ESL Bridge to Health Care Aide Employment

ALBERTA GOVERNMENT PROPOSAL MARIA MACMINN VARVOS

Contents

Project Description	3
Purpose:	3
Objectives	3
Rationale	3
Labour Market Needs	3
Immigrant Needs for Entry into the Job Market	4
What is required to match Labour Market Demands with Training?	5
Rationale for Program Model:	5
ESSENTIAL SKILLS RATING CRITERIA	5
HCA Curriculum and the Essential Skills/CLB Checklist	7
Learning and Instructional Challenges	10
In the classroom:	10
In the workplace:	10
Cultural aspects and implications of care:	10
In the Classroom:	10
In the Workplace:	11
Summary of Recommendations	11
Program Model	11
1.3.1Client Group	12
Participant Demographic	12
Location of Services	13
Description of Services Assessment	13
Service Plan and Service Management	13
ESL Bridging to Health Care Aide Employment – Intake Form	14
Training Plan	15
ESL Bridge to Health Care Aide Employment - Training Program Model	16
Service Volume – see the application	17
Length of Intervention	17
ESL Bridge to Health Care Aide Employment - Training Program Model	17
Resource Requirements	17
Qualified staff	17
Facilities	18
Learning Tools and Resources	18
Insurance Coverage	18
Contract Term	19

1.3.11	Budget	19
BUDGET I	OCCUMENTS	19
Monthly	Fees-For-Service	19
Monthly	Payment	19
		19
DELIVER	ABLE BUDGET TEMPLATE FOR SUBMISSION	22

Project Description

Purpose:

The purpose of this program is to provide English Language training to help newcomers who have foreign based training in health care field to find employment as Health Care Aides through an accelerated ESL language training program that supports occupational training that bridges to employment as Health Care Aides. It is the experience at ABM College that the college has had to turn away 70% of ABM applicants for Health Care Aide Training Program who have a health care background who have applied for the HCA program are not eligible because English Language level is below CLB 6 entrance level. Therefore, the ESL Bridge to Health Care Aide Employment will provide an opportunity to bridge to employment as Health Care Aides.

This program will appeal to those who have foreign training as Nurses, Doctors, LPNs and Personal Support workers who want to achieve a short term employment goal of working as a Health Care Aide as a first step to entry into the health care field. This short term goal achievement may lead to a long term goal of working towards certification in the health care profession in which they have been previously trained.

Objectives

- Apply a model that will accelerate the progression and readiness for employment
- Increase English language proficiency from CLB 5 to CLB 6/7
 Introduce academic skills required to move beyond CLB 5 to CLB 7
- Apply this methodology to prepare students to refresh or acquire skills required to work as a Health care aide in Alberta
- Introduce the language, academic and technical and essential skills competencies required to be successful in a traditional health care aide training program

Rationale

Labour Market Needs

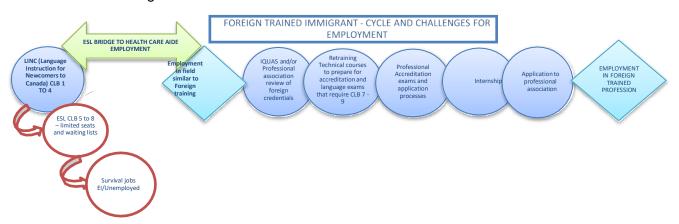
In this Pandemic crisis, the health care sector is being hit with a lack of health care workers on the front line, specifically in the Health Care Aide occupational sector. On the other side of this crisis, employment opportunities have declined, bringing the unemployment rate to 13 to 15% in Alberta. There are many immigrants with foreign trained credentials in the health care area who are unemployed but who don't have the language skills and opportunities to find and retain employment to fill these high needs occupational area. The ESL Bridge to Health Care Aide employment will provide the linkage between the need for Health Care Aides and the need for employment by foreign trained health care professionals.

Immigrant Needs for Entry into the Job Market

Many Immigrants come to Canada with a health care background as Nurses, Doctors, LPNs or Personal Support Workers yet they are not able to work in the health care field because of their English proficiency level does not make them eligible for further training and is the case of Medical Doctors, Nurses and LPNs, do not have certification to meet the requirements of these regulated professions. The road to Canadian certification requires lengthy and expensive applications, profession specific technical testing, English language proficiency testing, and acceptance into professional associations and in many cases, supervised internship.

The entry level for English is CLB 7 for retraining in nursing; LPN is a minimum of CLB 7. For Medical doctors, the CLB minimum level to pass the oral exams is CLB 8/9. LINC offers language training up to CLB 4. There are limited seats for ESL training in CLB 5 to 7 therefore, immigrants who want to improve their language level to meet the standard required to enter professional health occupational training is stalled because of waiting lists. Consequently, immigrants who want to pursue employment in health-related areas choose employment in food services, cleaning, factory work, security, food pick delivery. Opportunities that would facilitate improving English language skills so that they can move forward in their goals to move along the path towards accreditation in their field of training is limited by the lack of English language training that would bridge to the language level requirements to pursue and be successful to pass exams in their field of professional training.

Therefore, ABM proposes a program for those with a health care background that would provide a bridge to a health care profession in the short term and facilitate the ability to build language and professional skills to prepare them for future employment opportunities in their field of medical training:



COVID-19 has had a major effect on the employment stability or the health risks of these hourly jobs with little employment stability. They are more often than not part of the 15% unemployed with little security to return to these part-time hourly positions.

What is required to match Labour Market Demands with Training?

- Traditional English language training is not adequate preparation for vocational training even when the student meets the entrance language requirements
- Training needs to address cultural competency in addition to job specific language training
- Alternative training opportunities need to be made available to immigrants who could be trained to fill the high demand for Health Care Aides

Rationale for Program Model:

Cummins explains the reason that an ESL student can appear to be fluent in English but is lacking in academic skills. It is the BICS vs CALP theory of second language acquisition:

According to well-known researcher and educator, Cummins, there are two levels of competency in second language acquisition:

BICS: Basic Interpersonal Communication Skills are language skills needed in social situations. It is the day-to-day language needed to interact socially with other people. This is the language learned in ESL classes and learned informally.

1. CALP or Cognitive Academic Language Proficiency refers to the form of academic language learning related to higher order thinking skills such as problem solving, conceptualizing as well as PLP (Professional Language Proficiency) industry specific language. This type of language is learned in academic, professional or industry specific settings.

2. Cultural Competency:

Culture is defined as an integrated pattern of human behaviour that includes thoughts, communication, actions, customs, beliefs, values and institutions of racial, ethnic or religious origins.

Competency implies the capacity to function within the context of a culture that has been defined by a particular group.

Cross-culturally competency involves learning new patterns of behaviour and being able to apply them in the appropriate situations.

Essential Skills Rating Criteria¹

Essential Skills are the workplace skills that are required for the jobs that are listed in the National

¹ Adapted from "Relating Canadian Language Benchmarks to Essential Skills -A Comparative Framework" (Centre for CLB, 2005)

Occupation Classification of jobs in Canada. Each job has a list of essential skills that are rated by level of difficulty from 1 to 5.

When researching a job goal, the essential skills will identify what essential skill level are needed to demonstrate competency in that the job. The following chart summarize what English language level (Canadian Language Benchmark) is needed to achieve each essential skills competency for the job. Adapted from "Relating Canadian Language Benchmarks to Essential Skills -A Comparative Framework" (Centre for CLB, 2005)

ES CLB CON	MPARA ⁻	ΓIVE F	RAMEV	VORK								
CLB Strand	CLB1	CLB 2	CLB3	CLB 4	CLB5	CLB6	CLB 7	CLB8	CLB9	CLB 10	CLB11	CLB12
SPEAKING					ES 1							
						ES 2						
									ES3			
											ES 4	
LISTENING					ES 1							
							ES 2					
									ES3			
											ES 4	
READING			ES 1									
						ES 2 OF 5						
							ES3	OF 5				
										ES 4 OF 5		
											ES 5 OI	- 5
WRITING				ES 1	OF 5							
						ES 2 C)F 5					
					_			ES 3 OF 5				
									ES 4 OF 5			
										ES 5 C)F 5	

The minimum English language entrance requirement for admission into the Government of Alberta Health Care Aide Program ranges from 5 to 7. However, according to the Essential Skills/CLB framework based on the NOC standards, 9 out of 13 Essential Skills² defined skill and sub skill areas require CLB 7/8 in order to meet the language competency required to successfully demonstrate competency at the level identified in the HCA essential skills profile (Taken from the Essential Skills Profile for Nurse Aides, Orderlies and Patient Service Associates NOC 3413):

CLB Canadian Language Benchmarks (range from 1 to 12):

- CLB 6 to 8 in Listening/Speaking (majority of communication tasks)
- CLB 6 to 8 in Reading (majority of communication tasks)
- CLB 7 to 8 Writing (majority of communication tasks)

The most important Essential Skills for Health Care Aides, Nurse Aides, Orderlies and Patient Service Associates are:

- Document Use
- Oral Communication
- Working with Others

HCA Curriculum and the Essential Skills/CLB Checklist

The following is an overview of the HCA curriculum modules and the Essential Skills/CLB framework related to the HCA occupation.

The curriculum will be integrated with language support – The Essential Skills/CLB check list will be used to identify the language and essential skills required for each content area in the technical curriculum modules outlined below:

COURSE NAME
Health Care Aide Role & Responsibility
The Human Body, Health & Chronic Illness
Communication & Documentation in
the Health Care Environment
Providing Person-Centered Care &
Comfort
Meeting Complex care Needs
Special Activities for Clients with Various Health Conditions

² https://www.language.ca/product/relating-clb-to-essential-skills-a-comparative-framework-pdf-

The following is the Essential Skills/CLB framework that will be used a checklist or guide to support the technical curriculum modules (based on the Essential Skills Profile for Nurse Aides, Orderlies and Patient Service Associates NOC 3413)³

Health Care Aide ESL Bridging Curriculum Outline for Phase 2 –HCA Essential skills/CLB related language levels NOC #3413	Essential Skill level	CLB Strand	CLB bench mark
Oral Communication/Listening. Listen for ringing bells or patients calling for	1	Listening	5, 6, 7
 assistance. receive instructions from their supervisors and discuss problems to be resolved 			
 listen to patients to make behavioural observations and to assess their needs 	2		7,8
 participate in staff meetings to discuss schedules, duties and patient care 			
Oral Communication/ Speaking: interact with co-workers Interact with supervisor/manager Interact with customers/clients instruct, instill understanding, knowledge To discuss (exchange information, opinions)	2	Speaking	6,7,8
 entertain patients to cheer them and make them feel comfortable explain procedures to patients and respond to their questions and concerns participate in staff meetings to discuss schedules, duties and patient care 			
Reading:	1	Reading	3,4,5
 read labels on containers for instructions and precautions read notices and memos about upcoming events or changes in procedures 			
 read notes from nurses and other co-workers about incidents that occurred during an earlier shift read notes from nurses and other co-workers about incidents that occurred during an earlier shift may read personal letters, newspapers, magazines and books to patients to entertain them 	2		6

³ https://www.jobbank.gc.ca/essentialskillsresults/3

poison-control information sheets, Workplace Hazardous Materials Information System (WHMIS) data sheets or the Emergency Code manual read brochures and pamphlets for information about particular diseases or about the proper use of treatment and exercise equipment read profiles or reports, which provide information on the health, behaviour and nutritional needs of patients, to determine how to help patients and to keep informed on their progress	,8
I Niuma are as a	
Numeracy: 1 Reading 3	,4,5
count patients' money to sign it in when the patient is	
admitted 1 3	.4.5
calculate a patient's weight by subtracting from the	
scale reading the weight of the wheelchair or chair in	
which the patient is sitting	
measure patients' temperature, respiration, weight and beintst liquid input and output, vital signs and	
and height, liquid input and output, vital signs and blood pressure	
plot patient temperatures on a chart to show	
deviations from normal ranges	
estimate the amount of supplies which need to be	
ordered	
• estimate how long it will take to dress, bathe or 2 Reading 6	
exercise patients, taking into account how much the	
residents can do, whether they are co-operative and	
whether their work may be disrupted by a co-worker	
	,4
· · · · · · · · · · · · · · · · · · ·	,6
determine who is supposed to get the special diet	
Deal with patients who do not want to eat, take a Listening 7	
bath or get out of bed. They must determine why 2 Speaking 6	
these patients do not want to co-operate and try to	
obtain their co-operation. They may ask co- workers	
for assistance. • Deal with patients' families or friends who	
disagree with how patients are cared for. They	
listen to these concerns and either try to find	
solutions themselves or inform their supervisor.	
 Respond when patients' conditions worsen suddenly, 3 Listening 	
	,8
of such symptoms and know when to obtain	,
assistance.	
Deal with patients who have behavioural problems,	
Deal with patients who have behavioural problems, such as verbal or physical aggression. They must	
Deal with patients who have behavioural problems,	

Thinking Skills/ Decision Making: Decide whether patients are well enough to get out of bed for meals and activities, taking into consideration many aspects of their mental and physical health and communicate this to supervisors and coworkers	1	Listening	5,6,7
Make decisions about the sequencing of tasks, such as which patients to bathe or feed first, using the patients' needs or time preferences as a guide	2	Reading Listening	6 7
 Decide when to notify nurses of a change in a patient's condition Decide whether to disagree with a physician's orders. For example, they may feel a patient is too weak to transport. They raise their concerns with the physician. 	3	Listening Speaking	7 7,8

Learning and Instructional Challenges

In the classroom:

- Unfamiliar technical terminology medical- ese
- Linguistic density of course material
- Oral reporting and presentations lack of confidence as a result of lack of opportunity to practice English outside of classroom
- Instructor lectures use of idioms, anecdotes and colloquialisms, lack of common cultural contexts
- Cultural implications- discussions that may be gender limiting because of cultural
- /religious guiding values e.g. A Muslim man or woman would not feel comfortable being in the same room when discussing gender specific body systems or functions

In the workplace:

- Communication with elderly patients listening comprehension, pronunciation, language diversity of clients
- Terminology changes according to lines of communication :
 - E.g. Communicating about bodily functions There is polite language for clients "bathroom".
 Language used with colleagues and nursing staff is "defecation, urination"
- Lack of common language clients may not speak English or may not speak same dialect as client even if they share same ethnic background e.g. Mandarin vs Cantonese

Cultural Aspects and limplications of Care:

- Varying comfort levels with clients related to physicality, intimacy, chastity, privacy
- Expectations regarding who cares for elderly and ill e.g. relatives, males, females, high status vs. low status

In the Classroom:

- ESL component prepares students with reading strategies, orientation to technical language, communication strategies
- Check for understanding and don't assume. Simplify language when appropriate and minimize
 use of colloquial language, idioms unless you are prepared to explain them.

- Offer students summary notes. E.g. Instructor lecture summaries could be made available to ESL students
- Use a variety of teaching tools. Use whiteboard for key words and points to help students keep track of where you are in lesson. Use overheads to refer to points during discussions
- Encourage oral presentations in small group activities to help students gain confidence
- ESL and Clinical instructors need to communicate on a regular basis to coordinate instruction

In the Workplace:

- Clarify expectations about different levels of terminology When do you use technical language or polite, colloquial language. Who do you use it with?
- Simple language use whenever possible
- Don't ask "Do you understand?" Ask "Let's go over what we just discussed. What did we agree to? What did you understand?" "What are you going to do?"
- Allow Health Care Aide flexibility to develop own communication strategies with individual clients. Body language, use of very simple language, visual and verbal cues etc.
- Clarify your employment expectations for codes of conduct around cultural/religious differences.

Summary of Recommendations

Training Health Care Aides with English as a Second Language and low first language literacy skills

- ESL preparation that focuses on technical language and academic skills (ESL Integrated Skills Training)
- Introduce first language mentors to tutor students and to help fill in the academic gaps in the first language
- A cultural competency component is essential
- Mentoring/shadowing opportunities prior to formal practicums
- Cultural diversity training for any staff dealing with a multicultural client group
- A recognized standard in the province for training Health Care Aides

Program Model

The goal of this project is to implement an ESL first language strategy that will bridge students from CLB 5/6 to 7/8 with academic skills by ESL instructors as well as practical technical support from Health Care Aide professionals. An integrated ESL teaching model will be used to offer English language training parallel to Health Care professional and technical training that will lead to an option of writing the HCA challenge exam or entry to employment in the Health Care Aide field.

The English language entry requirement for this program will be a minimum of CLB 5. The required level of proficiency to work as a Health Care Aide in Alberta is CLB 7/8. Occupational skills will be taught through English language support. Since the students will already be familiar with the majority of the occupational skills required by Health Care Aides, it will be the language required in this occupational context that will be taught. Canadian and provincial laws, policies, workplace and health care cultural practices will be key elements as well as language and occupational skills that will be taught in the program. Consequently, this 26 week program that provides occupational specific English language support will bring them to a CLB 7 level that will meet the criteria to work as a Health Care Aide in Alberta.

ABM has been offering Health Care Aide Training for 10 years and has an established reputation of training that leads to a 71.26% employment rate. As a result of the success and longevity of this program, the students will benefit from the established curriculum, expertise of content expert instructors and established employer connections for practicum and

employment opportunities. Additionally, the language proficiency and occupational skills outcomes will provide them with enough skills and language to write the HCA challenge exam. Although this is not required in order to work as a HCA in Alberta, this opportunity will be offered in the program model.

The Pandemic has forced educational providers to adopt alternative learning management solutions. ABM is prepared to offer an online model for content and communication-based components of the program. Hands on lab work will require in class attendance within the guidelines of COVID-19 health and safety policies and physical space adaptations. ABM has been adhering to the policies and physical space requirements set by Alberta Health Services and the Federal Government. Alberta Health Services has conducted health and safety audits that ABM has successfully passed.

ESL Bridge to	Health Care A	ide Employment - Training Program Model
25 hours	1 week	Phase One - Introduction to Working as a Health Care Aide in Alberta
375 hours	15 weeks	Phase Two - Occupational Skills Training
75 hours	3 weeks	Phase Three - Employment Preparation Skills Training
25 hours	1 week	Phase Four (Optional) - HCA Challenge Exam/Skills review for practicum
35 to 40 hrs per week of practicum	6 weeks	Phase 5 – Work Experience Placements
Or 7 weeks practicum if takes Phase 4 option.		
530 – 535 hours	26 WEEKS	
During 6-week practicum days post program	through to90	Phase 6 - Job Placement and Retention

1.3.1Client Group

Participant Demographic:

Although the Health Care Aide employment rate in 2018/19 was 71.26%, this does not reflect the number of potential students who have been turned away because their language level has not met CLB 6/7 that is needed in order to be successful in completing the program and finding employment. In the past year 7 out of every 10 students or 70% have not been eligible for the Health Care Aide program because of insufficient language skills. Consequently, it is not surprising that the demand exceeds the availability of qualified Health Care Aides in Alberta and in Canada as a whole.

The participants that will be eligible for this program will be those who meet the following criteria

- El eligible (A minimum of 50% of participants) El eligible participant is an unemployed person whom, when requesting assistance:
- Non El eligible (50 % of participants)

Additionally, the following criteria for eligibility will be required:

Permanent residents who:

- Are unemployed or marginally employed
- Are 18 years of age or older
- · Are eligible to work in Canada
- Have sufficient English language skills to succeed in the proposed training
- Are ready, willing and able to attend full-time training leading to full-time work
- Are skilled immigrants with prior experience in a specific occupation, and who
 are requiring assistance to bridge gaps in knowledge or skills to gain
 employment in that occupation or another related occupation into which their
 skills can transfer

In addition to the above criteria, all participants accepted into the program must not have attended an education program under the School Act (Kindergarten to Grade 12) for 12 consecutive months.

Location of Services

ABM is located at 112 28 Street SE, Calgary Alberta. It is a large college facility with available classroom, office and reception space and meeting space for this program. Two to three 10 x 20 sq. meter classroom spaces with up to 30 computers will be available to students. Four administrative office spaces will be available for Instructor, Program Manager and Employment Coordinator and Administrative Assistant. The reception area will accommodate student reception and registration functions. The Administrative Assistant and Employment Coordinator will interview and meet with individual students in a separate interview room. Administrative operations will also include telephones, computer lab, printers for staff and students,

The infrastructure is in place with adequate computers, printers, virtual delivery set ups as well as labs for health care programs.

Description of Services Assessment

- ILVARC assessment or in-house CLB assessment
- LINC CLB certificate completed within past 6 months

Service Plan and Service Management

- Intake counselor will review previous employment and education history as well as assessment of credentials and resume from previous experience and employment – goal statement and plan
- Interview with Registrar to determine eligibility Mobius application and data entry
- An Intake form is attached for review is below:

ESL Bridging to Health Care Aide Employment - Intake Form

Name:				
First Na	me	Last name		
Address:				
Number Code	Street/Avenue/Road	Apartment	City	Postal
Email:				
Phone number	where we can contact you	:		
El Status:				
□ Other:	nmigrant on Refugee			
How long have	you been in Canada?			
□ Yes □ No □ Where:	ed English in Canada befo	re?		
CLB: L S	RW			
Have you alrea Pes No	dy looked for work in Cana	nda?		
If yes, what are	three things that you have	e already done to loo	k for a job	:
2.				
3.				
worked, what y	ces, describe your work ex our duties were, how long it your work, etc			

What was your occupation in your home country?
How many years of experience do you have in that occupation? less than 3 years 3 to 5 years 6 to 10 years 11 to 20 years more than 20 years
Where have you worked before coming to Canada?
What some of your duties were at work (Describe what you did at work.)
Did you need Certificate Diploma Degree No training
What is your highest level of education? □ Secondary school □ Post-secondary school
Where have you worked in Canada?
What some of your duties were at work (Describe what you did at work.) Did you need Certificate Diploma Degree No training

Training Plan

The potential participant meet with the intake counselor to work on a short term and long term plan that will be followed up with the participant to review their progress that and support the participant to achieve their training and employment goals. It is a self-assessment and work plan that the participant will review with the intake counsellor after Phase two, Phase 3 and Phase Four of the program. This training plan is developed in the Employment Skills part of the program.

It can be found in Module 1 - Career & Employment Strategies for the Health Care Sector Curriculum that can be found in the Appendix .

The program model outlined below includes the following required components:

- Employment Preparation Skills Training
- Occupational Skills Training
- Work Experience Placements
- Job Placement and Retention

ESL Bridge to Health	n Care Aide Employment - Training Program Model
25 hours - 1 week	Phase One
	Introduction to Working as a Health Care Aide in Alberta
	This course will give students and overview of the industry and profession in the context of Canadian economy and government. The course will be informational and will allow learners to practice oral skills. Laws, policies, and cultural expectations will also be covered in this week. The course will be based on module one of ABM's Alberta Government Health Care Aide program (Health Care Aide Role & Responsibility)
375 hours - 15 weeks	Phase Two - Occupational Skills Training
	Integrated Technical Curriculum Review. ESL learners will be introduced to the occupational curriculum by reviewing the language competencies related to the technical and hands on modules of the Health Care Aide program. Each course will be taught within the CLB/essential skills competency framework.
75 hours - 3 weeks	Phase Three - Employment Preparation Skills Training
	Practicum Preparation/Communication and Employment skills
	This phase of the program will be dedicated to aural communication skills and cultural capacity building for the workplace of the industry that the learner will be doing their practicum placement in. Practicum competency checklists will be reviewed with learners with a focus on the communication and cultural strategies that are essential for workplace communication.
25 hours - 1 week	Phase Four (Optional)
	HCA Challenge Exam/Skills review for practicum
6 weeks of practicum	Phase 5 – Work Experience Placements
Or 7 weeks practicum	Practicum Placement
if takes Phase 4 option. 240 to 280 hours based on 40 hours per week	35 hour a week practicum setting will provide learners with content for case studies and practical application of occupational and communicative competence skills. Learners will join an online class once a week (5 hrs.) to debrief and review observations.
During 6-week	Phase 6 - Job Placement and Retention
practicum through to 90 days post program	Job Placement will be included in the Practicum Phase as the students work through their practicums. The Career counsellor will work with students to find employment that will carry on after the practicum phase. Those who are not employed will continue to meet post program with the Career Counsellor to receive coaching on job search. Job retention will be monitored by the Career Counsellor with bimonthly check ins to review any workplace challenges the student has. If the student has a technical skills issue, the HCA instructor will follow up with the student. If the challenges are workplace relationship and integration issues, the Career Counsellor will provide direction, coaching and problem-solving support.

Service Volume – see the application

• 15 x 3 cohorts per year = 45 students

Length of Intervention

The ESL Bridge to HCA Employment program will run 3 cohorts per year. The length of the training including practicum will be 26 weeks. The program schedule will be from Monday to Friday, five hours per day from 9am to 2:30 pm with a half hour lunch break. Should it be necessary to operate in an online format, the instruction will take place through D2L and Zoom. Instruction will be recorded so that the student can catch up with the course work when they are sick or unavailable or can review the instruction material on their own time. D2L keeps track of student sign-in so that we can ensure attendance requirements are met.

Weeks	Hours	Program Components
1	25	Phase One Introduction to Working as a Health Care Aide in Alberta
15	375	Phase Two - Occupational Skills Training
3	75	Phase Three - Employment Preparation Skills Training
1	25	Phase Four (Optional) HCA Challenge Exam/Skills review for practicum
6 to 7	240 to 280 hrs. based on 40 hours/week	Phase 5 – Work Experience Placements
26 weeks	740 to 780 hrs	Total
	week practicum o 90 days post	Phase 6 - Job Placement and Retention

Resource Requirements

ABM will provide:

Qualified staff

- Program Manager
- ESL Instructor
- Employability Skills Instructor
- Career Counsellor

- Health Care Aide Instructor
- Program Assistant/Registrar (Mobius experienced already in place as we have Alberta Foundations funding for ESL)

Facilities

- NE location two blocks away from Franklin LRT and ample free student parking.
- Large classrooms equipped for up to 20 students.
- Laptops and desktops for each student,
- student lounge,
- study lab,
- all adherence to COVID 19 Alberta and Federal guidelines (has been reviewed and approved by Alberta Health Services and has confirmed confirmation of Federal Government standards
- Locking file cabinets to house and secure participant files

Learning Tools and Resources

- D2L learning management system for optional online study, assignment monitoring and instructor monitoring and communication with students
- Relevant and current resource materials related to employment including information on Employment Standards and Occupational Health and Safety
- Equipment, technology and infrastructure to deliver the program such as training/workshop rooms, workstations, computers, phones and photocopiers.
- Computer equipment and technology capacity to comply with the Minister's requirements for client tracking data entry.
- · technical requirements for Mobius

Insurance Coverage

• \$2,000,000.00 General Liability Coverage.

\$2,000,000 .00 Automotive Liability Coverage for any vehicles operated in the name of the Proponent; WCB coverage

1.3.9 Expected Results /

Outcomes It is expected that:

- A minimum of 80% of Clients who start training will complete the Program
- A minimum of 70% of Clients who start the program will be successfully employed at 90 days (three months) after program completion
- English Language and Essential Skills specific outcomes are included in the HCA Curriculum and the Essential Skills/CLB Checklist section and in the Employment Training Curriculum appendix #

Contract Term

Program delivery will be contracted for two (2) years

1.3.11 Budget

Proponents may propose a program with a maximum length of 26 weeks. It is expected that the cost per participant will not exceed \$14,000,00 per participant

BUDGET DOCUMENTS BUDGET DOCUMENTS

Please complete the following contract budgets and include them as part of your proposal.



Deliverable 3 (insert service/deliverable) 20%	80% of 30 \$639.44 \$63,944 who started finished in class program or found
	employment

Outcomes

(Minimum 20% of total cost of contract)

Employment Placement

100 – 10%	\$319.72	\$31,972
100 – 10%	\$319.72	\$31,972

Successful employment - 90
Day Follow up

	\$319,720	
Total Contract Cost (includes Monthly Feefor-Service, Deliverables and Outcomes)		
or service, penyerables and outcomes,	\$319,720	
Total Cost Per Client (Total cost divided by the number of Clients accepted)		

Enter the number of client starters entering the program per fiscal year (April 1 – March 31) below:

Fiscal Year 2020-21: 15	Fiscal year 2021-22: 30	Fiscal Year 2022-23:30
-------------------------	-------------------------	------------------------

Please complete the following project budget document and include it with your proposal

DELIVERABLE BUDGET TEMPLATE FOR SUBMISSION

A. Fee-for-Service	Monthly Payment	Number of Months	Fee For Service Total
Fee - for - Service date range 1: (e.g. Sep 2020 – August 2020)			
Fee - for - Service date range 2: (e.g. Sep 2021 – Nov 2021)			
Total Fee-for-Service			5

B. Deliverable Services	Expected # of Clients	Fee per Client	Total Fee
Deliverable 1 (e.g. Classroom Training)			\$
Deliverable 2 (e.g. Occupational Training)		55	S
		69	8
Deliverable 3 (e.g. Work Experience)			
Total Deliverable Services Provided			S

.

C. Outcomes	Expected # of Clients	Fee per Client	Total Fee
Outcome Payment 1 (e.g. Job Placement)			5
Outcome Payment 2 (e.g. 90 Day Successful Follow-Up)		S	
Total Outcome Payments			
OVERALL DELIVERABLE TOTAL (A) + (B) + (C)			
COST PER CLIENT (Total project cost divided by	the number of c	ients accepted	0
Total Cost Per Client			5

OPERATIONAL BUDGET TEMPLATE FOR SUBMISSION

Wages/Benefits	Year 1 active services	Total	Year 2 active services	Total	% of Total
Salaries/Wages for each staff position				<u> </u>	
Program Manager	60,000		60,000		
Instructors (25x30) x48x2	60,000		60,000		
Program Assistant – Mobius 20hr/week	39,000		39,000		
Job coach/Practicum	70.000	•	TO 000		
Coordinator	50,000		50,000		<mark>.</mark>
sub total	208,000		208,000		
Benefits 4%					
MERC 10%	29,120	237,120	29,120	237,120	74%

Overhead					
----------	--	--	--	--	--

Facility Costs 2000/month x 12	24,000		24,000		
Materials/Supplies 200 x 12	2,000		2,000		
Equipment Rental (Staff)	2,500		2,500		
Advertising-	3,600		3,600		
Telephones	1,200		1,200		
Insurance	2,400		2,400		
Maintenance costs	2,000	37,700	2,000	37,700	12%
Client Training					
Training Materials/Tools	1,000		1,000		
Equipment Rental (Client)	2,500		2,500		
		3,500		3,500	1%
Administration					
Staff Training	2,000		2,000		
Mileage allowance .50x 500x4=1000	1,000		1,000		
Vehicle Rental	1,000	<u> </u>	1,000	-	
Management Fees 12%	38,400	<u> </u>	38,400	-	-
management reco 1276	50,700	41,400	50,400	41 400	1304
Total	<u> </u>	310 720	 	310 720	100%
Total		317,120		319,720	10070

Note: The sub headings are examples only - please customize the list to reflect your costs and add/delete items, as needed.

D. Wages/Benefits	Year 1	Year 2	Year 3	Total	% of Total
Salaries/Wages (itemize each position)				66	%
<u>Benefits</u>		8	8		%
MERC				5	%
Etc.	S	S	8	8	<mark>%</mark>

Section (D) Subtotal		\$	5	5	%
E. Overhead	Year 1	Year 2	Year 3	Total	% of Total
Facility Costs	5		5	S	%
Materials/Supplies					%
Equipment Rental (Staff)	5	5	5	S	%
Advertising	5	5	5	S	%
Telephones	5	5	5	S	%
Insurance		5	5	S	%
Maintenance costs		5	5	S	%
Etc.	5	5	5	S	%
Section (E) Subtotal	•	5	5	S	%
F. Client Training	Year 1	Year 2	Year 3	Total	% of Total
Training Materials/Tools	5	5	5	5	%

Equipment Rental (Client)		\$		5	%
Etc.		5	5	5	%
Section (F) Subtotal			<u> </u>		%
G. Administration	Year 1	Year 2	Year 3	Total	% of Total
Staff Training		5	5	5	%
Mileage allowance			5		%
Vehicle Rental		5	5	5	%
Management Fees		5	5	5	%
Etc.		5	5	•	%
Section (G) Subtotal		5	5		%
Overall OPERATIONAL Total (D) + (E) +(F) +(G)		•		S	100%

Budget Notes (explanatory budget notes are encouraged as necessary)