## **Embrace Caregivers**

A series of guides to improve the experience of family caregivers in the addiction & mental health system.

# Caregivers as Partners in Project Planning

We committed to bringing caregivers and providers together to codesign and implement project initiatives. We recognized that we couldn't do this without first developing a shared understanding of our methodology. Bringing caregivers and providers together for training on our selected organizational change model before we got started made the most sense.

#### Motivation Approach **Decisions Progress** Healthcare projects We brought the Is there a true commitment to Project implementation are often planned and moved along faster caregivers and using the organizational change implemented by a model consistently? than usual by getting providers on our team of providers with project team together everyone on the same little or no input from to participate in two page early on. Is there is a training cost and the families affected by days of training on funding source? the change. our selected The project plans organizational change were inclusive, Is the training locally available or To ensure that the model: Influencer™, is travel required? Travel can be a comprehensive, voice of caregivers by Vital Smarts<sup>1</sup>. challenge for caregivers. and clear. was integral to our work, we wanted Who are the caregivers and providers that will be working caregivers and providers to be equal directly on the project? members of the team. Will each caregiver and provider We envisioned team member be trained? caregivers and providers making Is paid compensation required for strategic project the training time spent by caregivers and providers? decisions together. Can the training be delivered to participants with a wide range of education levels and project management experience? Does the training schedule and

pace need to be adjusted?

## Method

## Lessons Learned

- Caregivers and providers on the project team received a detailed invitation to the training.
- 2. An offer of financial compensation for the training period was communicated to caregivers and providers in advance.
- 3. Training was delivered to the caregivers and providers together on-site by a local trainer.
- Training was enhanced with added exercises and examples of caregiver inclusion to make the organizational change model immediately relevant to the project.
- 5. The training was evaluated to determine learning outcomes and participant satisfaction.

- Choose the participants for training carefully based on need. It is better to have a small group of trained champions for change than a large group of trained individuals that includes people who will not have the opportunity to apply the training to the project.
- Having our own in-house trainer allowed for the material to be presented in a relevant way, allowed for multiple training opportunities and helped to sustain the application of the organizational change model and its use with other projects
- 3. Choose an organizational change model that provides a clear and understandable project planning framework.
- Including caregivers in the training with providers sent an important message that caregivers will be equal partners in project planning and the co-design team will use shared knowledge.

## Acknowledgements

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Changing CARE: Embrace is an initiative of The Change Foundation with Cornwall Hospital's Community Addiction and Mental Health Centre and Cornwall & District Family Support Group.

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#### Resources

- 1. Vital Smarts see Influencer Course: https://www.vitalsmarts.com/
- 2. Change Management vs. Behavioural Change Management:
  https://thechalfontproject.com/wp-content/uploads/2014/09/Change\_Management\_vs\_Behaviours.pdf
- 3. Helen Bevan https://twitter.com/ helenbevan?ref\_src=twsrc%5Egoogle %7Ctwcamp%5Eserp%7Ctwgr%5Eaut hor



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