

Family-Provided Support for the Spiral Garden

2026

Thank you for supporting a child who is participating in Spiral Garden at Holland Bloorview! We appreciate your time and willingness to make this program the best experience for all children participating. Although you are responsible for the specific child's support, know that Holland Bloorview staff and volunteers are available to assist you and your client for their wellness, enjoyment, safety and maximum participation.

What to Expect in the Program:

- ✚ A team of Artists, Musicians, Client Service Assistants and/or volunteers who are there to lead programs, guide clients and assist with program activities.
- ✚ An open-minded, collaborative way of working with each other that can best support the client's independence and personal growth through participation in art, music, garden and play activities
- ✚ A co-creation or collaboration framework with a focus on the community or larger group
- ✚ The emphasis is on exploration of ideas, materials, tools and techniques rather than a finished product. As this can be very important to some individuals, we support them in realizing this too.
- ✚ The programming staff will lead the activities. Please look to them for guidance on the activity and how to engage your client.
- ✚ Volunteers are available to support the activities and clients in addition to your primary support for your client.

Expectations for 1:1 Family-Provided Staff Support:

(Please check boxes to acknowledge understanding of expectations)

- ☐ I will support my client to stay focused on activities during the program by helping them follow instructions, redirect focus from potential distractions, aid in any tasks given by staff, etc.
- ☐ I will help the client manage their behaviour towards activities, staff and other clients
- ☐ I will assist my client if they need to exit the room for breaks, de-escalation or toileting, if necessary. I will encourage the optimal amount of participation that my child/client can tolerate.
- ☐ I will be respectful of all clients, volunteers and staff in the program space and hospital. Holland Bloorview is an inclusive, diverse, equitable and accessible place for all. I understand that there is no tolerance for behaviours outside of this nature.
- ☐ I will not provide any assistance to other children in the program, except the child I am supporting.
- ☐ I will wear appropriate clothing that follow Holland Bloorview's dress code and is appropriate for participation in Spiral Garden (ie. Closed-toed shoes, clothes you can comfortably move in that may get dirty, etc.)
- ☐ I will never give another client food or drinks. I understand that food or drinks are not permitted during programs.
- ☐ I will not drink hot beverages in program spaces in the interests of client safety.
- ☐ I will walk at a pace that is mindful of the variety of mobility and pacing of all clients while encouraging my client to walk or move similarly.
- ☐ I will limit or minimize phone usage so that I can keep an eye on my client.

Confidentiality:

- ☐ I must respect the right to privacy of clients and families (e.g. not repeating any personal or medical information, or talking about other participants in or out of the program)
- ☐ I must remember that personal information provided, by clients and families, to family-provided staff is still considered confidential and must not be shared
- ☐ I will not take photographs, videos or audio-recordings of clients.
- ☐ I must not ask questions of personal nature (e.g. diagnosis, family situation, etc.). Conversation with clients can include program activities and areas of interest such as, music, sports, books, movies etc. A good practice is to focus on what is happening in the moment and discuss that.
- ☐ I should keep all interactions, including communication, within the context of their program activities
- ☐ I must not provide personal opinions on client progress or medical treatment. Please refer parents or family members to your staff supervisor

I, _____, the designated aide to, _____, understand the rules and
(Name of Family-Provided Staff) *(Name of Client)*
expectations of my role during Spiral Garden programming at Holland Bloorview. I commit to the support, respect, privacy and confidentiality of all clients, staff and the program. I understand that if expectations are not met, an alternative family-provided staff may be requested and the client's participation in the program may be jeopardized.

Family-Provided Staff Signature: _____ Date: _____
(DD/MM/YYYY)

Parent/Guardian Signature: _____ Date: _____
(DD/MM/YYYY)

For Office Use Only:

Received by: _____

Date Received: _____

Client Registration Number: _____