



Family Caregivers of British Columbia

Caregiving after Facility Placement

How might your role change if the person you have been looking after at home moves into a residential care facility? Those who have gone through this experience tell us that caregiving does not end after placement – it just changes.

Acceptance of this new stage of life:

- Accept that the facility can be the best option when age or health demand a new kind of living, but it can't be all you want it to be.
- Accept that the care others give may not be the same as the care you give.
- Accept compromise; be prepared for some losses and some gains in both your situation, and your loved ones.

Sharing the care:

- After your relative or friend is admitted to a care home, you may feel relief from being free of day-to-day responsibilities and tasks. But with this freedom comes a loss of control. It's hard to let go! You may have been in charge of ensuring that your husband's bowels move every day, by placing five prunes on his breakfast plate every morning. Now that he has been admitted to a residential facility, you will have to trust somebody else to take up the cause! Ideally, using consultation and good communication, family caregivers and facility staff will work together as a team, sharing the care.
- Clarify expectations – find out what staff can provide, and let them know what you are willing and able to do. This can save the frustration of unrealistic expectations.
- The understanding of mutual expectations can grow in a variety of ways. It can occur casually or spontaneously as you stop to have a conversation in the hallway with one of the care aides after bringing your relative back from an outing. For example, you might ask, "Would it be possible for you to reschedule my father's baths on another day, as I take him out for physiotherapy every Thursday?"
- Or, clarifying expectations can occur in a structured setting such as the pre-admission visit when you are preparing for your father's admission to the facility, or during the annual resident review meeting where the resident, family, and a multi-disciplinary team of staff meet to discuss the resident's care needs, and brainstorm on any necessary changes to the care plan.

Self care:

- For a long time, you may have put aside your own needs for rest, friends, time alone, a vacation, hobbies, or community activities. Now that your loved one is in a residential care facility, it might be easier for you to find ways to care for yourself.
- Sometimes caregivers feel guilty when attempting to take care of their own needs. Does something like this sound familiar? “Why should I deserve to go back to Winnipeg to visit my new grandson, when my wife is stuck here in the nursing home?” Talking with other caregivers can help in dealing with feelings of guilt. After all, they may be walking a mile in your shoes. Perhaps there is a social worker on staff who can lend support, or a family support group that meets in the care home once a month.

Setting limits:

- How often should you visit? There is no set formula that works for everyone, as each family relationship is unique. Duty, loyalty, affection, commitment, loneliness, and your own health – so many different factors enter into the decision about how often to visit the care home.
- Recently, a daughter told me that she sometimes received up to 25 phone calls from her mother (who lived in a facility) in one morning! This caring daughter felt she had to answer all calls in order to “be there for her mother, to support her emotionally”. Is this reasonable? The stress on the daughter was considerable. It may have been healthier for her to install an answering machine to pick up the calls, and make one proactive call to her mother daily. At the same time, she could bring this problem to the attention of staff at the facility and ask for a meeting to help her address the issue by coming up with a care plan for her mother.
- Who can you ask about organizing such a meeting? Again, there is no set formula as facilities vary, but a good place to start would be the social worker, one of the nurses, or the Director of Care. Setting limits is easier said than done!

Advocacy:

- In your new role as a caregiver after placement, you may find yourself acting as a voice for your friend or relative. You can contribute greatly by providing staff insight into the needs, preferences, and values of the care receiver. You can help the facility get to know the person you care for.
- You may want to have more input into what goes on at the care home, not just with regard to your loved one, but in an overall sense. One way to get involved is by participating in the Family Council. Some facilities have a council composed of residents’ family members or friends that meets monthly to discuss topics of interest. Feedback and suggestions coming out of these discussions may influence policies and procedures within the building, or improve quality of life for residents. In addition to advocacy, these meetings are often a good opportunity for learning, as well as for giving and receiving support from other caregivers. You could find out if the facility has Family Council, or a Caregiver Support Group, by asking nursing or social work staff, or watch for notices posted on bulletin boards.
- Find out about the protocol for complaints, concerns, or giving positive feedback. Who are the key people in the care home you should talk to regarding specific issues?

- For example, if you have a question regarding diet, ask to speak to the nutritionist. If you want to make sure that your friend is included in the up-coming bus trip to Bucharth Gardens, talk to the activity coordinator. If you are concerned about a nursing issue, such as skin care or medications, talk to the nurse on the floor. If family relationships are affecting the resident, you may find it helpful to talk with the social worker. If you want to find out if a volunteer can porter your daughter down to the garden in her wheelchair, or around the block for a walk, seek out the volunteer coordinator.
- Please note that these suggestions are 'generic' and do not apply to every setting. If the facility is very small and has only 15 residents, one staff person may perform many functions all rolled up into one – an RN may be the Director of Care, activity coordinator and at the same time provide some social work services!
- If the matter is urgent and the person you need to connect with is not available, the nurse on the unit is a key person to deal with. Later, you can ask for an appointment to follow up with the person you originally wanted to see.
- Once you find out who to talk to within the facility, consider when the best time to approach them might be. For example, you may find nursing staff more receptive at 11:00 in the morning or after the residents have had their lunch, rather than right around shift change at 3:00 p.m.

Link:

- Families and friends are the link between the resident and the outside world. Your contact prevents isolation. While the facility can fulfill many of the resident's needs, family caregivers can offer a continuing relationship and the emotional support needed for the resident to maintain a sense of security and purpose.
- Part of your new role may also be as a facilitator. While visiting your relative in the care home, you can help them connect with their roommate, or encourage them to join in some of the recreational activities going on within the building.

All in all, placement in a residential facility brings new challenges for both you and your loved one. Remember, you do not have to deal with these changes alone. There are resources available, such as the Family Caregivers Network, and excellent publications such as the new Resource Guide for Family Caregivers available through FCNS. The ideal is to combine into a caring partnership between the resident, his or her family, and the facility.

By Pat Gibbs, Case Manager, VIHA