

STRATEGIC PLAN 2015 - 2020

Introduction:

In March 2014 the Board and Staff of Caregivers Nova Scotia (CNS) met to prepare for the future longer-term direction of the organization. Prior to the meeting, various caregivers, community partners, and allies were offered the opportunity to provide input to the process, and many did.

With the facilitation of Carla Anglehart, Director of Organizational Development at the Health Association of Nova Scotia (HANS), CNS updated its Mission, Vision, and Values. From that and subsequent meetings, this Strategic Plan and the seven Pillars of CNS were developed. Additionally, an Operational Plan was created that will be updated annually for review by the Board and submitted to the Department of Health and Wellness.

CNS has a philosophy of being pragmatic, action-oriented, and responsive to the feedback we receive from caregivers and other stakeholders.

Brief History of CNS:

Caregivers Nova Scotia Association has grown from a small group of women in the 1990s sitting around a kitchen table concerned about the well being of caregivers into an established, province-wide non-profit organization. Startup funding came from the J.W. McConnell Family Foundation, with ongoing financial support from the Nova Scotia Department of Health and Wellness Continuing Care Branch. Project funding has also been received from the Department of Seniors. Originally founded in 1998 as the Family Caregivers Association of Nova Scotia, the Board changed the name to Caregivers Nova Scotia Association in January 2005 to be more inclusive. Caregivers Nova Scotia remains dedicated to providing recognition and practical supports to friends and families giving care.

Further history of the organization may be found at www.CaregiversNS.org.

Key Definitions:

Caregivers Nova Scotia believes that there is a need to establish appropriate caregiver language with terminology acceptable to caregivers and such language should be adopted by health professionals, media, and the public and private sectors. We support the definitions below.

Caregiver: A person who gives unpaid care to someone, either at home or in a facility, who has a physical or mental health condition, is chronically ill, frail, or elderly. A caregiver may be a spouse, parent, adult child or

in-law, sibling, young child, extended family member, or friend. Caregivers care for individuals of all ages and health conditions, including in palliative situations.

Care Provider: A person who provides care and receives a salary or wage for doing so.

Care Recipient: A person who receives care, either at home or in a facility, from an unpaid caregiver or paid care provider.

Carer: 'Carer' is a term used in some other countries such as the U.K., Australia, and New Zealand for caregiver.

Further definitions are available at www.CaregiversNS.org.

The Need and Relevance for CNS Today:

Many factors affect caregiving in Nova Scotia today. The population is aging, and Nova Scotia has the highest prevalence of seniors per capita at 18.3%,¹ a rate increasing by 1,000 seniors per month. Nova Scotians are living longer and there are a limited number of Long-Term Care beds available. Most people prefer to stay in their homes as long as possible, however the appropriate supports need to be in place for both the care recipient and the caregiver.

The province is moving towards a Home First philosophy, and supports for the caregiver are part of the solution.² The Home First philosophy also applies to people with disabilities and their caregivers.

And as most Nova Scotians prefer to die at home with their family and friends, it is imperative their caregivers have adequate and timely support.

In addition to the above, evidence-based research supports our programming:

- 98% of seniors receiving home care services would be unable to remain safely at home without the help of an unpaid caregiver;³
- Nova Scotia has one of the highest rates of chronic disease and disability in Canada;
- Giving care can be rewarding, and many caregivers say they are happy to take on caregiving responsibilities for family members or friends. Nonetheless,
 - 60% of those caring for a parent and 74% of spousal caregivers were more likely to report signs of psychological distress than other caregivers;⁴
 - 34% of spousal caregivers reported feeling depressed as a result of their caregiving responsibilities;⁴
 - 23% of parents reported mental health problems (depression, schizophrenia) as the most common reasons for caring for a sick child.⁵
- Caregivers want and need specific skills, knowledge, and support to help them to:
 - give good care in a safe environment;
 - manage the physical and psychological effects of caregiving.

Mission:

Caregivers Nova Scotia (CNS) is committed to providing support and education for unpaid caregivers, raising public awareness, and influencing public policy with respect to caregiving issues.

Vision:

Unpaid caregivers are recognized, valued, and fully supported as essential partners in care.

Values:

At Caregivers Nova Scotia we are trusted ambassadors for caregivers and have a shared passion for the work we do. These are our values:

- Empathy and Compassion – We take the time to listen and understand in a caring and supportive manner.
- Dignity and Respect – We value each person’s right to be treated as an individual; we protect confidentiality and use a non-judgemental approach.
- Inclusivity – We work to ensure our programs and services are accessible to diverse populations.
- Collaboration– Our team proactively seeks opportunities to engage our stakeholders to identify mutually satisfying solutions and outcomes.

Strategic Directions:

For the next five years, CNS has established the following strategic directions:

1. Enhance caregiver support, particularly to underserved populations
2. Increase awareness of caregiving issues
3. Influence public policy affecting caregivers
4. Participate in research relevant to caregiving
5. Embrace diversity in all aspects of the organization

The Pillars of Caregivers Nova Scotia:

The pillars of CNS are what we stand for and how we link our Strategic Directions with the Operational Plan. They are defined as follows.

1. **INFORMATION** – CNS provides accurate, timely information by developing resources for all populations, providing continuing education to staff, and effective distribution of resources
2. **SUPPORT** – CNS works to increase support activities, expand services in rural/remote areas, and offer alternative support formats to reach as many caregivers as possible
3. **EDUCATION** – CNS develops and evaluates its educational workshops to ensure that the most useful, up-to-date content and skills are delivered to caregivers, healthcare providers, and community organizations
4. **ADVOCACY** – In line with our Mission and Vision statements, CNS participates on Boards and Advisory Groups and partners with like-minded organizations to ensure the voice of caregivers is heard
5. **OUTREACH** – CNS raises awareness of its programs and services among caregivers, the general public, healthcare providers, and community organizations to ensure caregivers are supported and valued
6. **RESEARCH** – CNS participates in research with community partners and stakeholders to ensure that we deliver the best Programs and Services possible

7. **GOVERNANCE** – The CNS Board of Directors is committed to providing professional oversight and strengthening of the organization with updated by-laws and policies, regular evaluation and a responsive relationship with its membership.

End Notes

1. *Annual Demographic Estimates: Canada, Provinces and Territories*. (2014). Catalogue no. 91-215-X, no. 2. September. Retrieved from: <http://www.statcan.gc.ca/pub/91-215-x/91-215-x2014000-eng.pdf>
2. Nova Scotia Department of Health and Wellness, Continuing Care Branch. (2015). *Living Well. Continuing Care Services*. Retrieved from: <http://novascotia.ca/dhw/ccs/documents/Living-Wel-%20Continuing-Care-Services.pdf>
3. Health Association Nova Scotia. (2014). *Rising to the Challenge: Responding to Increasing Demands in Home Care*. Health Association Nova Scotia in collaboration with the Department of Health and Wellness and the District Health Authorities.
4. Turcotte, M. (2013). *Family Caregiving: What Are the Consequences? Insights on Canadian Society*. Statistics Canada Catalogue No. 75-006-X.
5. Sinha, M. (2013). *Portrait of Caregivers, 2012. Spotlight on Canadians: Results from the General Social Survey*. No. 1. September. Statistics Canada Catalogue No.89-652-X.