

Providing respite to as many caregivers as possible

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Long term respite, for almost everyone



Definition of a caregiver

"Caregivers don't want to be replaced, they want to be helped"

Anyone who provides support to at least one member of their entourage with a temporary or permanent disability of a physical, psychological, psychosocial or other nature, regardless of age or living environment and with whom they share an emotional bond, family or not.

Policy and action plan for those close caregivers

Caregiver, a role not chosen

- Your caregiver role is gradually changing and could impact your own life balance
- Importance of being good to yourself to take better care of others
- Understand and accept that services are needed for your loved one
- And accept to get support for yourself

Several different forms of help

- Hygiene care
- Health care
- Day centre (short term)
- Short term respite at home
- Long term respite at home
- And several others

They're all complementary and may become necessary at different stages of your journey as a caregiver

Remaining a caregiver for a long time



Overwhelmed ? Tired ? The oxygen mask metaphor

Our offer

- Pre and post-baluchonnage (daily report journal)
- Baluchonnage from 4 to 14 days, 24h/day during the caregiver's absence : respite at home with overnight stays
- Couples' baluchonnage (2 people)
- Adults only (except Bas-St-Laurent)



A greatly appreciated service

Only \$15/day.

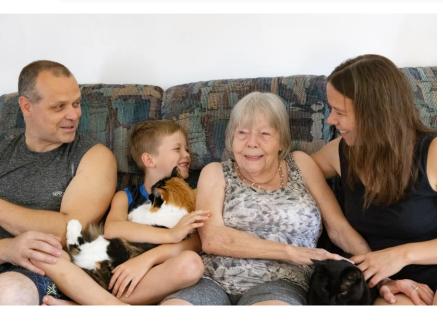
Same rate since 2008 thanks to our subsidies and our foundation.

Survey after each baluchonnage, 22 questions Satisfaction: 95%





Caregiver challenges



"Being a caregiver doesn't mean sacrificing your life, it's about adapting your life"

- Lack of recognition
- Change in personal life
- Change in social life
- Work/caregiver balance
- Financial
- Physical and psychological consequences
- Acceptance of services offered
- "Sandwich Generation"

Our values

- Respect for dignity
- Respect for privacy
- Respect for the person's autonomy
- Respect for their part of mystery



The elements that distinguish BA from any other form of respite are:

- Routine stability of your loved one in their environment
- The trust established between the baluchonneuse and the family
- Adaptation to one new person for the care receiver during the baluchonnage
- Strategies developed specifically for the actual situation of the caregiver and the cared-for
- The caregiver is omnipresent throughout the intervention process



3 steps

- 1. Pre-baluchonnage: extensive interview with the caregiver, discussion with the social worker and selection process
- 2. Baluchonnage, daily report journal. 24/7 support to the baluchonneuse
- 3. Post-packing: follow-up with the family and health network if necessary

8 hours of clinical team supervising for each baluchonnage

New baluchonnage users

People

- living with a major neurocognitive disorder;
- bedridden;
- suffered a stroke;
- with a disability
- ASD
- Not autonomous

Conditions providing a safe environment for the caregiver, medically stable and a baluchonneuse with sufficient specific training.



New baluchonnage users

People living with neurodegenerative conditions such as :

- Parkinson disease,
- Multiple Sclerosis,
- Amyotrophic Lateral Sclerosis (ALS)

New users



People in palliative and end-of-life care

- The caregiver stays home during the baluchonnage;
- > The role of the baluchonneuse is above all to support the caregiver to enable them to fully accompany their loved one: meals, cleaning, active listening, personal care, watching, while the caregiver rests.

What's a baluchonneuse?

- A person of heart, passion, and great **integrity**.
- They are **available** to stay at the caregiver's home throughout the respite period.
- This is an unusual job that requires creativity, a keen sense of **adaptation** and a great capacity of **judgment**.



Who are they?

- 38 women and 4 men Wealth of experience of life
- Between 28 and 66 years old
- Coming from diverse backgrounds, chosen for their exceptional ability to relate in the most difficult contexts
- They are willing and choose their baluchonnage knowingly.
- They can travel to almost all regions of Quebec
- Languages spoken: French, English, Spanish, Italian, German, Creole
- They're paid by the day completed.





Limits of the role of baluchonneuses

Basic principle: **the baluchonneuse replaces the caregiver and does everything the caregiver does**. Meals, cleaning, hygiene care, distribution of medicine.

It won't cover the interventions made by the various stakeholders or professionals registered in the user's intervention plan.

If complex care is provided by the caregiver (gavage, lift operation, injections, etc.), the presence of a worker is desired (nurse, occupational therapist or other) during a transition period to teach the know-how to the baluchonneuse.

Baluchonneuse training

The "Baluchon Approach" and intervention strategies

• Respect for the routine and the wishes of the caregiver and their loved one

Intervention strategies (28h)

- Psychological and behavioral symptoms of dementia: intervention strategies
- The caregiver and their loved one and appropriate level of support
- Alzheimer's disease:
- Diagnosis, pathophysiology, stages, risk factors, treatments
- The other dementias
- multiple sclerosis; Parkinson's; ALS

Baluchonneuse training

- Principles for Moving Clients Safely (PDSB) (2 p.m.)
- Advanced PDSB: assistance care for bedridden people (7h)
- CPR Cardiopulmonary resuscitation (4h)
- Law 90 Medication administration and assistance care (2 p.m.)
- Continuing education annual resourcing (various subjects according to needs identified during the year (21h)
- Palliative and end-of-life care (10h)
 - Meaning given to death, beliefs and values
 - End-of-life trajectories, most common end-of-life symptoms
 - Psychological aspects related to support in palliative care

How to get a respite

Contact a health professional:

- >CLSC worker
- ➤ social worker,
- ➤ Occupational therapist,
- **≻**Nurse
- ➤ family doctor, etc.;
- ➤ Baluchon must obtain an objective portrait of the needs and functional autonomy profile of the person being helped;
- The social worker must provide us available reports (Iso-SMAF, occupational therapy or physio) and complete an application form



Availability

- Everywhere in Quebec
- Usually 14 days/year per family, more in some cases
- Plan 3 months in advance
- A mutual commitment



Contacts:

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baluchonrepit.com

Need help?

- L'appui.org Support service and referral to other resources in your region
- Your CLSC Social worker, short-term respite, housekeeper, nursing care
- Alzheimer Society in your region or other associations depending on the condition of your loved one