

## Overview

Ontario Health Teams (OHTs) will need to commit to meaningful patient partnership in their work, which includes meaningful partnership with caregivers as well as patients. A caregiver is an individual who provides ongoing care and assistance, without pay, for a family member or a friend in need of support due to physical, cognitive or mental health conditions. Caregivers may include family members or significant others, as well as friends, neighbours or members of a faith community.

OHTs are expected to adhere to the [Patient Declaration of Values for Ontario](#), which includes the expectation that caregivers are treated with respect and seen as valuable contributors to the care team. OHTs have an obligation to prepare caregivers for the roles they take on, support (and value) caregivers in these roles, and more generally empower them. They also have an obligation to ensure that the health providers that are part of the OHT can engage, educate and build the confidence of caregivers for these roles.

RISE conducted a rapid synthesis about empowering caregivers to deliver home-based restorative care. Restorative care focuses on supporting optimal functioning over time by enabling clients to regain independence after an illness or injury. In this case the focus was restorative care for frail seniors. The rapid synthesis, which included both research evidence and key-informant interviews, addressed two questions:

- 1) what knowledge, attitudes, skills, behaviours and physical assets do caregivers need for their roles?; and
- 2) what are the most effective ways to build the capacity (or approach building the capacity) of health providers to engage, educate and build the confidence of caregivers in their roles?

While the synthesis focused on restorative care for frail seniors, the insights appeared broadly relevant to OHTs.

## Preparing, supporting and empowering caregivers

The rapid synthesis identified many examples of the types of knowledge, attitudes, skills, behaviours and physical assets that caregivers need for their roles (see Table 1).

**Table 1: Areas where OHTs can prepare, support and empower caregivers**

Area	Examples
Knowledge	<ul style="list-style-type: none"> <li>• Individual's condition and medical history</li> <li>• Management and treatment of specific conditions</li> <li>• Care transitions</li> <li>• Community services available</li> <li>• Health system and roles of health professionals</li> </ul>
Attitudes	<ul style="list-style-type: none"> <li>• Self-efficacy (i.e., belief in one's ability to succeed in specific situations or accomplish a task)</li> <li>• Self-esteem</li> </ul>

### Box 1: Coverage of OHT building blocks & relevance to sections in the OHT full application form

This RISE brief addresses **building block #3**:

- 1) defined patient population
- 2) in-scope services
- 3) patient partnership and community engagement**
  - o **proactive patient and public (in this case, caregiver) engagement (domain 9)**
- 4) patient care and experience
- 5) digital health
- 6) leadership, accountability and governance
- 7) funding and incentive structure
- 8) performance measurement, quality improvement, and continuous learning

It is relevant to **section 3** (question 3.5.2) in the [OHT full application form](#).

	<ul style="list-style-type: none"> <li>• Attitudes towards care recipients (e.g., older adults with dementia)</li> <li>• Resiliency</li> <li>• Affirmation</li> </ul>
Skills	<ul style="list-style-type: none"> <li>• Caregiving (e.g., personal care, helping individual to cope and feel in control, maintaining function, helping with rehabilitation, and providing dementia support)</li> <li>• Organizational (e.g., note-taking)</li> <li>• Coping</li> <li>• Advocacy</li> <li>• Problem-solving</li> <li>• Mindfulness</li> <li>• Communication and verbal skills</li> <li>• Non-verbal and emotional skills</li> <li>• Behavioural-management skills</li> </ul>
Behaviours	<ul style="list-style-type: none"> <li>• Encouraging social participation (e.g., joining clubs, engaging in volunteer work, or pursuing recreational activities)</li> <li>• Supporting care recipients to conduct activities of daily living</li> <li>• Making environmental adaptations</li> <li>• Making lifestyle adaptations</li> </ul>
Physical assets	<ul style="list-style-type: none"> <li>• Housing (e.g., proximity to services and readily available support)</li> <li>• Financial resources (e.g., fiscal measures that could lessen the financial burden)</li> </ul>

## Building the capacity of health providers to support caregivers in their roles

Six themes were identified about capacity building for health providers:

- 1) adopt an iterative and flexible approach that adjusts the capacity building based on a prior need assessment and evaluations of any past offerings;
- 2) derive content based on multiple sources, including from engagement with caregivers and from the research literature (e.g., research evidence and guidelines about best practices in a particular care domain);
- 3) use small-group approaches;
- 4) combine online and in-person capacity building;
- 5) provide opportunities for interactive and experiential learning (e.g., in the settings where providers are interacting with caregivers and clients); and
- 6) use multifaceted approaches that support changing practices, behaviours and peer-group norms.

Key informants also emphasized the importance of interprofessional approaches, ‘just-in-time’ support, and ongoing mentorship to provide reinforcement over time.

## Key resources

Wilson MG, Waddell K. [Rapid synthesis: Empowering caregivers to deliver home-based restorative care](#). Hamilton: McMaster Health Forum; 27 May 2019.

Gauvin FP, Lavis JN. RISE brief 14: Caregiver empowerment. Hamilton, Canada: McMaster Health Forum; 2019.

RISE prepares both its own resources (like this RISE brief) that can support rapid learning and improvement, as well as provides a structured ‘way in’ to resources prepared by other partners and by the ministry. RISE is supported by a grant from the Ontario Ministry of Health to the McMaster Health Forum. The opinions, results, and conclusions are those of RISE and are independent of the ministry. No endorsement by the ministry is intended or should be inferred.

ISSN: 2562-7309 (online)



McMaster University HEALTH FORUM



INSTITUTE FOR BETTER HEALTH

### >> Contact us

1280 Main St. West, MML-417  
Hamilton, ON, Canada L8S 4L6  
+1.905.525.9140 x 22121  
[rise@mcmaster.ca](mailto:rise@mcmaster.ca)

### >> Find and follow us

[OHRise.org](http://OHRise.org)  
[forumHSS](#)