

FINAL REPORT: COMPLETION OF THE CAREGIVER STRATEGY

RECOMMENDATION FOR NEXT STEPS



Background

In 2018, City of Toronto Council adopted the Toronto Seniors Strategy 2.0 which includes 27 new recommendations including the creation of a Caregiver Strategy (Recommendation 6) with an emphasis on the needs of senior caregivers.

Part of the Toronto Seniors Strategy 2.0, Recommendation 6, calls on the City and its partners to bring its resources to bear to better support family caregivers with information, respite, transportation, and financial supports, and improve access to other existing supports and services that may be available but unknown to caregivers (Toronto Seniors Strategy, 2.0). Recommendation 6 further calls on the City and its partners to address long-standing health inequities in the system

and improve access to community-based and government services for caregivers of people who need support to continue to live in the community.

The Caregiver Strategy Framework aims to better understand the alignment of community based social service organizations, city, provincial, and federal services available in Toronto, improve navigation and communication across sector by developing a common framework for matching services to caregiver needs, and enhance the knowledge of frontline workers by equipping them with information, tools, and resources to be able to address the needs of caregivers.



Approach and timeline

As lead agency on the project, Alzheimer Society of Toronto proposed the development of a Strategy Framework to support the City and its partners to adapt existing strategies, program, or initiatives in a way that met the intentions outlined in Recommendation 6. The toolkit that has been developed was built on the abundant research available on caregiver experience, enhanced by the direct contribution of caregivers across the city, and input of community agencies working directly with caregivers.

1. Broadly speaking, the toolkit was developed through the following stages:
2. Leveraging the Accountability Table to guide the development of the process and involved members in providing input (early 2020).
3. Hosting and facilitating focus groups throughout 2020 with caregivers and City partners (mid-late 2020).
4. Utilizing existing research (specifically, Ontario Caregiver Organization Wish List) to analyze focus groups data collected (late 2020, early 2021).
5. Build toolkit on existing framework to optimize the utility of the framework. Completed the Care Partner Perspective Checklist (mid 2021).
6. Piloting the toolkit with service providers (2022).

However, as with anything planned before March 2020, the team encountered significant challenges in delivering the framework. It cannot be overstated the profound impact COVID-19 had on the development timeline and everyone involved in the process. Caregivers felt these impacts acutely. During focus group discussions, we heard how the pandemic exacerbated every dimension of the caregiving experience. Service providers shared with us the challenges they experienced in delivering service virtually, and the anguish of being helpless in many cases to provide service at all. As lead agency, and working with the City and its many partners, the impacts of the pandemic forced delays with each successive wave, in many instances.



Outcome

Despite the obstacles, we have completed the development and testing of the framework. Our ultimate vision was a simple to use tool that could be used by service providers to ensure a caregiving lens is applied to programs, initiatives, and strategies within their organization, centred on and aligned with caregiver needs (the underlying framework). The Care Partners Perspective Toolkit is the result.

When applied, the toolkit:

- Supports the identification of gaps in services that may or may not be directly aimed at caregivers,
- Identifies opportunities to improve existing initiatives,
- Highlights areas where the initiative addresses caregiver needs,
- And supports ideation, generating new options or ideas to better support caregivers

The toolkit is:

- lightweight, to reduce barriers to implementation,
- non-duplicative or additive, instead adding value to existing planning processes, aligned around caregiver perspectives, in situation where the direct engagement of caregivers might not be feasible (e.g. internal

operational planning processes) The toolkit has been tested with Woodgreen Community Services and The Neighbourhood Group (TNG). The application of the toolkit included two 90-minute sessions. Each session included 6 to 8 participants (key staff members for a given program.) We developed a logic model and applied the Care Partner Perspective Checklist.

As expected, the development of the logic model, the first session, was reported by participants as a useful exercise that provided a great starting point for discussing the work that they presently do. The second session involved leading the group through a conversation and ideation exercise to explore the highlights, gaps, and opportunities to align along caregiver needs. Each pilot raised the awareness of the team members about the interaction with caregivers, highlighted current successes, and yielded actionable areas to improve their approach with respect to caregiver involvement and outcomes.

Participants provided feedback that led directly to refinements in the tools and facilitation process.



Deliverables

Frame work

The Care Partner Perspective Toolkit is based on the 5 domains of activity that create gains for caregivers, 4 domains that relieve pain points, and create the opportunity to accomplish essential tasks

Website

The website has been developed to support the promotion and dissemination of the work undertaken to date. The site was also built with the potential to create an online hub to highlight and share improvements to the tools, knowledge exchange, highlight success stories, and create a learning community to foster continuous improvement.

Toolkit

The Care Partner Perspective Check List – summary of key areas that address caregiver needs.

Logic Model Template – a commonly used tool to describe the key elements of a program, strategy, or initiative. Often used in the development of program evaluations

Facilitators' guide – an outline for guiding the development of a logic model and applying the checklist in small teams.



Lead Agency Recommendations: Next Steps

Address the key barrier to implementing the tool kit: time. In the early stage of development, the toolkit was planned to be a self-serve approach. For example, provide an easy to use, lightweight tool with great benefit and people will use it. The key challenge with that is the time starved nature of the environments most providers operate in. While self-serve is readily available through the web site, providing a facilitated process was reported through the pilots as key to uptake.

Expand the pilot to refine the toolkit, test further applications of the framework/tools, and build awareness of the toolkit. Building on recommendation one above, a series of facilitated sessions within the City and partners would provide insight on the wider application of the toolkit. For example, management teams in operational planning or strategy development is an application that might provide even greater leverage system wide.

Create a learning community. The range and complexity of the organizations and systems involved in the provision of services to seniors and caregivers would benefit from a shared repository of knowledge, tools, and opportunities for interaction.

Incentivize the adopt of the framework. In conversation with virtually every stakeholder encountered during the process, the topic of implementation inevitably came up. The question of how to (1) enforce or (2) encourage the use of the framework to create wider alignment on caregiver needs was pondered. This author favours encouragement. The tool has been designed as outline lined above, to add value by supporting providers to improve and refine initiatives with caregivers in mind. If we remove the key barrier of time to apply the framework and provide further investment to add value to the gaps or opportunities identified, providers will align in a way that is consistent with the fundamental purpose of Recommendation 6 to:



“bring [the] resources to bear to better support family caregivers with information, respite, transportation, and financial supports, and improve access to other existing supports and services”