



Community Support Services ***Coming Home, Staying Home***

Lorraine Pyle
Stroke Support Coordinator
Community Care for South Hastings

Community Services

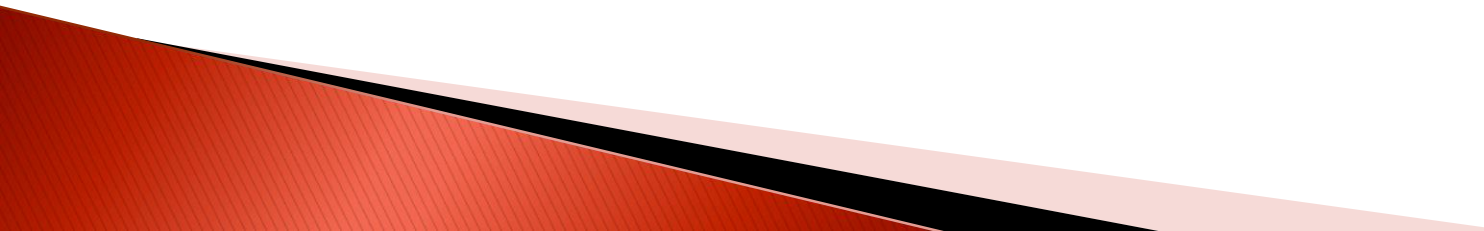
“...programs and services that assist our clients to remain in their homes with dignity and respect for as long as possible.”



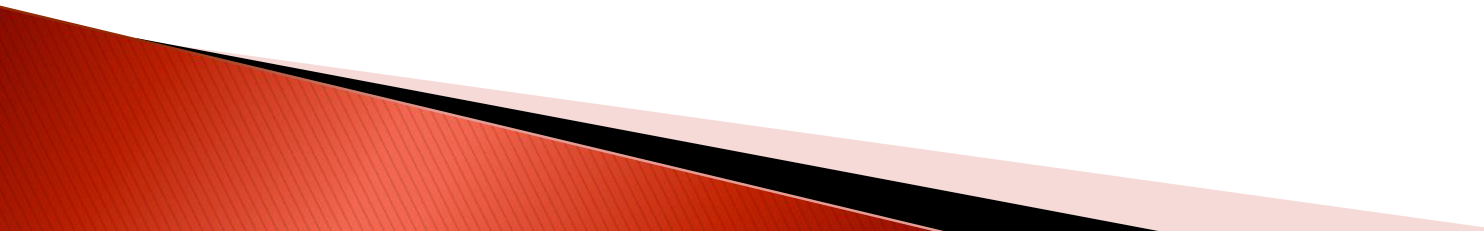
Community Services

- Meal Services
- Escorted Medical Transportation
- Home Help and Home Maintenance
- Social and Congregate Dining
- Activity Programs
- Driver Refresher Program
- Some agencies also offer health care support, supportive housing, adult day programs, hospice and palliative care, caregiver and respite support, dementia care services, reassurance programs, and outreach/education/training

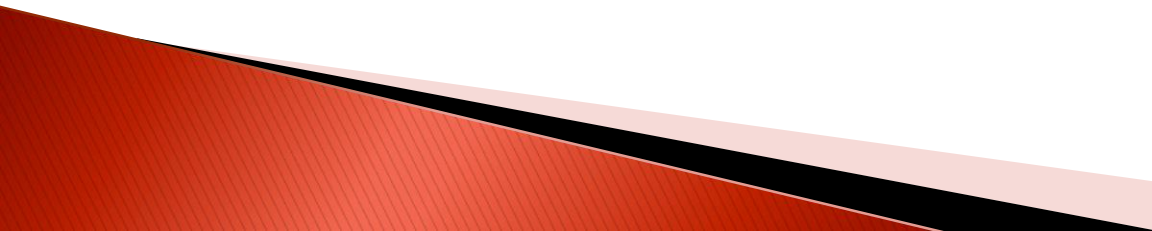
Referral Process

- ▶ Hospitals
 - ▶ Home & Community Care
 - ▶ Community Rehab Providers
 - ▶ VON Smile Program
 - ▶ Primary Care Providers
 - ▶ Individual clients and/or family members
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Meeting Clients Needs

- ▶ Only one referral is needed for client to access any/all the programs depending on need
 - ▶ The referral is sent directly to the Regional Care Coordinator and an in-person home assessment is completed
 - ▶ Clients assigned to a CSS agency coordinator.
 - ▶ Programs may integrate safety features. For example, if unable to contact client, the coordinator will then reach out to family or emergency contacts to ensure the client's safety.
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Meeting Clients Needs

- ▶ Client-centred approach
 - ▶ Pivot rapidly to accommodate client and caregiver needs – ‘people before paperwork’
 - ▶ User fees may be associated with some programs (e.g. Meal Programs, Transportation and Home Help/Home Maintenance); subsidies are available
 - ▶ Length of stay on program depends on client needs
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Regional Stroke Support Services

- ▶ Support groups (vary per area)
 - Stroke survivors
 - Caregivers
 - Younger stroke survivors
 - Introductory groups
 - Social/recreational groups
 - Peer visiting
- ▶ All groups are professionally facilitated providing:
 - navigation support
 - psychosocial support
 - education



"I believe this group helped in my recovery and I recommend it any time I can." ~Stroke Survivor

"I learn something new and very applicable at every session." ~Caregiver

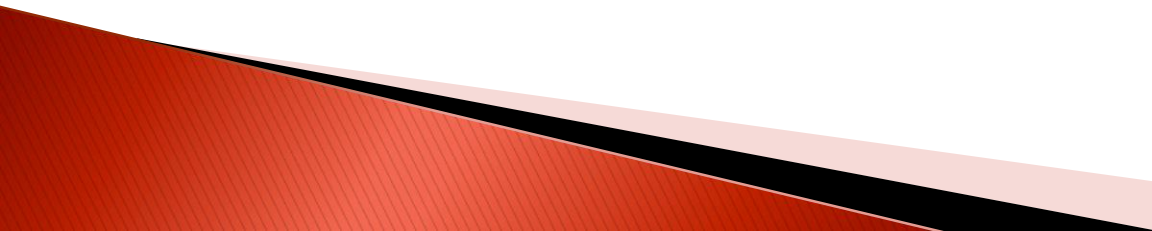
Regional Stroke Support Services

- ▶ Aphasia support services including Aphasia Supportive Conversation Groups facilitated by an SLP
- ▶ *Living with Stroke*[™] Programs (self-management program developed by Heart & Stroke)
- ▶ Hospital/community linkages

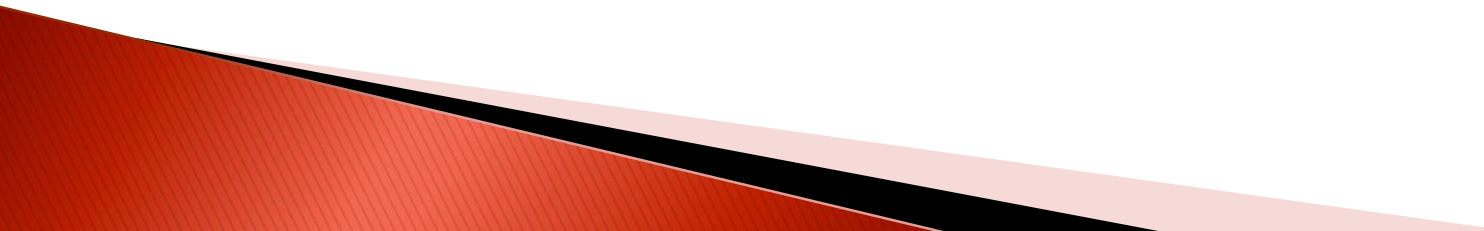


“Our stroke groups kept our brains working overtime at the meetings and we received helpful hints from other participants.” ~Stroke Survivor

Frequently Used Services

- ▶ Upon initial contact the highest demand for services are Peer Groups, Medical Transportation, Meal Programs, and Home Help
 - ▶ Over time, some of these services often decrease and/or stop with the exception of Peer Groups and Medical Transportation. The process for regaining a driver's license following a stroke can be both a costly and lengthy process, and some may never drive again making transportation a critical need.
 - ▶ Within 4–6 months after joining peer groups, a high percentage of survivors will seek out referrals to community exercise programs, and wellness centres, and other social recreational activities.
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Navigating the Community Continuum

- ▶ Initially, community support focuses on education, information, and connection with others, followed by a period of building strong relationships with peers, and finally becoming peer mentors themselves
 - ▶ The 'healthcare' continuum may be weeks or possibly months, whereas the community continuum may be years
 - ▶ Navigation needs continually evolve
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Navigating the Community Continuum

Mr. Jones has in-hospital connection with SSGF

SSGF connects with Mr. Jones post-discharge and assesses how client & family are managing in community. Links are provided (e.g transportation).

Mr. Jones is linked in to an introductory stroke support group that has small participant numbers so as not to overwhelm him.

Mr. Jones' confidence increases and he is linked in to larger support group.

Mr. Jones is connected to the congregate dining program.

Mr. Jones is ready to set new goals and now becomes a mentor for new stroke survivors.

Mr. Jones is linked into hospital peer visiting program.

Furthering his community reintegration, Mr. Jones now linked into the social/recreational group which he helps coordinate.

Navigating the Community Continuum



Early

- Sandie experiences severe stroke in 1986 with mobility and **complex communication impairments**. Her husband Larry assumes the primary caregiving role. Friends & family drift away.
- Larry and Sandie experience an extended period of adjustment and then search out support groups but none are available at that time.

Interim

- Connection made with support groups in 2016 following a move to the HPE area. This provided Larry and Sandie with a 'safe' venue where they could learn more about stroke and where Sandie was understood and accepted.
- Sandie also joined the Aphasia Supportive Conversation Group

Today

- **36 years later.....**
- Larry and Sandie both participate in various support groups where Sandie's positive outlook and positive message of *"If I can do it , you can too"* strongly resonates with the other group members. She is described as 'a ray of sunshine'.
- Larry also delivers a powerful message to other caregivers in that, *"Caregiving doesn't necessarily end, but rather can be a life time, so you had better learn how to find the time to take care of yourself."*
- Larry and Sandie now independently organize the Stroke Social/Recreational Group and are champions of recovery, helping others navigate through their own recovery journeys.

Questions

