



Treating Caregivers Well

Good treatment of caregivers is a **comprehensive support process**. Its aim is to promote their support, listen to their needs, and value their contribution, their experiences and their expertise in daily life in order to prevent mistreatment.

Being a caregiver does not necessarily take a lot of time.

Consider it!

How to promote good treatment of caregivers in our organizations

- Acknowledge the contribution made by caregivers and their expertise
- Support and accompany caregivers, and provide them with the tools they need right from the start of their journey
- Be sure to refer caregivers to the appropriate resources in their area
- Discuss with them the long-term consequences of, and the risks associated with, being a caregiver (isolation, burnout and mistreatment)
- Allow time to listen to their experiences

Provide what we refer to as a safety net, so that when the person falls, they don't fall on concrete, they don't fall flat on their face. They fall into a net so that they can bounce back.

For more information:

Regroupement des aidants naturels du Québec (RANQ)
www.ranq.qc.ca | 514 524-1959

AAA Line (Aide Abus Aînés)
1 888 489-2287

Caregiver Support Line
1 855 852-7784

L'APPUI Web Site
www.lappui.org/en

Info-social Line
811

A leaflet for **caregivers** and another for **close family** are also available.



Chaire de recherche sur la maltraitance envers les personnes âgées
Research Chair on Mistreatment of Older Adults

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COMMUNITY WORKER AND HEALTH AND SOCIAL SERVICES PROFESSIONAL

Treating Caregivers Well



A Shared Responsibility!

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For a better understanding

Some common definitions:

Caregiver

Caregiver means any person who provides support to one or more members of their entourage who have a **temporary or permanent disability of a physical, psychological, psychosocial or other nature**, regardless of their age or living environment, and **with whom the person shares an emotional bond as a family member or otherwise**. The support provided is continuous or occasional, short or long term, and is offered on a non-professional basis, **in a free, informed and revocable manner**, with the particular aim of promoting the **recovery** of the person assisted and the **maintenance and improvement of their quality of life** at home or in other living environments. The support may take various forms, such as transportation, assistance with personal care and housekeeping, emotional support, or the organization of care and services. The support provided may also have financial **repercussions** for the caregiver or limit their ability to take care of their own physical and mental health or to assume their other social and family responsibilities (Government of Quebec, 2020).

Mistreatment

A caregiver may be mistreated in an **institution**, by someone in their **inner circle** or by the **person they care for**. It may manifest itself by voicing opinions on a caregiver's decisions and ways of doing things, by contesting their expertise, by imposing a role on them, by the absence of support or other help, etc. (Éthier S. et al. 2019).



Caregivers may also be subjected to mistreatment

Some examples of mistreatment:

Institutions (healthcare system and public, private and community organizations) and healthcare professionals:

- Leaving the caregiver to cope with the healthcare system on their own, etc.
- Imposing the role of caregiver on someone
- Not providing the necessary information to accomplish their role
- Leaving the caregiver to cope with the complexity of the healthcare system on their own, in a complex system, etc.
- Commenting on the caregiver's emotions or the way they do things
- Belittling their abilities when caring for the person requiring care
- Tolerating or ignoring mistreatment perpetrated by the person requiring care or by a family member, etc.

"Healthcare professionals doubted my observations and I don't feel listened to when I talk about the situation of the person I'm caring for."

BELITTLING THE CAREGIVERS' EXPERTISE

Self-abuse:

- Feeling burnt out from caregiving
- Being too hard on themselves
- Feeling guilty, incompetent or feeling they have not done enough
- Putting their own needs aside to prioritize those of the person requiring care, etc.
- Fear of being judged

By the person being cared for:

- Hitting, acting abruptly
- Using intimidating language, emotional blackmail
- Refusing care or services that would make the caregiver's task easier, etc.

"I was offered some respite time as a caregiver, but I couldn't take it because the person I'm caring for wouldn't have anyone in the house. He didn't want strangers."

DENYING THE NEEDS OF CAREGIVERS

By the close family (family, friends):

- Imposing (making mandatory) the role of caregiver on someone
- Providing insufficient support to the caregiver
- Opting out of providing care to the person requiring care
- Tolerating or ignoring behaviour that involves mistreatment by the person requiring care
- Using abusive, intimidating language
- Contributing to impoverishment (leaving the caregiver to pay care costs, etc.)
- Not acknowledging the caregiver's exhaustion

What stops caregivers from speaking out about mistreatment?

- Not knowing that there was such a thing as mistreatment of caregivers
- Gestures and words from people receiving care become normal (due to the illness)
- Lack of access to help services for caregivers and information about them
- Fear of losing accommodation, or prosecution if it is brought to light
- Unwilling to cause a family rift
- Dynamics of violence that have persisted for a long time
- Family and social pressure not to say anything

