Being a Family Caregiver

A GUIDE TO HELPING YOU MANAGE THE CHALLENGES AND RESPONSIBILITIES OF PROVIDING CARE TO A LOVED ONE

Being a family caregiver can be a deeply rewarding experience. This Guide provides expert advice and insight to help you make better decisions along the way – for the benefit of your loved one and to help you preserve your own wellness and peace of mind.

We Care Home Health Services is fully accredited by the same organization that accredits hospitals and other healthcare providers in Canada. 1-855-229-3227  www.wecare.ca

SERVING OVER 800 COMMUNITIES ALL ACROSS CANADA
FAMILY CAREGIVER GUIDE

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As a Registered Nurse and a home care Visiting Nurse, I have seen first-hand the dedication, love and sacrifice that family caregivers have given to support a loved one at home. I am constantly reminded of the goodness in the world when I see family members turn adversity into hope; despair into courage and isolation into advocacy.

It’s easy to lose perspective when you’re a family caregiver. There’s so much to do and, too often, so little time to do it. That’s why it’s important to take care of yourself so that you can assist a loved one in need. There are two key components to family caregiving. The first is ensuring that the person receiving care is able to maintain their dignity, safety and independence. The second is ensuring those providing care, are able to maintain their sense of self. I cannot stress enough how essential this is to the caregiving process. As a caregiver, you must value who you are and respect your personal needs if you are to remain physically, emotionally and spiritually healthy.

The following pages offer current and prospective caregivers insight into caregiving and the options that are available. The guide was prepared with insight from family caregivers just like you to serve as a foundation for positive, successful caregiving. It offers tools, tips and resources that will help you along your caregiving journey.

Sue Kelly
Registered Nurse, Community Health Nurse
We Care Home Health Services
Across Canada, millions of Canadians like you are taking care of a loved one. Some are helping a parent having difficulty with day-to-day tasks or assisting an aging spouse living with a debilitating chronic illness*. For others, it might involve a friend living with an end-of-life diagnosis. Whatever the scenario, family caregivers are part of an invisible healthcare system that has become essential to Canadian society.

The healthcare system has changed, moving toward shorter periods of hospitalization and greater integration into the community. Family caregivers are being relied on more heavily – yet very little has been done to provide them the support, recognition and respite they need.

Having to put the needs of others ahead of your own is a common caregiver reality. Very often caregivers are required to take on tasks with no warning, no training and no experience. They may feel unprepared and unsure of what to expect or where to turn for help. Along the way, they may experience a range of emotions — from love and respect to feelings of duty, guilt or resentment.

The demands of caregiving vary greatly from person to person and from one situation to the next. Some family caregivers may provide a weekly visit to help with shopping or to escort a loved one to an appointment. Others provide around-the-clock care, administering medication, taking care of wounds, changing incontinence briefs, bathing, dressing and conferring with doctors and specialists.
30% of residents living in long-term care communities are now well enough that they do not need to be there. (Ontario Quality Health Council, 2009)

Canadians who actively spend time caring for their loved ones save the healthcare system $26 billion per year. (Pollara Research, Health Care In Canada Survey, 2007)

CIHI (Canadian Institute for Health Information) reports that the provinces and territories spend less than 4% of their total healthcare expenditure on home care. (2010)

By 2036, the number of seniors is projected to reach between 9.9 million and 10.9 million, more than double the level of 4.7 million in 2009. (demography@statcan.gc.ca May 2010)

*Chronic illness – a disease or condition of long duration and generally slow progression, for example: heart disease, stroke, cancer, chronic respiratory diseases, depression and diabetes. (WHO)
In many cases, family caregivers are the first to realize that their loved ones require care. Some of the following observations may give you a heads-up that further investigation is needed.

a. Has let home fall into disarray
b. Lacks interest in eating or has spoiled food in the refrigerator
c. Shows memory loss or confusion
d. Has poor hygiene or wears the same clothes for long periods of time
e. Fails to pay bills
f. Appears uninterested in life or loses contact with friends
g. Communicates a fear of falling or has recently fallen or nearly fallen
h. Feels overwhelmed by a new diagnosis or denies health issues
i. Is confused about medications
j. Has increasing dependencies on tobacco, alcohol or drugs – often hidden from family and friends
It is sometimes difficult for family caregivers to paint a realistic picture of their loved ones’ health status – the degree to which their safety, security and independence are at risk.

**Consider Jed’s story:**

Jed is 79 years old and lives alone at home. He walks with a cane due to a mild stroke two years ago, takes more than six medications, has chronic arthritic pain and had a minor fall last week. Any one of these problems places Jed’s health and autonomy at risk but, collectively, they stress the need for immediate action.

Read on for more insight and resources that could help people in Jed’s situation remain at home, safely and independently.

“It was difficult for mom to accept the fact that she would have someone with her through the day… she had always been a capable woman all her life and to come to this was a sad thing to recognize… I tried as gently as I could [to broach the subject] and said let’s give it a try and thankfully it’s been going quite well.”

— Mary, Alberta
The CARE model:

Effective communication with a loved one can be challenging, especially when addressing areas that involve changes to lifestyles or routines. These four steps can help guide your discussion with a loved one and assist with overcoming difficult situations, while allowing you to affirm your over-arching desire to provide the care they need.

In discussing the CARE model’s four steps, we’ll reference the following scenario:
Your mother experiences dizziness and weakness and recently had a small fender-bender. You’re concerned about her ability to safely operate a vehicle. You have suggested that she might want to consider giving up her car but she refuses, insisting that she is “perfectly fine to drive on her own.” It looks like a difficult discussion might ensue.

CREATE CREDIBILITY
You would probably never ask a colleague or spouse to do something “because you said so.” Instead, you would approach them with a reason, backed by information that supports your concern. The person for whom you are caring shouldn’t be treated any differently.

Get their perspective by consulting your loved ones and involve them in weighing options. Focus on the benefits and demonstrate that you understand their point of view and how the decision will affect them.

Your Mom’s health status, medications, vision, hearing and reflexes account for three common behavioral factors which may contribute to an increase in car accidents among seniors:
• Poor judgment in making left-hand turns
• Drifting within the traffic lane
• Decreased ability to change behavior in response to an unexpected or rapidly changing situation
(from www.safemotorist.com)

Read the “Driving” section of We Care’s Independent Living Guide for safety tips for seniors. (See page 23 of this booklet for further information.)

In the scenario involving Mom’s car, you might diffuse some of your mother’s apprehension by approaching the conversation using the following messages:
• Remember when Aunt Betty got into that accident a few years ago and how badly she was injured? I’m worried about something like that happening to you.
• Did you know that drivers 65 and older are more likely to be injured in an accident than someone under the age of 65?

ASSESS NEEDS

Gently ask “why” questions. Doing so will allow you to gain a better understanding of what your loved one is going through – physical pain, emotional turmoil, confusion, frustration and much more. Don’t assume you know what they are feeling – ask! You may be surprised by what you learn. Listen carefully and repeat answers back so your loved one knows you’re listening and trying to understand.

Consider the following questions and points to better understand why your mother is reluctant to give up her car keys, even though this would ensure her own safety and that of other motorists:

• Do you ever feel nervous while driving?

• I know you need to get to different places, but let’s talk about that and see if there might be a way we can get you to where you need to go without you having to drive.

• Once you turn 80 you may need to repeat your driver’s exam (varies by province) or attend a driver education class. How do you feel about this?

• That small accident caused your insurance rate to go up – I wonder what would happen if you injured someone; their life – and yours – might never be the same.

REINFORCE BENEFITS

Begin your side of the discussion by offering solutions that support your loved ones’ needs and that benefit their lifestyle. Avoid going on for too long; make your point clear but tactful; use the experiences of friends and family who have successfully faced similar circumstances. Just remember that the more compassion you demonstrate, the more likely you’ll be to achieve a happy resolution.

Raising the following points might help your mother better understand why it’s in her best interest to give up the car:

• I know you’ve been worried about your expenses lately; if you give up your car, you’ll save money on insurance and gas that you could put toward other things you really love to do. Maybe you could travel more often.

• Winter driving always makes you nervous.

• I know you feel like you’re losing your independence, but you would lose much more of your independence if you were injured in a car accident.
The CARE model:

**EASE INTO IT**

Once you’ve come to an agreement about what’s best, discuss and establish the next steps to be taken. The important thing is to not rush into change but to introduce it gradually, taking into account your loved one’s comfort level. This will provide an opportunity for adjustment while also offering a sense of empowerment and control.

*Gently discuss and reinforce the next steps to be taken by expanding on when? where? what? why? and how? Help Mom accept change by describing a stepped approach to implementation.*

• *This is a good decision but let’s not rush into things. Let’s see how it goes for a few weeks before we decide what to do with the car.*

• *Offer to accompany Mom on her first bus, taxi or shuttle-service ride to help her get used to life without a car.*

• *Let’s make a schedule together so that you can count on specific days of the week when you know that someone will be here to drive you to do errands or go to your appointments.*

• *During the easing-in period, consider using other respected resources such as doctors and other family members who can reinforce the necessity of the decision.*

• *Put safety first. Ensure that driving is not an option during the transition period by asking Mom to give you the keys right away. You may find her reluctant to do so but her safety and the safety of others must come first.*
Your loved one has always managed the maintenance and upkeep of their home but lately you’ve noticed that there are several areas that need attention.

The following Personal Checklist will give you a place to start in identifying where they may need support and where to turn for help.
Taking Inventory: a Personal Checklist

**HOME MAINTENANCE – INSIDE AND OUTSIDE THE HOME**
- Lawn cutting (raking, spraying, etc), gardening in the spring & fall.
- Snow removal – consider hiring a student; is there a senior’s program in your community?
- Taking out the garbage – is there a neighbour available as back-up?
- Plumbing, heating, AC service – consider a general home service contractor.
- General house cleaning – consider a cleaning service.
- Room by room identification of safety risks i.e. – garage, steps, driveway, bathroom, stairs.
- How is the lighting? Do you need ramps, railings or stair treads? Remove scatter rugs.
- Refer to the [Independent Living Guide – www.wecare.ca/resources](http://www.wecare.ca/resources)

**CAR MAINTENANCE**
- Regular oil, lube, filter, annual service.
- License renewal; if 80 years of age or older – check with provincial transportation authorities.

**FALLS PREVENTION**
- Refer to the [Falls Prevention Checklist at www.wecare.ca/getactive](http://www.wecare.ca/getactive) or safety tips in the Independent Living Guide.

**MOBILITY AND AIDS FOR LIVING**
- Is it time to consider: cane, walker, wheelchair, scooter, raised toilet seat, versa frame around toilet, grab bar for bathtub, bath chair, rubber bath mat? If you already have one – is it in good condition? Funding may be available through [Veterans Affairs Canada – www.veterans.gc.ca](http://www.veterans.gc.ca), provincial “assisted devices” programs or private insurance.
- Accompaniment or transportation to & from appointments or social & cultural events.

**EMERGENCY RESPONSE**
- Personal response service for 24/7 medical help (i.e. pendant or necklace)
- Keep emergency contact list near phones

**FOOTCARE**
- Suggest regular nursing footcare, either in the home or at a footcare clinic; extra vigilance is required if person lives with diabetes, congestive heart failure or obesity.
MEDICATIONS – includes all prescriptions, over-the-counter drugs, vitamins and herbal remedies.

☐ Have a list of all medicines and understand their purpose, when to take and side-effects. Keep the list on your loved one’s fridge and always keep a copy of your own on hand.
☐ Annual meds review with doctor or pharmacist.
☐ Print off a Daily Medication Record – www.wecare.ca/medications

Consider using a weekly or monthly dosette or bubble pack prepared by your pharmacist.


LIVING WITH A CHRONIC HEALTH CONDITION

☐ Understand your loved one’s condition and how to prevent it from getting worse.
☐ How often should vital signs (blood pressure, heart rate, weight) be checked? What are your loved one’s normal readings?
☐ Know the early signs and symptoms of a problem that requires medical attention?
☐ For additional information visit your local Diabetes Association, Heart & Stroke, Lung Association, etc.
☐ Consider getting help with pre-hospital and post-hospital care; assistance to get home from hospital; companionship while in the hospital or for the first few days at home.
☐ Assistance with personal care – bathing, shampoo, toileting, getting ready for the day or for bed at night?
☐ Assistance with keeping active, exercising, going to exercise classes, going for a walk or care of pets.
☐ Eating wisely, meal preparation and help with grocery shopping; Meals On Wheels or delivery service.
☐ Respite or caregiver relief – do you need a weekly break, night-time relief or 24/7 live-in care?

FINANCIAL / LEGAL

☐ Last Will and Testament – where is it stored?
☐ Ethical dilemmas – for guidance in addressing complex and challenging issues and in making decisions, visit www.communityethicsnetwork.ca
☐ Banking/Net Worth – have a list of all bank accounts/passwords, investment accounts, pension plans and other assets.
☐ Access to previous-year tax returns and current year tax documents.
☐ Disability Tax Credit – see http://www.cra-arc.gc.ca/E/pbg/tf/t2201/
☐ Veterans Affairs Canada – see www.veterans.gc.ca
Sharing the care

The previous list may seem (and actually be) overwhelming for one person to tackle alone. Asking for help from family members and others may be challenging.

Here are a few suggestions to promote communication and a greater sharing of responsibilities:

- Make a list of all the things that you are currently doing and note the time requirement for each item.
- Identify the things your siblings, family members and others could do to help. You never know – they may be feeling left out and might welcome an opportunity to contribute.
- If your siblings (or others) live out of town, suggest ways in which they can assist. For example: researching community resources online, completing income tax forms, ordering items online, setting up automatic bill paying or checking options for home improvement projects, etc.
- Schedule a meeting or telephone conference call. Offer to draft an agenda (using the Home Care Check List as a place to start) to keep the discussion focussed. Approach the meeting with a sense of working together to find a solution rather than telling people what to do. If appropriate, involve your loved one in the meeting.
- If you are sensing conflict from a family member - don’t jump to conclusions and pre-judge them. Provide ample opportunity for everyone to share their unique perspectives and feelings. Siblings may harbor feelings from the past; it may help to suggest that everyone put aside their differences and focus on the loved one’s best interests.
- There should be one primary caregiver who is responsible for communicating with doctors, specialists, case managers, etc.
- Identify a communication mechanism for sharing information (i.e. email, phone tree, etc.).
- Set up a shared calendar and ask for volunteers to do certain tasks.
- In the home, keep a communication book in which everyone (including your loved one) can record observations, suggestions, phone messages, appointments, etc.
- Remember that, as the main caregiver, you need respite breaks – if family members and others can’t help out, perhaps they can help pay for the cost of third-party help.
Thousands of Canadian caregivers and their loved ones have significantly improved their lifestyles and their physical, mental and emotional well-being by using community care providers to meet their needs.

The variety of community services can be very confusing – like working on a giant puzzle, trying to figure out where all the pieces fit. This section of the guide will help explain and clarify what services and funding options are available to help you be prepared, either now or in the future.

Publicly-Funded Home Care Services: Many family caregivers are unaware that government-funded home care services may be available to them through their provincial healthcare plan. A phone call to your provincial home care office will determine if your loved one qualifies for home care services; if you don’t meet the criteria other community options will be explained to you. The call doesn’t require a doctor’s order and there is no cost for the services. Government-administered home care services vary by province and may include the following types of services:

- Wound care
- IV infusions
- Post-stroke care
- Assessment for equipment
- Help with bathing, dressing
- Nutrition counselling
- Clinical monitoring
- End-of-life care
- Physiotherapy
- Homemaking
- Social work
- Speech therapy

If your loved one is coming home from the hospital, speak to a social worker about home care services. To learn more about services in your province, visit www.cdnhomecare.ca or to find phone numbers in your area, please visit www.wecare.ca/gethelp

Other Community Resources: You can bridge the
care gap by checking local directories, yellow pages or 211 for specific community providers to help you meet your loved ones’ care needs. Some of the services available could include: volunteer friendly visitors, meals-on-wheels, transportation services for doctors’ appointments, support groups, specific diseases agencies (Cancer Society, Parkinson’s Association, MS Society), equipment loan cupboard, etc. Don’t forget some of the other community resources listed in the Personal Checklist (see page 12).

**Compassionate Care Benefits:** “The demands of caring for a gravely ill family member can jeopardize your job and your family’s financial security. The Government of Canada believes that, during such times, you should not have to choose between keeping your job and caring for your family. Compassionate care benefits are Employment Insurance (EI) benefits. They are paid to people who have to be away from work temporarily to provide care or support to a family member who is gravely ill and who has a significant risk of death within six months. A maximum of six weeks of compassionate care benefits may be paid to eligible people.” Quoted from: [http://www.servicecanada.gc.ca/eng/ei/types/compassionate_care.shtml#Definition](http://www.servicecanada.gc.ca/eng/ei/types/compassionate_care.shtml#Definition)

**Private Home Care Services:** These can supplement publicly funded home care services. These services are paid for by the individual family or are often covered by private insurance, Veterans Affairs Canada or other third-party payers. Today, most of the services provided in hospital settings can be delivered safely at home. The costs for these services depend, among other factors, on the level of staff required to deliver the care.
These agencies are staffed by trained and skilled healthcare personnel who are committed to improving the quality of life of those who need assistance. They strive to ensure that the individual needs of family caregivers and their loved ones are met – to help them live safely and independently in the comfort of their homes. The following list explains the kinds of services that home care personnel are trained to provide:

- **Registered Nurses. Licenced & Registered Practical Nurses.** These professionals are trained to conduct nursing assessments, develop plans of care, administer medications and IV fluids, provide wound care, pain and symptom management, chronic disease supervision, advanced nursing footcare, ventilator care, and serious-injury care.

- **Personal Care Workers** also called **Personal Care Aides or Personal Support Workers** (depending on the province) have completed certification courses of study and provide hands-on care with bathing, getting dressed or ready for bed, toileting and other activities of daily living.

- **Homemakers** often complete courses of study to assist with housekeeping and meal preparation and to accompany clients to appointments.

- **Companions** provide friendly visits, accompaniment and sitting services.

**Home Technology:** A variety of technological devices are available that monitor a loved one’s vital signs, safety and medication usage. We Care’s Re-ACT® program is an example. It successfully provides Remote Access to Care Technology to seniors with chronic health conditions living at home – even in remote locations.

With Re-ACT®, seniors are trained to check their blood pressure, pulse, oxygen levels, weight and blood glucose, all of which are wirelessly sent, in real time, to a Nurse Monitoring Centre. Any measurements outside the normal range trigger a support phone call to review the senior’s health status. Re-ACT® helps keep individuals safe and independent at home and teaches them to identify signs of pending problems, preventing unnecessary emergency and hospital visits.
“When my BP went up and my oxygen went down, the Re-ACT® nurse told me to go to the doctor. The doctor was pleased because I avoided going to the hospital again. Blood work and x-rays showed fluid in my lungs and I got on the right antibiotics right away and fought the infection right at home.”

— Glen, ON
BE SELECTIVE:
Choosing a home care agency

Questions to consider when deciding on a Home Care Provider:

1. Do I need to be referred by a doctor or hospital?
2. Is there a minimum charge?
3. How much time must I allow between my request for service and the first home visit?
4. Can your agency respond to a request for service on ‘short notice’? Is there an extra charge?
5. Will the same home care worker be coming every time or will there always be a new caregiver each time?
6. What if I need service on a holiday or after normal business hours? Can you provide that?
7. Who do I call in case of emergency, even after hours?
8. How do you train your home care personnel? Do they have post-secondary education?
9. What references do your home care personnel have? Are they insured?
10. Do you have home care personnel with specialties and extra training in certain diseases and injuries?
11. Will my private insurance company pay the bill?
12. How long has the company been in the area?
13. Are your healthcare standards accredited for excellence?
14. What services do you provide?
Caring for yourself is one of the most important – and one of the most often forgotten – things you must do as a caregiver. When your needs are taken care of, the person you are caring for will benefit, too.

THE 3 R’S OF CAREGIVING

RESPECT is closely linked to admiration, esteem and reverence. These words are used here to describe you – you as a caregiver. You deserve to be held in high opinion by yourself. By respecting yourself, you ensure that your body, mind and spirit remain whole so that you can carry on the tasks of being an effective family caregiver.

REALISTIC expectations – it’s easy to say but more difficult to achieve. It’s hard to have realistic expectations when you are new to caregiving or when you are so involved in the process that you risk losing a sense of perspective. But with time, experience and knowledge you can learn to take control and to say “NO” when expectations become unrealistic.

Better time management involves delegating, planning ahead, prioritizing and accepting offers of help. You may feel overwhelmed as you try to divide your time and energy between your own family’s needs and those of your loved one. If you do, ask yourself these four questions: What can I realistically do to help? What is it that I cannot do? What can my loved one do to help? And who can I turn to for help?
RESPITE means taking a break or finding a breathing space in your day. Be good to yourself as you care for your loved one.

Ways of Taking Care of Yourself

• First and foremost, if you need it, get some rest. Ask someone you trust to take over your duties so that you can take time to sleep, watch TV, read and collect your thoughts and feelings.

• Once you’ve rested, create a detailed calendar that is realistic and that incorporates time for you to do what you enjoy or need to do to remain in control of your life.

• Think about the importance of each of “The 5 F’s of Family Caregiving” and try to give time and attention to these important “F” factors: Family, Friends, Faith, Forgiveness and Fun.

• Avoid stressing over unknowns; consult lawyers, doctors, accountants and professional care services providers who can often provide clarity and alleviate unnecessary concern. If possible, delegate this responsibility to another family member.

• Set up a Facebook page and re-connect with friends from the past. You may be surprised how many are experiencing the same challenges and are available to provide support.

• Keep a personal journal where you can chronicle your feelings, concerns and thoughts. Don’t be afraid to write about your feelings of loss, anger or frustration but also be sure to record the little things that bring joy and happiness to your day.

Signs of Caregiver Burnout (or compassion fatigue)

If you feel like the stress of caregiving is beginning to take its toll, check the following list of typical symptoms:

• Weariness and exhaustion
• Inability to eat or sleep
• Inability to concentrate or think clearly
• Increased dependence on tobacco, alcohol or drugs
• Weight loss or weight gain
• Loss of contact with friends
• Irrational outbursts or frequent moodiness

See your healthcare professional if you have any of the above symptoms. A number of resources are available to people suffering from caregiver burnout. Visit the Canadian Caregiver Coalition website at www.ccc-ccan.ca for more information.
We Care provides a number of valuable resources, free for the asking:

**The Independent Living Guide**, which promotes safety and security through a room-by-room assessment.

**Get Going to Keep Going Guide**, a keep-it-simple tool to help anyone living with any chronic health problem.

**Medication Record Booklet**, a useful tool to help you manage your medications.

All are available by calling **We Care Health Services** at 1-855-229-3227 or by visiting **wecare.ca**

*Other available resources include:*

**Family Caregiver News Magazine** is “Canada’s Home Care and Family Caregiving Resource.” Visit their website at www.thefamilycaregiver.com or call 800-209-4810. The magazine also publishes **Going Home**, a family caregiver’s guide to transitioning from hospital to home. For your free copy, call the toll free number above or email: cmccormick@thefamilycaregiver.com

**The Complete Canadian Eldercare Guide**, by Caroline Tapp-McDougall offers a thorough analysis of the caregiving process and suggestions on how to help those receiving care accept their circumstances.

**Solutions Magazine** is Canada’s Family Guide to home healthcare & wellness for today’s family caregiver. For a free issue visit www.solutionsmagazine.ca or call 1-800-798-6282.
“Caring for my mother allowed me to show her how much she matters to me. It was a chance for me to give something back. Years later I look back on that time with joy and thanksgiving …. but I couldn’t have done it without my weekly homemaker who allowed me to just be me.

— Joanne, NS

Home care services can often provide a break to family caregivers. Companies like We Care Home Health Services provide paid and government-funded services that range from friendly visiting in hospital to assistance with bathing and meal preparation and nursing care, wherever you live. For more information and a no-charge assessment, call 1-855-229-3227 or visit www.wecare.ca
While the role of being a caregiver may seem trying at times, it’s important to take comfort in knowing that the care you are providing your loved one is invaluable. Hopefully, when you look back on this time, it will bring back memories of immense satisfaction and comfort, knowing that you made a difference.

Every family’s story is unique. Many people who are caring for elderly parents face challenges not discussed in depth here. But whatever your circumstances, it’s important to be mindful of the toll your caregiver responsibilities are taking on you, your general health and your relationships with family members and friends.

So – take time for yourself – time to refresh your spirit, re-energize your body and rejuvenate your mind. Remember – it’s okay to ask for a helping hand.

Please feel free to contact your local We Care Home Health Services office with any questions or to learn more about your options.

All the best on your caregiving journey,

Sue Kelly
Registered Nurse, Community Health Nurse
We Care Home Health Services

Visit our caregiver blog at www.thecareconnection.ca, or connect with us on Twitter or Facebook to learn about the experiences of other caregivers just like you.

We Care offers a range of free resources and literature that offer insight on how to live a more independent and healthier lifestyle. Visit www.wecare.ca or call us toll-free at 1-855-229-3227 to obtain our Independent Living Guide or Get Going Guide.
We Care offers a variety of compassionate and professional care services that help you live your life.

These include: personal care, house cleaning and meal preparation, nursing, help with meds, foot care and accompanied visits. Our caregivers are specially trained to help people with Alzheimer’s/dementia, diabetes, acquired brain injury and end-of-life care.

Helping you. Live your life.