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# Encr **âge**

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## Support to Caregivers Needs Assessment : An Innovative Tool Called *Entente sur le soutien aux proches-aidants* (agreement on support to caregivers)

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Francine Ducharme and Louise Lévesque are researchers at the Research Centre of the Institut universitaire de gériatrie de Montréal (Montreal Geriatric University Institute). Chantal Caron, who passed away recently, was a researcher at the Research Centre on Aging (CDRV) of the CSSS-IUGS when this study was conducted. Eugénie Pinsonnault and Diane Girouard were the research coordinators for the Estrie region.



**In our current context, CLSC home care services workers take into consideration the needs of seniors in loss of autonomy. Obviously, the families of these seniors, in particular natural caregivers, also take care of them. Taking care of a parent is demanding. Many caregivers say they are overwhelmed or burned out. Home care services workers still do not have a tool at their disposal which could be used to assess the needs of caregivers. A study has therefore been led to test an assessment tool called ESPA (*Entente sur le soutien aux proches aidants* or agreement on support to caregivers).**

What distinguishes ESPA is that it is based on a partnership approach with the objective of getting caregivers to actively participate in assessing their own needs. Caregivers know their own needs best as they must deal with the requirements of their role on a daily basis. Home care services workers know which services which may adequately respond to the needs of caregivers. A climate of mutual exchange allows both parties to share knowledge.

ESPA is used to assess caregiver needs for support in order to improve their quality of life and those of elderly relatives in loss of autonomy. ESPA is also used to identify assistance that could be useful to caregivers to help them provide care to their relatives. Once the needs are

identified, both caregivers and home care services workers complete a services plan together in which they agree on the type of services required according to the expectations of the caregiver.

Six CLSC home care services workers in Estrie and Montreal, and 17 caregivers attending an elderly relative participated in the trial of this assessment tool. The results indicate that caregivers have many needs and that they require both an increase in the number and further diversification of services available. Here is a brief summary of some of the results:

- **Improving the quality of life of caregivers**  
To improve their quality of life, caregivers mentioned that they would like to:
  - Take a vacation;
  - Have more personal and leisure time;
  - Have a *normal* social life;
  - Be able to relax without worrying about their relative;
  - Know how to set limits as caregivers.
- **Improving the quality of life of relatives**  
Caregivers would like to see the quality of life of their relatives improved by:
  - Having them continue to live at home;
  - Having more stimulating activities at their disposal;
  - Feeling acknowledged as persons.
- **Providing care**  
Caregivers would like more information on:
  - Help that is available and on how to get it;
  - Available sources of financial assistance;
  - The disease of their loved one and its treatment;
  - Alternatives to home care.

*This newsletter is intended for people who participated in the Research Centre on Aging's projects*

*It is also distributed to anyone who wants to receive it. Please contact us for more information (see page 4).*

See *SUPPORT TO CAREGIVERS NEEDS ASSESSMENT* on page 4...

# Evaluation of Innovative Formulas as Alternatives to Traditional Residential Care: A Few Results

By Nicole Dubuc, Ph.D., and Cinthia Corbin, M.A., coordinator of the study on innovative projects



Nicole Dubuc is an associate professor at the School of Nursing of the Faculty of Medicine and Health Sciences of the Université de Sherbrooke.

**W**ithin the current context of budgetary constraints and a rapid, projected 15% increase in the number of autonomy-impaired persons, methods are being sought to review service organization within Quebec's health care system. Inspired by reforms that have been initiated in many countries, the objective is to reduce the number of places in public residential centres while allowing individuals to receive the services that they need in less restrictive living environments that are also more closely tied to their communities.

In 2003, the Ministère de la Santé et des Services sociaux (MSSS) implemented a subsidy program entitled *Pour un nouveau partenariat au service des aînés : projets novateurs* (a new partnership for seniors: innovative projects) which has made it possible to implement 30 *nouvelles formules d'hébergement* (NFH or public service-enriched housing). An NFH consists of seniors living in residential centres with services included (i.e. laundromat, cleaning, assistance care) and who are provided care and services by health and social services centre professionals (i.e. nurses, social workers, occupational therapists, and so on).

In 2006, a study evaluated whether this program would allow the health care and social services network to respond to the needs of the elderly and their families in a manner that is similar to or better than that provided by residential or long-term care centres (CHSLD). In this study, 23 NFHs and 23 CHSLDs were visited, and 238 persons aged 65 and older were evaluated. In addition, the researchers met with the managers and care providers of 8 NFHs in order to understand the functioning of these NFHs. Thirty interviews were conducted among natural caregivers at these same NFHs and in the 8 corresponding CHSLDs. Some of the results are reported herein.

## Characteristics of residents

The majority of persons in NFHs who received services from the program were moderately incapacitated. In certain cases, some suffered from more severe loss of autonomy. The NFH clientele was generally more autonomous than that of the CHSLDs.

Many elements could explain these results, including environmental restraints (i.e. coded doors for users with cognitive impairments), the absence of 24/7 professional follow-up as well as a lack of selective admissions criteria. These elements also gave the impression that in their current state of development, many NFHs would not allow residents to "age on location" if



their condition changed. A few natural caregivers who were satisfied with the services provided indicated concern regarding a possible transfer of a relative to a CHSLD in the event of loss of autonomy.

## Facilities

The NFHs had rooms and, in many cases, apartments. Most dwellings were furnished and decorated according to the tastes of the residents. The rooms were often bigger than the ones in CHSLDs and were occasionally equipped for the preparation of light meals. Many families were quite satisfied with the size of the rental units of their relatives, and also with the access to a balcony or private bathroom.

Nonetheless, staff and residents occasionally needed further reminders of emergency procedures in the event of a fire. Fewer common areas were observed in NFHs. In both types of environments, some caregivers stated that they wanted more areas in which they could spend more private time with their relatives.

## Care and services provided

NFH residents had access to a wide and diversified array of quality care and services, both adapted to their needs. This increased their satisfaction levels and those of their families. Many caregivers also reported that care was personalized and that staff was attentive to the condition of their relatives. Caregivers also stated that they were satisfied with the staff's approach and with the level of safety of the environment. They also reported that the interveners were humane, patient and attentive.

In spite of the satisfying quality level of care in both NFHs and in CHSLDs, improvements needed to be made in psychological and social support (i.e. expressions of affection). The number and frequency of recreational activities offered at NFHs were inferior to those at CHSLDs. Overall, caregivers in both environments were satisfied with the proposed activities, but deemed them to be insufficient.

See *TRADITIONAL RESIDENTIAL CARE : A FEW RESULTS* on page 4...

# Reading Road Signs Is Not Always as Easy as It Might Seem

By Thérèse Audet, Ph.D.



Thérèse Audet is a researcher at the Research Centre on Aging, a full professor and the vice-dean of graduate studies and research for the Department of Psychology of the Faculty of Letters and Humanities of the University of Sherbrooke.

**A**re existing norms in Quebec, in particular those limiting the number of destinations (municipalities or cities) which can appear on road signs to three, a sensible choice when municipalities are asking that their visibility on the road network be increased? This question is currently being raised in the field of driving research.

In order to answer it, one must first examine whether increasing the number of destinations on road signs will affect reading capability. Then it must be determined whether this increase adversely affects the safety of drivers. The number of elderly drivers is currently on the rise. The attention span of drivers also diminishes with age. Elderly drivers are also those who are most likely to be affected by an increase in the number of destinations on road signs.

Researcher Thérèse Audet has completed laboratory studies to compare the impact of increasing the number of destinations (4 and 5 destinations compared to three) with reading abilities and driving. The abilities of a group of seniors aged 65 and older was compared with those of persons aged between 30 and 45.

These studies were conducted in two different conditions. In the first condition, the driver had to identify a destination on a road sign in normal road conditions (speed limit of 90 and 100 km/h. This condition made it possible to see the effect of adding a destination on a road sign.

In the second condition, the driver had not only to identify a destination on a road sign, but also to apply the brake pedal placed beneath his foot when the tail lights of a forward vehicle were activated on the same road as the sign. This condition helped to evaluate the impact of increasing the number of destinations on a road sign in a context which required a driving task had to be combined with a reading and identification task.

## Results

The results of these laboratory experiments showed repeatedly that the driver's ability to identify the information being sought was lower when destinations were added to road signs. The effect was generally more pronounced among elderly drivers.

They were able to identify 95% of destinations when 3 elements were posted on the signs; however, their performance dropped



to approximately 85% when 4 destinations were posted. The performance of elderly drivers dropped even further, up to 75%, when 5 destinations were posted. Furthermore, the time required by the driver to identify the information increased as the number of destinations on road signs increased.

The success rate of participants, who had to step on the brake pedal when the tail lights of the forward vehicle were activated, also dropped. Many participants, especially the elderly drivers, encountered problems braking when the road sign posted more than 3 destinations. When 5 destinations were posted, the success rate of the braking task was 65%.

The conclusion is that the current limit of 3 destinations per road sign is a standard which allows the vast majority of drivers to effectively understand the information which is posted. What is good for elderly drivers is good for everyone.

*(This project was funded by the Ministère des Transports du Québec) ♪*



## ...SUPPORT TO CAREGIVERS NEEDS ASSESSEMENT (continuation of page 1)

### • Services or interventions which might be required to fill these needs

Among others, caregivers would like:

- Education to respond to their information needs;
- Respite and temporary housing;
- Respite-monitoring (elder-sitting);
- Volunteer services to stimulate the loved one;
- Psycho-educative interventions to educate and support caregivers.

The interviews with caregivers indicate that they greatly appreciate being shown interest. They consider it an acknowledgement of their contribution. Caregivers reported that they feel that they are being listened and that they are able to talk to the home care services worker of their situation. Here are a few accounts:

*"I felt like I was a partner. It was reassuring to feel like I was on equal footing."; "This meeting gave me self-confidence."*

According to home care services workers, this partnership empowers caregivers by allowing them to actively participate in the meeting:

*"This partnership makes it possible to work with the caregiver."*

*"The objective of ESPA is to allow caregivers to state what kind of assistance they wish to receive."*

### What's next?

The ESPA assessment tool will eventually be recommended for use to all caregivers, including new ones. This tool may be used to identify their needs quickly and to inform them as soon as possible of available services and interventions. ESPA may also eventually be used to encourage the development of new services which are currently unavailable.

Overall, ESPA is a more precise needs assessment tool for caregivers. It also helps to better identify services which are adapted to their needs. **Caregivers are thus considered to be clients of the health care system who have the right to be heard and supported in their role.** 

### Notes.



*We wish to thank the caregivers and home care services workers who participated in this study. We also wish to highlight the contribution of our colleague, Ms. Chantal Caron, who devoted her career to the development of the nursing practice among seniors and their families.*

## ...TRADITIONAL RESIDENTIAL CARE: A FEW RESULTS (continuation of page 2)

Finally, there were few rehabilitation services. This is regrettable considering that persons suffering from a moderate loss of autonomy are most likely to benefit from the effects of rehabilitation.

The subsidy program made it possible to provide both caregivers and their families with access to a more diversified and geographically distributed range of residential facilities, which were also more personalized, while assuring them that the services required were being provided. NFHs have allowed individuals to remain within their communities. Had such facilities been lacking, the same individuals would have been forced to live in a CHSLD in a location that would often have been remote from their previous living environment. This initiative supported by the MSSS was therefore a step in the right direction. In order to meet the requirements of future generations, it may be desirable to proceed with further innovations. 

### Notes.

*This study was completed in collaboration with the following persons:*

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