

# BALUCHÖN

Répit long terme à domicile

**Providing respite to as many caregivers as possible**

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# Long term respite, for almost everyone



Baluchonnage, summer 2021,  
Patricia



# Definition of a caregiver

*“Caregivers don’t want to be replaced,  
they want to be helped”*

Anyone who provides support to at least one member of their entourage with a temporary or permanent disability of a physical, psychological, psychosocial or other nature, regardless of age or living environment and with whom they share an emotional bond, family or not.

Policy and action plan for those close caregivers

# Caregiver, a role not chosen

- Your caregiver role is gradually changing and could impact your own life balance
- Importance of being good to yourself to take better care of others
- Understand and accept that services are needed for your loved one
- And accept to get support for yourself

# Several different forms of help

- Hygiene care
- Health care
- Day centre (short term)
- Short term respite at home
- Long term respite at home
- And several others

They're all complementary and may become necessary at different stages of your journey as a caregiver

# Remaining a caregiver for a long time



Overwhelmed ? Tired ?  
The oxygen mask metaphor



# Our offer

- Pre and post-baluchonnage (daily report journal)
- Baluchonnage from 4 to 14 days, 24h/day during the caregiver's absence : respite at home with overnight stays
- Couples' baluchonnage (2 people)
- Adults only (except Bas-St-Laurent)



# A greatly appreciated service

Only \$15/day.

Same rate since 2008 thanks to our subsidies and our foundation.

Survey after each baluchonnage, 22 questions Satisfaction: 95%





# Caregiver challenges




"Being a caregiver doesn't mean sacrificing your life, it's about adapting your life"

- Lack of recognition
- Change in personal life
- Change in social life
- Work/caregiver balance
- Financial
- Physical and psychological consequences
- Acceptance of services offered
- "Sandwich Generation"

# Our values

- Respect for dignity
- Respect for privacy
- Respect for the person's autonomy
- Respect for their part of mystery





## The elements that distinguish BA from any other form of respite are:

- Routine **stability** of your loved one in their environment
- **The trust** established between the baluchonneuse and the family
- **Adaptation** to one new person for the care receiver during the baluchonnage
- **Strategies** developed specifically for the actual situation of the caregiver and the cared-for
- The **caregiver is omnipresent** throughout the intervention process

# 3 steps

1. Pre-baluchonnage : extensive interview with the caregiver, discussion with the social worker and selection process
2. Baluchonnage, daily report journal. 24/7 support to the baluchonneuse
3. Post-packing: follow-up with the family and health network if necessary

**8 hours of clinical team supervising for each baluchonnage**

# New baluchonnage users

## People

- living with a major neurocognitive disorder;
- bedridden;
- suffered a stroke;
- with a disability
- ASD
- Not autonomous

Conditions providing a safe environment for the caregiver, medically stable and a baluchonneuse with sufficient specific training.





# New baluchonnage users

People living with neurodegenerative conditions such as :

- Parkinson disease,
- Multiple Sclerosis,
- Amyotrophic Lateral Sclerosis (ALS)

# New users

People in palliative and end-of-life care

- The caregiver stays home during the baluchonnage;
- The role of the baluchonneuse is above all to support the caregiver to enable them to fully accompany their loved one: meals, cleaning, active listening, personal care, watching, while the caregiver rests.



# What's a baluchonneuse ?

- A person of heart, passion, and great **integrity**.
- They are **available** to stay at the caregiver's home throughout the respite period.
- This is an unusual job that requires creativity, a keen sense of **adaptation** and a great capacity of **judgment**.



# Who are they ?

- 38 women and 4 men - Wealth of experience of life
- Between 28 and 66 years old
- Coming from diverse backgrounds, chosen for their exceptional ability to relate in the most difficult contexts
- They are willing and choose their baluchonnage knowingly.
- They can travel to almost all regions of Quebec
- Languages spoken: French, English, Spanish, Italian, German, Creole
- They're paid by the day completed.



Anne-Lauriane

# Limits of the role of baluchonneuses

Basic principle: **the baluchonneuse replaces the caregiver and does everything the caregiver does.**

Meals, cleaning, hygiene care, distribution of medicine.

It won't cover the interventions made by the various stakeholders or professionals registered in the user's intervention plan.

**If complex care is provided by the caregiver** (gavage, lift operation, injections, etc.), **the presence of a worker** is desired (nurse, occupational therapist or other) during a transition period to teach the know-how to the baluchonneuse.



# Baluchonneuse training

## **The “Baluchon Approach” and intervention strategies**

- Respect for the routine and the wishes of the caregiver and their loved one

## **Intervention strategies (28h)**

- Psychological and behavioral symptoms of dementia: intervention strategies
- The caregiver and their loved one and appropriate level of support
- Alzheimer's disease :
  - Diagnosis, pathophysiology, stages, risk factors, treatments
  - The other dementias
  - multiple sclerosis; Parkinson's; ALS

# Baluchonneuse training

- **Principles for Moving Clients Safely (PDSB) (2 p.m.)**
- **Advanced PDSB: assistance care for bedridden people (7h)**
- **CPR Cardiopulmonary resuscitation (4h)**
- **Law 90 - Medication administration and assistance care (2 p.m.)**
- **Continuing education - annual resourcing (various subjects according to needs identified during the year (21h)**
- **Palliative and end-of-life care (10h)**

Meaning given to death, beliefs and values

End-of-life trajectories, most common end-of-life symptoms

Psychological aspects related to support in palliative care

# How to get a respite

Contact a health professional:

- CLSC worker
- social worker,
- Occupational therapist,
- Nurse
- family doctor, etc.;
- Baluchon must obtain an objective portrait of the needs and functional autonomy profile of the person being helped;
- The social worker must provide us available reports (Iso-SMAF, occupational therapy or physio) and complete an application form

# Availability

- Everywhere in Quebec
- Usually 14 days/year per family, more in some cases
- Plan 3 months in advance
- A mutual commitment

## Contacts:

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# Need help ?

- L'appui.org - Support service and referral to other resources in your region
- Your CLSC - Social worker, short-term respite, housekeeper, nursing care
- Alzheimer Society in your region or other associations depending on the condition of your loved one