Project Charter

Central East Priority Project Summary

Project Name: Supporting Caregiver Health and Well-being in the CE LHIN

Purpose of Board Review	☐ For Information Only ☐ For Approval ☒ For Endorsement to Proceed with Further Planning/Refinement/Review		
Project Charter Sponsor(s)	Durham East Collaborative		
Project Type	☒ Service Enhancement ☐ New Service / Program ☐ Integration Activity ☒ Demonstration Project	☐ Single Phase Project ☒ Multi-Phase Project	
Funding Required	$ 379,433 [**2007-08**: $144,480] [**2008-09**: $234,953]		
Funding Source	Aging at Home	Funding Year (s) 2007-08, 2008-09 beyond based on Strategic Plan	Funding Type 2 Yr. Demonstration
Anticipated Project Owner (Accountability)	☐ CE LHIN ☐ CE LHIN Health Service Provider	☒ Assigned CE LHIN Project Team	
Project Deliverables / Goals	• Strategic Plan to guide investments to strengthen the caregiver support system in CE LHIN including a Best Practices review (agencies/literature) and design of an Evaluation process. • Design and implement a pilot Caregiver Support Resolution program to respond to and resolve complex and problematic care giving situations		
Project Timelines	Start: November 2007	Completion: Phased enhancements to caregiver support system	
Project Reviewed By:	**Networks:** CDPM and Seamless Care for Seniors Steering Committee received update on project goals; Members participate on project sponsor group **Collaboratives:** Durham East Collaborative lead Charter Development **Task Groups:** No **CE LHIN Staff:** Involved in Charter Development		

Strategic Directions

- ☐ The LHIN Board will lead the transformation of the health care system into a culture of interdependence.
- ☒ Healthcare will be person-centred in safe environments of quality care.
- ☒ Create an integrated system of care that is easily accessed, sustainable and achieves good outcomes.
- ☒ Resource investments in the Central East LHIN will be fiscally responsible and prudent.

Priorities for Change

- ☒ Seamless Care for Seniors
- ☒ Mental Health and Addictions
- ☒ CDPM
- ☐ Wait Times and Critical Care

Enablers

- ☒ Primary Care
- ☐ E-health
- ☐ Health Services Planning
- ☐ Health Human Resources
- ☐ Diversity

	☐ Back Office Transformation	
	☐ Moving People Through The System	
System Outcomes		
☒ Accessible	☐ Safe	☒ Appropriately Resourced
☐ Effective	☒ People Centred	☒ Equitable
☐ Efficient	☐ Integrated	☐ Focused on Population Health

Project Name **Supporting Caregiver Health and Well-being in the** CE LHIN		Project Acronym or No. **Caregiver Support**	
Workstream Lead/Project Sponsor(s) • Seamless Care for Seniors Steering Committee • Mental Health & Addictions Steering Committee • Chronic Disease Prevention and Management Steering Committee	Workstream Project Coordinator Jeanne Thomas	Target Project Completion Date 3 Year phased implementation to strengthen caregiver support system	
Project Lead/Project Manager **Project Charter Development**: Durham East Collaborative & Other Planning Partner Representatives		Version No. 0.7	Version Date 2007/10/01

Project Background

This project focuses on "individuals who provide on-going care and assistance to family members and friends in need of support due to physical, cognitive, mental health or addiction conditions[1]" The term caregiver in this project refers to this network of family and friends.

The role of caregivers in the health care continuum

Health Canada's 1995 report titled *Health Human Resources in Community-Based Health Care* report, noted that the traditional view of health human resources, which had tended to focus almost exclusively on formal caregivers (service providers), needed to be replaced by one that saw health human resources as a continuum, with those who care for relatives and friends forming part of the health care continuum. The report went on to note that without this caregiving network of family and friends "the formal health care system would collapse because it is unlikely to have enough resources to meet all health care needs and demands of all citizens" (p.3).

The important role that caregivers play within the health care continuum is well documented:

- "In North America today, the aging population, coupled with fundamental changes in the provision of health care services, is translating into an increased requirement for individuals to provide in-home care for family members in the home who have chronic health problems or disabilities" (Decima Research, 2002, p.1).
- "Caregivers care for individuals from all age groups, across all stages of life, and across the continuum of care" (VON Canada, 2005, p. 5).
- "There are approximately 4.2 million people with disabilities in this country" (Canadian Association for Community Living, 2002, p. 1) "The majority of people who need disability supports -- children, youth, and adults – are supported entirely by their family members and friends" (Canadian Coalition for Family Supportive Policy, 2004,p2)
- "A shift away from institutionalizing has left the bulk of caregiving (for seniors) to family members and friends (Cranswick, 2003, p. 8). "Among all seniors in Ontario who received help because of a long-term problem, about three quarters received this help, in part or in total, from informal sources (a spouse, relative or friend)" (Turcotte M. & Schellenberg, 2007, 2007, p. 166). "In many cases, the presence and commitment of a close family member, a spouse or a neighbour can make an important difference in their quality of life, increasing the possibility that they can stay in their home". (Turcotte M. & Schellenberg, 2007, p 161)
- Dupuis, Epp & Smale (2004) note that approximately half of the individuals with dementia in Canada live in the community and that almost all of these individuals (94%) are cared for by family or friends up until these caregivers are no longer able to maintain them at home.
- Family and friends often provide most of the care and support to people with mental illness. "Numerous studies have shown that involvement (of family and friends) in this role results in significant benefits for both the individual and the health care system…. (including) decreased rates of hospitalization and relapse, enhanced adherences to treatment choices, increased rates of recovery, decreased involvement with the criminal justice system, (and)

[1] Wording based on Canadian Caregiver Coalition's definition of caregiver (Canadian Caregiver Coalition, 2007)

Project Background

savings to the mental heath and addictions system". (Family Mental Health Alliance, 2006, p 6).
- "It is estimated that caregivers provide 80% of the required care in the home" (Canadian Caregiver Coalition, 2003).

Caregiver profile
- In many instances caregivers are a network of family and friends who provide assistance and care on a 24hour per day/ 7 day per week basis
- Whether or not particular family members regard themselves as part of the core "team" providing care to an individual, they intentionally or unintentionally, influence and are impacted by the environment of care.
- Family caregivers are predominantly female and typically older than the population-at-large. Seven in ten are 45 years of age or older. Consistent with these characteristics, family caregivers are most likely to be either retired or homemakers. Just over one in five are employed full time, while a similar proportion work either part time or are self-employed. (Decima Research, 2002)
- The composition of family caregivers largely mirrors the Canadian population in terms of language and ethnic background (Decima Research, 2002, p. 3).
- Most caregivers are looking after only one individual, but close to one in ten are looking after a second family member (in most cases the other parent). Most are receiving care because of physical disability; close to one in five have both physical and mental difficulties. One in six care receivers are children, many of whom have some form of mental disability. (Decima Research, 2002)
- "We often think of seniors as the receiver of care, but older Canadians are also actively involved in caregiving". (Cranswick, 2003, p.11). One quarter of family caregivers are at least 65 (Decima Research, 2002, p.3).
- "A new trend in caregiving is young caregivers, often teenagers or young adults caring for parents with chronic illnesses, such as MS or mental health problems" (Keating et al., 1999)
- Care can be categories by personal care, household work, coordination of care, support and nursing care; caregiver who, live with the care receiver often provide more care and a wider variety of care tasks than other caregivers who do not live with the care receiver (VON, 2005)
- In many cases, formal or professional home care services are an essential or valuable support to caregivers looking after family members…. Survey results suggest that the use of formal care is more closely associated with care recipients requiring a lot of care, than as a means of caregivers minimizing their involvement (Decima, 2002, p. 23).
- 'Homecare is an increasingly important component of the health care system in Canada. As family caregivers play a growing role in providing care, their need for respite, or time off, is also growing" (Dunbrack, 2003. p. 1).

Challenges faced by caregivers in their role as caregiver.
- "While caregiving includes immeasurable personal rewards, there are physical, psychological, social and financial risks assumed by family and friends providing care (Canadian Caregiver Coalition,2003, p 1)
- Individuals providing care to a family member are most likely to feel stressed in terms of their emotional health, with close to 80% of individuals providing care to a family member reporting some emotional difficulties for themselves; 50% also report difficulties in terms of physical health (Decima Research, 2002. p 6)."
- There are variations across the systems of care with regards to the types and level of support provided to caregivers, including variations in provider interpretation of what is needed and/or their obligation to provide information and services.
- In it's report titled *OUT OF THE SHADOWS AT LAST – Transforming Mental Health, Mental Illness and Addiction Services in Canada* (2006) The Standing Senate Committee on Social Affairs, Science and Technology (2006) noted that "…many caregivers have feel excluded, ignored by the mental health, mental illness and addictions system in Canada" (p. 18).
- The J.W. McConnell Family Foundation (2007) notes that in spite of being the invisible back-up that allows the heath care system to keep functioning despite limited public resources and a shift away from institutionalized care, the health system has been woefully inadequate in it's support of family caregivers across Canada.

Supporting caregiver health and well-being
- Caregivers' " needs, networks, resources, strengths and limitations vary from caregiver to caregiver". (VON, 2005, p. 3). "Caregivers of different ethnic groups may experience the caregiver role differently, due in part to different

Project Background

perceptions of family and family obligations as well as to differences in social supports and the personal coping capacities of the caregivers" (Dupuis, Epp & Smale, p. 33)

- When considering the supports required by caregivers it is essential to take a comprehensive whole person/holistic approach and consider the various influences and environmental factors that determine consumer and family health; consideration must also be given to the need for support at both the diagnosed and undiagnosed stages of caregiving.
- Enhanced knowledge, coping skills and resilience of caregivers promotes better health, improves quality of life and provides a supportive environment for the entire family.
- "When individuals and families have access to the right information, support and resources, they develop the knowledge and skills they need to play a more active role in managing their health and coping with a chronic disease (Ministry of Health and Long-Term Care, 2005, p. 18)
- "No single formal support program is effective in meeting all the needs of caregivers… Instead, caregivers need a range of integrated services that address both the emotional and mental stresses of caregiving and the challenges associated with the physical day-to-day tasks associated with the caregiving role" (Dupuis, Epp & Smale, 2004, p. 70).

Project Scope

Project Purpose

*Explain the purpose of this project by describing, at a high-level, **what** will be done. What is this project aiming to achieve? What is its vision? What need or opportunity will it address? What problem will it solve?*

In recognition that Caregivers are an essential part of the health care continuum, the project's purpose is to ensure that caregivers are provided the right support, at the right time in the right place. The project aim is to support caregivers more effectively and to build the capacity of individuals and families to be caregivers.

The project will acknowledge and validate issues and needs specific to caregivers, enhance and improve access to a variety of services, improve the consistency and coordination of existing supports and introduce new services as required.

Providing improved care and support to caregivers will ease demand on the health care system by enabling caregivers to provide support in a manner which prevents "caregiver burnout" and chronic illness due to stress and fatigue.

The project will identify best practices and opportunities for integration of caregiver supports through examination of what exists and what is not currently in place. The project will delineate the system of Caregiver support required for Central East LHIN. The LHIN will pursue consistent implementation and enhancements to the system of support by incorporating Caregiver Supports into Service Accountability Agreements with Health Service Provider Agencies.

In keeping with the Guiding Principles of the Chronic Disease Prevention and Management and the Seamless Care for Seniors Networks, the following Principles will guide the Caregiver Support project:

<u>Integrity</u>
Health planning and delivery of services will empower and enable caregivers.

<u>Innovation</u>
The CE LHIN, health and support service providers, consumers and caregivers are prepared to test new waters, are open to new ideas, methods or devices.

<u>Responsiveness and Respect</u>
Planning, decision-making and service delivery will utilize a "relationship based approach" in which consumers, caregivers and service providers work collaboratively.

Project Scope

Project Purpose

Equity and Seamlessness
The continuum of care and supports should be comprehensive and equitable for caregivers across the CE LHIN.

Accountability
There is shared accountability among caregivers and service providers in the Central East LHIN for the delivery and on-going evaluation of the system of caregiver supports.

Strategic Alignment

This project impacts every aspect of the health care system. It has linkages with several health initiatives for the province; it has ties with several different ministries. It impacts all other LHIN initiatives and will directly impact local people and communities.

The Caregiver Support Project will:

- Identify resources currently invested by the province in caregiving services within the CE LHIN (e.g. MoHLTC funded Community Support Services that currently provide caregiver support).
- Provide information during the development of new health initiatives (e.g. Community Health Centres, Family Health Teams, private health/physician clinics).
- Be relevant to multiple provincial ministries including the MoHLTC and the Ministry of Health Promotion (e.g. support and prevent decline of caregivers' physical or mental health and promote their well-being).
- Support the growing and essential role of individuals in taking responsibility for their own health and for the well-being of family/friends. Growth in the responsibilities of caregivers is resulting from the complexity of care options, stretched public resources, the growing number of elderly and the recognition of the important goal of aging at home/in community.
- As a component of the Aging at Home Strategy for CE LHIN this project will inform and be informed by activities in neighbouring LHINs and across the province.
- Be relevant to caregivers who provide care and support to people with various healthcare needs (seniors, people with mental health/addictions needs and chronic conditions) by recognizing the variety of supports needed. For example, many consumer and family organizations in mental health and addictions (i.e. Family Mental Health Alliance) have identified meaningful daytime activities for consumers as not only important for consumers, but also a source of respite for caregivers.

Project Benefits

Enhancing caregiver supports in CE LHIN will have qualitative and quantitative benefits for the caregiver, the consumer, individual health service providers and the healthcare system. In many instances, benefits attributed to individual caregivers and the individual(s) they are supporting will also directly benefit health service providers and the healthcare system.

Benefits to the Caregiver:

- Individualized care and support acknowledging gender and cultural differences;
- Supports to assist caregivers to regain/maintain control of their lives;
- Provide real life tools and support-solutions (e.g. planning guide, respite opportunities);

Project Benefits

- A clear avenue for problem-solving is in place to support caregivers in resolving difficult/challenging situations;
- Provide right information to caregivers in a timely manner;
- Improved Quality of Life for caregiver by maintaining caregiver health, supporting well-being and preventing illness;
- Celebrating the role of caregivers through sharing of successes, sacrifices, accomplishments (i.e. the un-sung heroes supporting the healthcare system).

Benefits to Individual the Caregiver is Supporting:

- Improved health outcomes, both physical and mental;
- Improved health maintenance;
- Increased rates of recovery;
- Increased likelihood to adhere to treatment choices;
- Reduced hospitalizations;
- Reduced or delayed admission to LTC Homes;
- Reduced contact with criminal justice system.

Benefits to Health Service Providers and the Healthcare System:

- Providing caregiver supports and "reaching caregivers before they are desperate/burnt-out" provides sustainable on-going health and non-medical supports to consumers and minimizes crisis;
- Communities will be better positioned to support the growing number and needs of caregivers (e.g. projected growth in dementia rates will increase the number and demands caregivers of this client group);
- Will inform and influence the model of care delivery to clients and caregivers in various healthcare settings;
- Will support the realignment and reallocation of costs and responsibilities within the healthcare system by recognizing that the care provided by caregivers has an economic impact on the ability of programs to deliver effective and efficient services;
- Strengthen the ability of caregivers to prevent crisis and the ability of the healthcare provider community to respond to client or caregiver crisis;
- Best use of existing and new caregiver resources – What is provided by healthcare system improves quality of life for caregiver and addresses what is most needed by leveraging local (Planning Zone) and LHIN-wide supports;
- Provides HSPs with consistent and coordinated information and tools to improve their ability to support caregivers.

Goals, Objectives & Performance Measures

Goals	Objectives/Deliverables	Performance Measures
1. To coordinate and strengthen the system of care and support for caregivers.	A. Design and implement the most appropriate structure and associated processes to plan, coordinate, strengthen and monitor the caregiver support system in CE LHIN. (e.g. a LHIN Caregiver Council, Zone-level Lead Agencies, etc.) B. Develop mechanisms to support	a) The preferred structure is designed, implemented and evaluated. b) HSPs implement mechanisms to support caregivers prior to, during and after transition. c) Mechanisms to link generic and condition specific caregiver

Goals, Objectives & Performance Measures

Goals	Objectives/Deliverables	Performance Measures
	caregivers during times of transition between services and settings. C. Strengthen integration, partnership and coordination between generic and condition specific caregiver supports.	supports are in place.
2. To provide caregivers with the tools, resources and skills needed to improve control over their health and quality of life.	The caregiver support system in CE LHIN includes: A. Innovative models and practices to ensure caregivers have easy access to specific "caregiver support locations" where caregivers are assisted in accessing the tools, resources and skills they need (e.g. information, peer supports) B. Individualized planning that recognizes the specific strengths and needs of the caregiver including cultural differences. C. Access to Self Management Training programs for caregivers. Caregivers become trained Peer Leaders in the Self-Management program. D. Development and dissemination of planning guideline(s) to assist caregivers in identifying the resources they need. Planning guideline(s) will build on resource material currently available. E. Inclusion of caregiver needs in the Charter of Client[2] Rights and Responsibilities of HSP. F. Design and implement (pilot) a Caregiver Support Resolution program to respond to and resolve complex and	a) Models that improve ease of access to caregiver supports in all Planning Zones are implemented and evaluated. b) Individualized caregiver support needs are identified and a plan to implement strategies is developed. c) Caregivers are enrolled in Self Management Training education sessions. Planning Guides are accessed by caregivers. d) HSPs measure and report on their performance against their Charter of Client and Caregiver rights e) Caregiver Support Resolution program is piloted and evaluated. f) Feedback is received from LHIN on next steps.

[2] It is recognized that caregivers will not be identified as primary recipients of services by all HSPs. However, HSPs will be requested to consider how their Charter of Rights can appropriately reflect the role of caregivers.

Goals, Objectives & Performance Measures

Goals	Objectives/Deliverables	Performance Measures
	problematic care giving situations (i.e. enacting a community/ multi-agency response when current options are exhausted) G. LHIN Board has reviewed and determined their role in providing advice to provincial and federal bodies responsible for income tax relief for caregivers and employment supports (e.g. time off, compensation)	
3. To improve availability and access to supports needed by caregivers through optimizing current investments and identifying the need for new investments.	A. Identify the range of supports required by caregivers and the availability and accessibility of these supports in the CE LHIN. Note: • This important baseline of information on CE LHIN caregiver services must include identification of caregiver support resources that currently exist; what is working well and where there are gaps/ weaknesses [are]. Those caregiver programs/services which are delivered by HSPs but only partially funded by provincial MoHLTC resources should be included. Further bereavement support needs for caregivers after consumer has passed-away will also be identified. (i.e. a survey to agencies and caregivers and/or literature review). • Information compiled should be incorporated into an existing web accessible database and/or the CCAC Information and Referral system. B. Drawing on existing research, develop an improved understanding of the benefits to the health system of investing in caregiver supports. C. Building on the assessment of what exists and what the gaps are, identify priorities for new investments in caregiver supports across the CE LHIN.	a) A database of currently available caregiver support resources is compiled. i. Project Team provides input to design of survey and/or identifies questions to guide literature review. ii. The database is regularly maintained. iii. The database is incorporated into an existing database and/or CCAC Information and Referral system. b) A Strategic Plan to guide investments to strengthen the caregiver support system in CE LHIN is completed. i. Investments increase equity of access to C. a) – d) ii. Administrative processes are streamlined to improve access to relief (respite) options c) Evaluative processes designed and evaluation complete

Goals, Objectives & Performance Measures

Goals	Objectives/Deliverables	Performance Measures
	Investments should improve equity of access to: a. A range of support service options including but not limited to: caregiver supports as outlined in Goal #2; professional counseling supports; peer support programs; day to day coping/life skills, and access to assistive devices. b. In-home and out of home caregiver relief (respite) which may include consumer accompaniment, meaningful daytime activities day/ evening/overnight, camps, day programs, work options or drop-in programs. c. Short-stay/transitional residential options (e.g. LTC Home short-stay beds; partnerships with retirement homes or assisted living services) d. Supportive housing with 24/7 on-call access to personal care, nursing and other supports. D. Simplify/streamline administrative processes to improve access to respite options (i.e. reduce testing/paperwork for completion by LTC Homes for re-admission to short-stay beds). E. Design and implement the qualitative and quantitative evaluative processes needed for continuous quality improvement and program sustainability.	

Goals, Objectives & Performance Measures

Goals	Objectives/Deliverables	Performance Measures
4. Best practices in supporting caregivers are known and applied by all health service providers in CE LHIN. Best practices support the following philosophy: The distinct needs of caregivers, and the knowledge base that they possess regarding the needs and abilities of their family member/friend, are understood, legitimized and supported, with caregivers recognized as core members of the health care and support team.	A. Identify and disseminate best/promising practices in maintaining and enhancing the health of caregivers. B. Pursue innovative caregiver support models. C. Learn from and provide education to front-line healthcare staff (e.g. Caregiver Expert Advisory Coaching Teams to visit agencies, gathering and dissemination of real life experiences/case studies). D. Caregiver support needs are assessed independently/distinct from medical needs of consumer. E. Care planning includes identification and inclusion of those who are on the team providing care and support to client.	a) Best/promising practices are known and applied. b) Innovative models are in place. c) Best practices and learnings from the front-line healthcare staff are applied d) Caregiver support needs are assessed. e) Care plans are developed in a collaborative manner.

Project "IN" & "OUT" of Scope Items

"IN" Scope	"OUT" of Scope
• Caregivers providing care and support to individuals who have or do not have a formal medical diagnosis. • Caregiver support needs in a variety of care settings (i.e. home, community, institutional settings, from a distance) • Strategies to restore relationships or create alternatives to traditional caregivers for those individuals who do not have a family/friend caregiver but who would benefit/accept support (i.e. 39% of people with mental health/addictions have no family/friend caregivers).	• Although individuals who provide care as part of a health service provider organization (volunteer or paid) are not the primary target population for this project; it is recommended that the Project Team remain aware of the supportive role of agency volunteers and paid front-line providers (e.g. respite workers) and define opportunities to engage these individuals as the caregiver support project is implemented.

Project Timelines

High-Level Milestones	Target Completion Dates
Secure Project Developer (proposed application of Aging at Home planning resources)	♦ November 2007
Create Project Team to advise on development of Caregiver Strategic Plan (temporary)	♦ **November/Dec 2007**
STRATEGIC PLAN to guide enhancements/investments to strengthen [to] the Caregiver Support System in CE LHIN is developed.	♦ **July 2008**
The on-going structure and processes to plan, coordinate, strengthen and monitor the caregiver support system are identified	♦ Component of Strategic Plan
Models that improve ease of access to caregiver supports in all Planning Zones are identified.	♦ Component of Strategic Plan
Identify the range of supports required by caregivers and the availability and accessibility of these supports in the CE LHIN.	♦ Component of Strategic Plan
Best/promising practices and learnings from the front-line healthcare staff are known and applied Review of Literature and agency practices (local, provincial, national, international) produce report. Hold Education events and/or establish Best Practice Coaching teams	♦ Component of Strategic Plan
Development of a project communication strategy	♦ Component of Strategic Plan
HSP ACTIVITIES:[3] Related to Strengthening the System of Caregiver Supports	**Concurrent with Strategic Plan Development**
HSPs implement processes to identify individualized caregiver support needs and develop strategies to address needs.	♦ Concurrent with Strategic Plan development
HSPs have identified current and proposed mechanisms to support caregivers prior to, during and after transition.	♦ Concurrent with Strategic Plan development
HSPs have identified current and proposed mechanisms to link generic and condition specific caregiver supports.	♦ Concurrent with Strategic Plan development
Inclusion of caregiver needs in the Charter of Client Rights and Responsibilities of every HSP.	♦ Concurrent with Strategic Plan development
Development and dissemination of planning guideline(s) to assist caregivers in identifying the resources they need.	♦ Concurrent with Strategic Plan development
Identification and/or development of a caregiver needs assessment tool	♦ Concurrent with Strategic Plan – development/piloting could be part of Coaching Team responsibility

[3] These actions could be communicated/requested of HSPs concurrent with Strategic Plan development

High-Level Milestones	Target Completion Dates
HSPs identify or develop strategies to ensure care plans are developed in a collaborative manner.	♦ Concurrent with Strategic Planning
Other Activities:	
Caregivers are enrolled in Self Management Training education sessions Caregivers are trained as Peer Leaders through the Self Management Program	♦ April 08 or before if part of initial education sessions.
Design and implement (pilot) a Caregiver Support Resolution program to respond to and resolve complex and problematic care giving situations (external consultant to design model and develop costing)	♦ Concurrent with Strategic Plan Development
LHIN Board has reviewed and determined their role in providing advice to provincial and federal bodies responsible for income tax relief for caregivers and employment supports	♦ January 2008
Evaluation of Caregiver Support System: Design and implement the qualitative and quantitative evaluative processes needed for continuous quality improvement and program sustainability.	♦ On-going throughout next three years

Project Costs

		Fiscal Yr: 07-08	Fiscal Yr: 08-09	Fiscal Yr: 07-09-10	TOTAL
Category					
Salaries and Wages	Project Management Shared with Supportive Housing and CSS Review (Includes: Salaries/Wages, benefits, ODOE)	13758	33020	33020	79798
	Admin. Assistant – Shared with Supportive Housing and CSS Review (Includes: Salaries/Wages, benefits, ODOE)	7055	16933	16933	40921
	Project Coordinator: On-going System Coordination (Includes: Salaries/Wages, benefits 22%, ODOE 5%)			88200	
Materials and Equipment	Shared with Supportive Housing and CSS Review Office setp-up, training and development, communications	5000	5000	5000	15000
Community Engagement	Consultation, day sessions, focus group	12000	12000	12000	36000
Consulting Resources	***For activities related to Strategic Plan Development or other System Enhancements***				

Project Costs

		Fiscal Yr: 07-08	Fiscal Yr: 08-09	Fiscal Yr: 07-09-10	TOTAL
	Project Developer: Initiation and Strategic Plan Development (07-08)	29167	70000	70000	140,000
Best Practice Identification and Dissemination	Best Practices review & report and identification literature and review of agency practices (local, provincial, national, international) – all three pop(n)	24000			
Pilot Program	Design and pilot Caregiver Support Resolution program	37500	90000	+$ Based on outcome of pilot	
Evaluation	Design and conduct evaluation of Caregiver Support System	16000	8000	8000	32000
Investments to Caregiver Support System	***Specific resource requirements will be confirmed through Strategic Plan development***				
Tools, resources and skill-building	A range of supports as outlined in Goal #2 and including but not limited to, professional counseling supports; peer support programs; day to day coping/life skills, and access to assistive devices.		+$	+$	*Identify a target amt/ envelope from within Aging in place*
In-home and out of home caregiver relief (respite)	Examples: Consumer accompaniment (day, evening or overnight), meaningful daytime activities, day/week programs, work options or drop-in programs.		+$	+$	*Identify a target amt/ envelope from within Aging in place*
Short-stay/ transitional residential options	LTC Home short-stay beds; partnerships with retirement homes or assisted living providers.		+$	+$	*Identify a target amt/ envelope from within Aging in place*
Education Events	e.g. Education events, Coaching Team development, etc.		+$	+$	*Identify a target amt/ envelope from within Aging in place*

Project Costs

		Fiscal Yr: 07-08	Fiscal Yr: 08-09	Fiscal Yr: 07-09-10	TOTAL
Supportive Housing	Supportive housing with 24/7 on-call access to personal care, nursing and other supports.	*Resource needs to be identified through Supportive Housing project*			
TOTALS		**$144,480**	**$234,953+**	**$144,953+**	

Funding Source

Aging at Home Strategy (Provincial MoHLTC Resources)

CE LHIN Priority Funding

CE LHIN Health Service Agencies

Health Canada

Partnerships with Insurance Companies

Project Team

Team Member, Organization	Role on the Project	Required Involvement	
		Estimated Duration	Level of Effort
Project Team to advise on development of Caregiver Strategic Plan (Target 9-12) • Caregivers with different perspectives • Physician/Primary Care Working Group representative • Front-line providers of in-home health care (paid and volunteer) • Durham East Collaborative rep(s) • CCAC • LTC Home • Current agencies delivering significant caregiver support (e.g. Community support Services; Seniors	• Advisory to Strategic Plan Development • Advisory to Program Developer on other Caregiver Support System project deliverables • Note: Goal #1 identifies the need to design and implement the most appropriate on-going structure to plan, coordinate, strengthen and monitor the caregiver support system in CE LHIN. (e.g. a LHIN Caregiver Council, Zone-level Lead Agencies, etc.)	•	•

Team Member, Organization	Role on the Project	Required Involvement	
		Estimated Duration	Level of Effort
Centres) • SCFS Steering Committee Rep • CDPM Steering Committee Rep • MHA Steering Committee Rep			

Project Partners

Provincial:

Ministry of Health – branches TBD

Ministry of Health Promotion

Public Health Units

Seniors Secretariat – Ministry of Citizenship

Ministry of Community and Social Services – Special Services at Home (respite program)

Health Service Providers:
All
Family (GP/FP)
Specialist Physicians

LHIN Planning Partnerships:

Collaboratives (9)

CDPM Network

Seamless Care for Seniors Network

Mental Health and Addictions Network

Primary Care Working Group

Other:
Retirement Home Providers
Private and Not-for-profit visiting nursing and personal care agencies

Partners	Common Interests & Priorities	Roles & Responsibilities
•	•	•

Project Stakeholders

Stakeholders	Interests & Needs	Management Strategies
Identify your stakeholders. List names, groups or organizations.	*Why are they stakeholders? How are they involved? List interests.*	*How will the project manage expectations & meet their needs and requirements?*
• Caregivers • Health Service Provider Agencies • Individuals who receive care and support from caregivers	• Target population • Provide Services to Target Population • Receive care and support from target population	• Include in planning and deliberations; provide updates/communications.

Other Related Projects & Initiatives

Project/Initiative	Interdependency & Impact
• Aging at Home Strategy • LHIN Priority Projects: Supportive Housing, Self-Management Training, Community Support Service Review. • Agency/community initiatives focused on caregiver support enhancements (to be identified)	• Enhancements will need to be coordinated with objectives of the Aging at Home Strategy • Will be influenced by outcomes of other LHIN projects • Community projects/initiatives will have to be identified and linkages made to leverage/coordinate investments.

People & Organization Change Impacts

Description of Impact	Impact Management Strategies
All Health Service Providers • LTC Homes • CCAC • Community Support Agencies • Hospitals • Physician/Primary Care • Mental Health and Addictions Caregivers Extended Family	• Engagement in Strategic Plan development • Development of a communications strategy

Project Communications

Audience	Information Needs	Format & Timing	Responsible
• Caregivers • Health Service Providers • General population • Individuals receiving care and support from caregivers	• A project communication strategy will be developed	• As a component of Strategic Plan development	• Developed in consultation with LHIN Communications team

Project Risks

Risk	Likelihood	Impact	Risk Response
Opportunity and Threat: Caregiver support is recognized as an area for enhancement by various priority populations/sectors (e.g. Seniors, People with Chronic Conditions, those with Mental Health and Addictions needs)	• High	• High	• Awareness of activities and communication with other interested partners/stakeholders
Threat: Resource requirements/demand for programming will increase given large number of caregivers who presently receive no/very limited support	• High	• Moderate	• Although number of caregivers will increase the enhancements to system proposed will reduce demands on system and will provide needed supports.

Critical Success Factors

- Caregiver participation and input
- Core resources
- Build on existing research
- Identify and address general and unique needs of caregivers to individuals with certain conditions (e.g. dementia, mental health and addictions)
- Project produces real improvements/tools – that can be immediately applied and benefit caregivers and HSPs
- Public recognition of caregivers / public visibility of caregiver supports / ease of access

Assumptions & Constraints

Assumptions	Constraints
• Aging at Home strategy will provide on-going resources for caregiver enhancements • LHIN organization will support enhancements to caregivers services • Health service providers will buy-in to need for caregiver system enhancements	•

Sign-Off

Workstream Lead/Project Sponsor

Name & Organization	Signature	Date
CDPM; SCFS; MHA Committee Chairs		

Project Lead/Project Manager

Name & Organization	Signature	Date
Project Charter Development: Durham East Collaborative Co-Chairs Joan Skelton and Lynn Park		

Project Partners

Name(s) & Organization(s)	Signature(s)	Date(s)

Project Team Members

Name(s) & Organization(s)	Signature(s)	Date(s)

Charter Revision History

Version Numbering:
- 0.x - internal draft - under development *(Working copy for Project Coordinators)*
- 1.x - document under review / internal draft *(Begin 1.0 numbering when sent to Workstream Lead for comment)*
- 2.x - document submitted for approval *(Begin 2.0 numbering when sent to Oversight for approval)*
- 3.x - document approved *(Renumber to 3.0 after Oversight Approval)*

Revision No.	Description	Modified By	Date
0.1	1st Draft	Team	Aug 20, 2007
0.2	2nd Draft	Team	Sept 4, 2007
0.3	3rd Draft	Team	Sept 5. 2007
0.4	4th Draft	Team	Sept 11, 2007
0.5	5th Draft	Team	Sept 25, 2007
0.6	6th Draft	Team	October 1 2007
0.7	7th Draft	Team	October 2, 2007

References

Canadian Caregiver Coalition (2003) *Caring together: Caregiver recognition is sound social policy*. Retrieved 9/15/2007 from http://ccc-ccan.ca/pdf/policyPaper2Eng.pdf

Canadian Caregiver Coalition (2007). Retrieved 8/19/2007 from http://www.ccc-ccan.ca/who_we_are/strategic_plan.php

Canadian Coalition for Family Supportive Policy (2004). *Declaration – A public policy agenda to support families who have a family member with a disability – March 2004*. Retrieved 9/15/2007 from http://www.fncfcs.com/docs/CCFSPDeclarationJune04.pdf

Canadian Association for Community Living (2002). *A National Agenda To Support Families*. Retrieved 9/15/2007 at http://www.cacl.ca/english/priorityresouces/families/resources.html

Cranswick (2003). *General Social Survey Cycle 16: caring for an aging society*. Retrieved 9/15/2007 from http://www.statcan.ca/cgi-bin/downpub/listpub.cgi?catno=89-582-XIE2003001

Decima Research (2002), *National Profile of Family Caregivers in Canada – 2002 – Final Report*. Retrieved 9/15/2007 from http://www.hc-sc.gc.ca/hcs-sss/pubs/home-domicile/2002-caregiv-interven/index_e.html

Dunbrack, (2003), Respite for Family Caregivers. Retrieved 9/15/2007 from http://www.hc-sc.gc.ca/hcs-sss/pubs/home-domicile/2003-respite-releve/index_e.html

Family Mental Health Alliance (2006) *Caring Together: Families as Partners in the Mental Health and Addictions System.* Ontario: Centre for Addiction and Mental Health/Canadian Mental Health Association, Ontario/Ontario Federation of Community Mental Health and Addiction Programs.

Hollander J., Chappell N., Prince M., and Shapiro E (2007). *Providing Care and Support for an Aging Population: Briefing Notes on Key Issues.* Retrieved 10/01/2007 from http://www.longwoods.com/product.php?productid=18923

Health Canada (1995) *Health Human Resources in Community-Based Health Care (Executive Summary)*. Retrieved 8/18/2007 from http://www.hc-sc.gc.ca/hcs-sss/pubs/hhrhs/1995-build-plan-commun/build-plan-commun1/sum-som_e.htmlhtml

J.W. McConnell Family Foundation. (2007); retrieved 9/13/2007 from http://www.mcconnellfoundation.ca//default.aspx?page=67&lang+en-US&printmode=true

Keating N., Fast J.E.., Frederick J. Cranswick K., & Perrier C. (1999). *Eldercare in Canada: Context, Content, and Consequences.* Ottawa: Statistics Canada

Ministry of Health and Long-Term Care (2005). *A Systems Approach to Chronic Disease Prevention and Management in Ontario – A Framework.*

Pearson K. & Scroeder B. (2007) *Care Renewal: Reaching out to Family Caregivers*, in Vital Aging, Volume 13 No 2- June 2007

Roecher Institute. (2001). *Striking a New* Balance (2001) sited in *A public policy agenda to support families who have a family member with a disability – March* 2004, Canadian Coalition for Family Supportive Policy.

Dupuis S. Epp T. & Smale B. (2004)). *Caregivers of Persons with Dementia: Roles, Experiences, Supports and Coping – a Literature Review.* Waterloo: Murray Alzheimer Research and Education Program, University of Waterloo.

Turcotte M. & Schellenberg G. (2007) *A Portrait of Seniors in Canada - 2006*. Ottawa: Minister of Industry 2007.

The Standing Senate Committee on Social Affairs, Science And Technology (2006). *OUT OF THE SHADOWS AT LAST – Transforming Mental Health, Mental Illness and Addiction Services in Canada*

VON Canada. (2005). *VON Canada Caregiving Program: An Overview*. Retrieved 9/15/2007 from http://www.von.ca/doc/VON%20Canada%20Caregiving%20Program.doc

Fast, J. & Keating, N. (2001). *Informal Caregivers in Canada: A Snapshot.* Retrieved 10/03/2007 from http://www.hecol.ualberta.ca/RAPP/documents/Snapshot%20on%20Caregiving%20Final%20Report.pdf