

Family Caregivers of BC

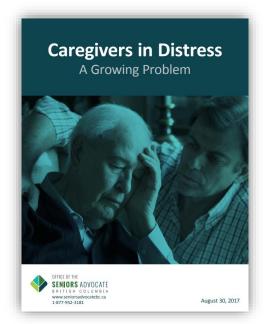
December 3, 2020



The Report

Caregivers in Distress: A Growing Problem 2017

- The August 2017 report found B.C. had one of the highest levels of caregiver distress in the country
 - 31% of home support clients have a caregiver in distress.
 - 62% of people admitted to LTC had a caregiver in distress prior to the resident's admission
 - Made recommendations on the need to improve supports for caregivers including increasing service levels for Adult Day Programs (ADP), respite beds and home support



How Are We Doing? "Not very well."

- Rate of caregiver distress 31%
- Hours per day of home support for distressed care givers
 - 20% < 1 hour
 - 43% < 2 hours
 - 18% < 3 hours
 - 10% < 4 hours
 - 9% > 4 hours
- MAPLE 4/5
 - 4= 35% no distress, 39% distressed
 - 5= 10% no distress, 31% distressed
- ADP has 114 clients on the wait list, although a 7.2% increase in the numbers of days and a 9.9% increase in the number of clients in the last year.
- Burden is shifting from public system to family caregivers

Who is Providing Care?

- 91% of primary caregivers were family members
 - 58% were adult children
 - 21% were a spouse
 - 12% were other family members
- On average, caregivers provide 20 hours per week of informal care
 - Co-residing caregiver 32 hours per week
 - Not co-residing 11 hours per week







What Increases Risk of Distress?

Caregiver Factors

Being a spouse

80% increased risk*

Being a co-residing caregiver who is not a spouse

40% increased risk*

Higher levels of informal care hours

Mild increase in risk

^{*}relative to non-co-residing caregiver (any relation)

Additional Caregiver Support

- Beyond increased service levels, how can service providers better support caregivers?
 - Develop strategies to identify caregivers earlier
 - Link caregivers with community supports
 - Provide training and education for caregivers so that they feel confidence in their caregiving skills



More Control, Less Distress

- Choices in Supports for Independent Living (CSIL) is a program that allows
 clients to receive money directly from their health authority and use that money to
 pay for the care they need.
- The data indicate that caregivers of clients under the CSIL program have a 50%
 lower risk of caregiver distress even though they are caring for someone who, on average, has a higher level of complex care needs than non-CSIL home support clients.

Pre-Pandemic LTC Visit Activities



| Personal care such as help to the toilet, bathing, and dressing | 22% |
|---|-----|
| Grooming such as hair combing, shaving, nail care | 46% |
| Meal time help/encourage my loved one to eat | 45% |
| Take for walks or do exercise with them | 68% |
| Helped them keep up with current events | 60% |
| Took them out for appointments and or social outings | 62% |

LTC Visit Frequency & Duration – Pre-COVID-19 & Now

| Frequency | Pre-Pandemic | Currently |
|--|--------------|-----------|
| Daily | 18% | 3% |
| Several times per week, but not always daily | 41% | |
| Weekly | 20% | 56%* |
| Every other week | 6% | 15% |
| Monthly | 6% | 8% |
| Other | 7% | 18% |

| Duration | Pre-Pandemic | Currently |
|------------------------|---------------------|-----------|
| 30 minutes or less | 4% | 49% |
| 30 minutes to one hour | 27% | 34% |
| One hour to two hours | 39% | 7% |
| Two to four hours | 19% | 1% |
| More than four hours | 7% | <1% |
| Other | 4% | 5% |

Essential Visitor Experience

- 48% notified of essential visitor provision
- 43% of respondents met criteria for essential visits
- 42% of applied for essential visits
- 45% of requests denied



Essential visits have been defined by the Provincial Health Officer as:

- Visits for compassionate care, including critical illness, palliative care, hospice care, end of life, and Medical Assistance in Dying;
- Visits paramount to the patient/client's physical care and mental well-being, including:
 - Assistance with feeding, mobility and/or personal care;
 - Communication assistance for persons with hearing, visual, speech, cognitive, intellectual or memory impairments;
 - Assistance by designated representatives for persons with disabilities, including provision of emotional support; and
 - Visits for supported decision making.
- Volunteers registered pre-COVID providing the services described above.
- Visits required to move belongings in or out of a client's room.

Concerns: Realities and Observations

Where and How Visits Take Place

- 30% of visits are only outside
- 21% of visits are in residents rooms
- 20% of visits had plexiglass or another barrier
- 69% of visits were observed by staff
- 77% were not able to touch/hug their loved one



Thank you Contact



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