca/> The Canadian Association of Independent Living Centres (CAILC)

This is a national umbrella organization that consists of local Independent Living Resource Centres (ILRCs). Each ILRC is community-based and controlled by and for persons with disabilities. CAILC is controlled by the individual ILRCs and its responsibilities mainly consist of providing support, training, networking with government and non-government organizations, and information dissemination. Includes the following project:

#### **Navigating the Waters**

This pilot is to demonstrate that when individuals with disabilities are supported with innovative approaches and individually tailored supports based on the ILC Model, that meet their self-identified need, employment in the Labour Market can be achieved and maintained.

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8. <http://www.aidslaw.ca/> The Canadian HIV/AIDS Legal Network

This site contains hundreds of articles, information sheets, reports, discussion papers, and other documents on a wide variety of legal, ethical, and human rights issues related to HIV/AIDS. If you are looking for a wide variety of information concerning legal, ethical and human rights issues related to HIV/AIDS (including workplace discrimination) this could be the best spot to begin your search.

Includes discussion papers and final reports, Information sheets, The Canadian HIV/AIDS Policy & Law Review, an annotated bibliography and literature review, and the Network News, which provides information on Network projects and activities every four months.

9. <http://www.hrsdc.gc.ca/> Human Resources and Skills Development Canada (Formerly Human Resources Development Canada)

Detailed information on labour and workplace issues, as well as financial benefits. This web site includes links to Employment Insurance, subsidies, grants and contributions, survivor benefits, education and training, and more.

10. <http://www.pwd-online.ca/> Persons with Disabilities Online (Government of Canada)

A broad range of disability related information. Includes a tool that provides direct access to information on federal, provincial, and territorial benefit programs and services.

11. <http://www.sdc.gc.ca/> Social Development Canada (formerly Human Resources Development Canada)

Detailed information on disability-related benefits such as CPP(D), Disability Vocational Rehabilitation Program, and the Office for Disability Issues.

12. <http://www.archlegalclinic.ca/> ARCH: A Legal Resource Centre for Persons with Disabilities

This is a community-based, not-for-profit legal clinic and legal resource centre in Ontario, dedicated to defending and advancing the equality-rights of persons with disabilities.

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In recognizing the dignity and worth of persons with a variety of disabilities, ARCH promotes the full social justice of persons with disabilities, and their realization of equal opportunities and full participation on an individual and systemic basis. Offers advice and referrals on legal issues, publications, education, etc.

### **More Documents and Resources:**

AIDS Atlanta Reconstruction (manual and training kit) Atlanta, Ga. (1997)

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