Montreal Caregivers Collective

Fostering Social Inclusion

LE CENTRE Cummings CENTRE

Huddol™

Integrated Health and Social Services University Network for West-Central Montreal

Québec

NHSP - Reducing Seniors Isolation
ESDC Final Conversation
January 31, 2020

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Presentation Outline:

- Montreal Caregivers Collective Overview
- Drop-In Program
- Huddol
- Caregiver Navigator Project
- Impact Plan
- Evaluation
- Lessons Learned (whole project)
- Next steps (individual projects)

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Montreal Caregivers Collective Overview

A tri-project collective with a

- focus on reducing isolation
- addressing social withdrawal
- Increasing participation and engagement

Target group: caregiving seniors aged 55+ caring for a child, teen or adult and living in Montreal.

Formal system understands caregivers as
VITAL STAKEHOLDERS

Value, Connection & Sharing

Peer Support & Tacit Learning

Orientation & Access

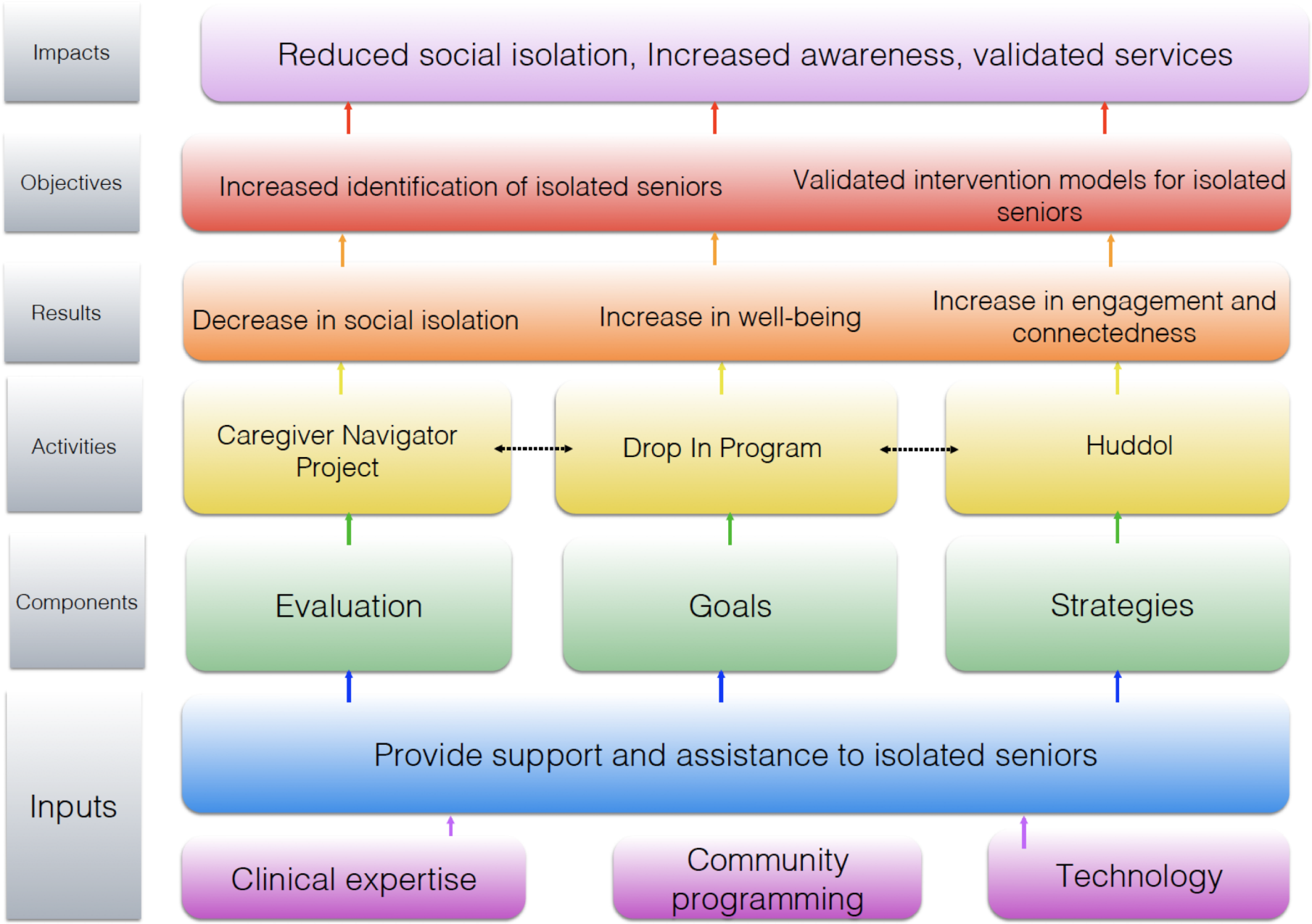
CAREGIVER INCLUSION

CAREGIVER ISOLATION

State
Alone & Isolated

Process
Multi Dimensional
(psychological, geographic, temporal, systemic)

IMPACT PLAN


Impacts
Reduced social isolation, Increased awareness, validated services
Objectives
Increased identification of isolated seniors
Validated intervention models for isolated seniors
Results
Decrease in social isolation
Increase in well-being
Increase in engagement and connectedness
Activities
Caregiver Navigator Project
Drop In Program
Huddol
Components
Evaluation
Goals
Strategies
Inputs
Provide support and assistance to isolated seniors
Clinical expertise
Community programming
Technology

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The Cummings Drop In Program provides respite to caregivers and helps to maintain and improve the social, physiological, emotional and cognitive abilities of older adults. Evidence-based activities are based on the needs and interests of the participants and include evidence-based creative arts, cognitive stimulation, physical activities, pet therapy, intergenerational programs, gardening, holiday parties, and community service projects. This program is offered in collaboration with the Cummings Centre, the City of Cote St Luc, and the Integrated Health and Social Services University Network for West-Central Montreal.

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Drop-In Program Results

9900 number of users and caregivers served over 3 years

12 users and 12 caregivers per day (on average)
x 5 days/week x 3 years

- **Needs Assessment**
- **Psychosocial and therapeutic recreation interventions, informational support, social support, respite**
- **Evaluation**

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What have you accomplished in terms of **impact**?

- Effectively meeting the needs of users and caregivers
- Both groups are satisfied with the program and report they would recommend it to others
- Subject matter experts believe the program is well positioned to meet it's expected outcomes
- The most impactful program benefits for caregivers include increasing sense of friendship, belonging, and contributing to a community, increasing their respite and support, increasing their knowledge of available community resources, improving their quality of life and improving their relationship with their care recipient, and peace of mind due to the high quality of the program's services.
- The most impactful program benefits for the users include increasing sense of friendship and belonging, maintaining their skills, increasing sense of meaning and purpose, improving their quality of life and reducing social isolation due to the well-designed program activities and expertise of the staff.

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Huddol is a social collaboration application, connecting seniors across Canada to the right information at the right time in their health journey. Huddol builds supportive networks around seniors by linking them to professionals, health organizations, and people who have walked a mile in their shoes. Huddol encourages seniors to contribute their tacit or learned knowledge by providing tools for inter-member connectivity and sharing.

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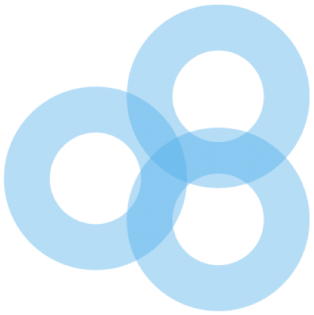
Huddol results

220,000 visitors to the Huddol website

Total number of users served: 35,000 members total across the country

We have enrolled more than 1300 professionals into the Huddol community.

More than 70 healthcare charities are represented on the Huddol platform, local, regional and national.



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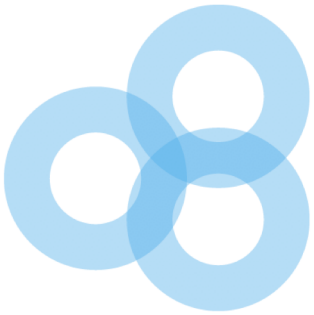
Huddol™

Positively impacting the health of Canadians: Our Goals

Huddol is committed to having a positive impact on Canadians across the following aspects of their health experience:

- Valuing their lived knowledge and positively encouraging them to activate around their health through peer-based learning and sharing.
- Increasing access to expert knowledge and supporting better health decision making.
- Reducing social isolation which contributes to worsening health.
- Increase access to health resources, both private and public.
- Supporting persistence and continuity in positive health behaviors.



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Impacting the health of Canadians: Our Outcomes

The following describes outcomes from a member survey that was conducted with a sampling of 1,250 Huddol members. Members report meaningful positive change as a result of their participation in Huddol.

77.5 % have someone they can count on to listen to you when they need to talk.

72.8% have someone to give [them] advice about a crisis.

77.4% have someone they can ask for help when they need it.

63.7% have someone to respond to their health-related questions.

78% feel they have a network of support that they can rely on to guide them through their healthcare experience.

91% believe that their healthcare experience and insight can be of value to others.

96% are aware of resources available to support them in their healthcare experience.

86.4% feel confident in understanding how to navigate through and use resources that are available to them.

81.8% feel a sense of control regarding their health.

86.4% feel confident in being able to manage their health.

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The Caregiver Navigator Project aims to provide emotional and information support to isolated senior caregivers through peer mentorship by assessing the needs of isolated caregivers, providing support, guidance and companionship through the care journey. This includes assisting isolated senior caregivers in having better access to formal and informal networks of support and ensuring that isolated senior caregivers have access to others who can empathize with and validate their caregiving experience

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What have you accomplished in terms of **impact**?

5 trained caregiver navigators
30 caregivers in 3 groups

Needs assessment
Support groups

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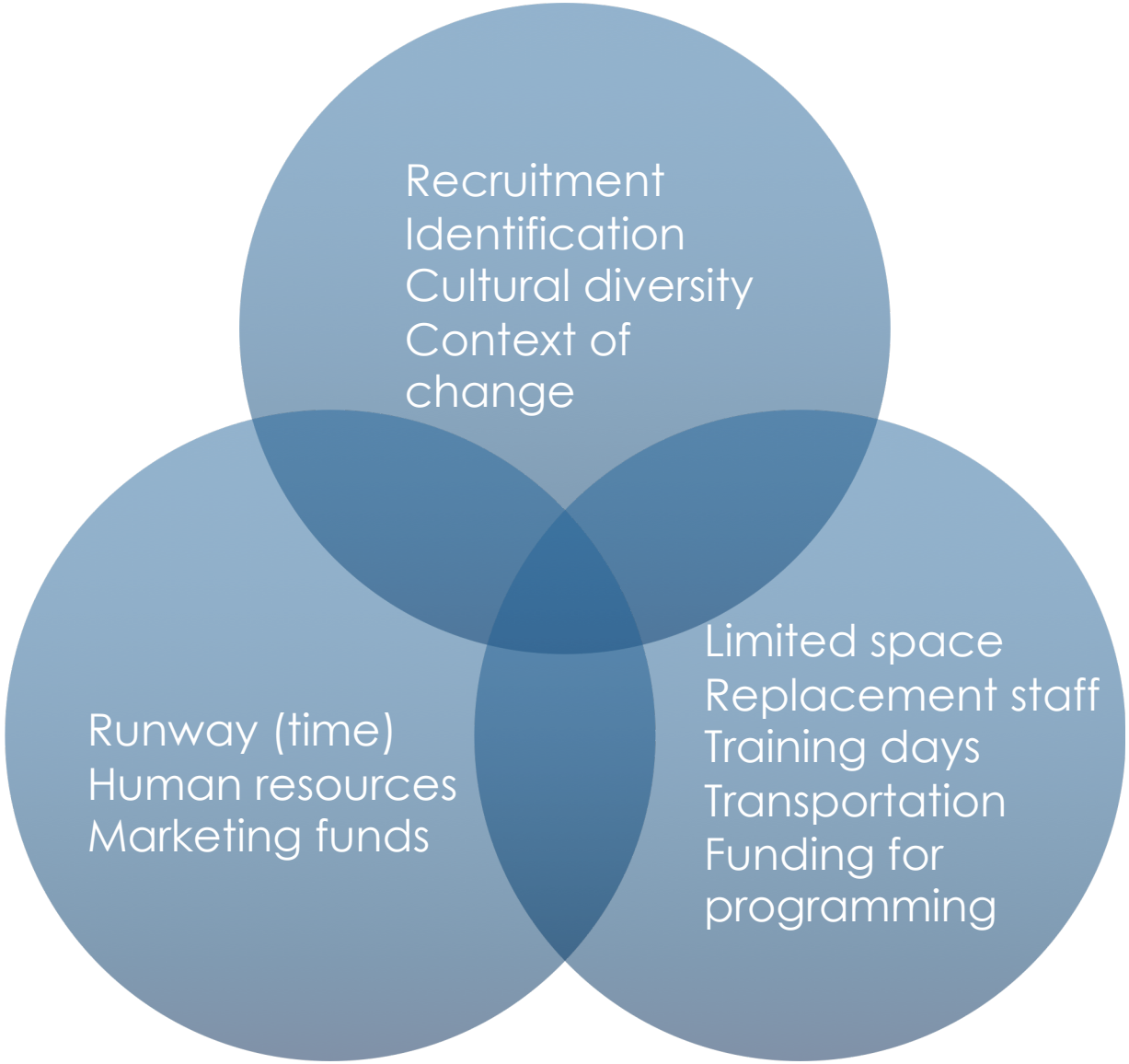
What have you accomplished in terms of **impact**?

The Caregiver Navigator Project was a very local initiative, with impact limited to the caregivers in the various support groups and peer mentors. While the navigator premise of peer mentorship is a well-documented, the climate of change within the CLSC did not allow for a large impact.

CHALLENGES


Recruitment
Identification
Cultural diversity
Context of change
Runway (time)
Human resources
Marketing funds
Limited space
Replacement staff
Training days
Transportation
Funding for programming

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Lessons Learned

Social isolation/support was the ultimate goal reached by the three projects -

The diversity of the projects (local vs digital) created some challenges
More funding and concerted efforts could have ensured that users benefit from all projects
Marketing budgets were underestimated – isolated seniors do not always self-identify – would have helped synergize the 3 projects together
Human Resources were underestimated – more support, outreach and recruitment staff needed
Projects that follow different timelines were challenging
Evaluation was a timing challenge – projects were dissimilar to measure and started at different times – impact looked very different for each project
The projects were aligned with an evaluative impact focus – rather than programmatically – lacked the synergy of operational collaboration
It was a challenge to systematically to connect all three projects to one another – given that there is a contrast in scale and size.

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Lessons Learned cont'd

Exploring isolation as a gap in connection was a lesson learned across all three projects.
Dementia as a significant factor in caregiving and the reason that caregivers may choose to self-isolate.
The concept of social prescription of respite is a model that arose from the Drop-In.

More embedded approach for an impact measurement in the platform (Huddol)
More tools for the user to report on social isolation and benefits

Drop-In and Huddol populations seem very different –
Baby boomers in Huddol –
Elderly in the Drop In –
CNP in the middle of an organizational change/major health care reform

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Challenges and lessons learned as a collective:

For all three projects, the lessons learned related to a better understanding of the needs of caregivers and the value of a multi-service response to caregivers' needs.

Benefit of the collaboration: mutual learning and perspective, needs assessment across programs, social impact benefits, knowledge trust on needs that was mutually built, referrals between programs

Deeper collaboration would have meant better measuring/focus, more programmatic alignment.

Would have been helpful to have the same contact @ ESDC for reporting and documents

For Caregiver Navigator project : Two years was not enough as it took a lot of time to develop and start the project. No time left to recruit a great number of participants.

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Our synergy grew out of the concept of “respite as an outcome”, where a multi-service response to caregiver needs would decrease their social isolation and increase their engagement.

Our theory of change was related to a collective needs assessment and multi-level service responses. Synergies were planned for a collective evaluation of impact and cross-project engagement. Synergies existed on a collective knowledge trust and a multiplicity of services.

Energy was focused on an impact plan that recognizes diverse caregivers who need diverse responses at different times in their lives.

Collective impact allowed us to achieve unity of purpose, a better understanding of caregiver needs and social isolation, and best practice approaches to help this population.

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Sustainability:

Drop in Program:

- Received a 4 year PHAC grant
- Will pursue long term funding at Cummings Centre
- Connect to new Dementia strategy programming at Cummings

Huddol:

- Virtual coaching/counselling
- Expanding population targets beyond caregivers and into international markets
- Business planning and social impact investing

CNP:

- Sustainable if accepted as part of support service model at the CIUSSS
- Currently, this is not a feasible solution, given a strained context.
- Aspects of it are being integrated into the drop in program

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Next steps for each project:

Huddol: Community growth, deployment of virtual coaching/counselling, securing investment

Drop In: Living Lab, dementia sensitization training, caregiver and dementia strategy advisory committees at cummings, securing long term funding

Caregiver Navigator Project: Embedded in caregiver support at the local health level and Drop In

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Thank you!

Questions?

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