PCCH FAMILY EDUCATION SERIES

WHY SENIOR CARE MATTERS

A practical guide to dignity, independence, connection and compassionate support at home

PILGRIM CARE CONNECT HOME

30-page family guide | October 2026

How to use this guide

For older adults and families

This guide is designed to support informed conversations about everyday care at home. You can read it from beginning to end or begin with the topic most relevant to your family. Each chapter ends with three practical action points.

What PCCH means by non-medical care

Pilgrim Care Connect Home focuses on practical, non-medical support such as companionship, assistance with everyday routines and homemaking within an agreed care plan. Availability, exact tasks, eligibility and service terms must be confirmed with PCCH.

An important boundary

This document is educational and is not medical, legal, financial or emergency advice. It does not diagnose conditions or promise that home care will prevent illness, injury or hospitalization. Clinical questions belong with regulated healthcare professionals; emergencies require emergency services.

A respectful starting point

Begin with the older adult’s priorities and consent. Use the checklists to discuss preferences, routines, family responsibilities, safety and the kind of support that would actually be helpful. Different families will reach different decisions.

THE CONVERSATION TO START WITH

“What would make your days easier, more comfortable and more like the life you want to live?”

CHAPTER 01 / CARE IS ABOUT EVERYDAY LIFE, NOT ONLY ILLNESS

Why senior care matters

Why this matters

As people age, ordinary routines may take more time or require additional energy. Appropriate support can help someone continue living according to their preferences, relationships and values. A helpful approach begins by asking what the person wants to keep doing, not simply what they cannot do.

What families and caregivers can do

Look beyond a list of tasks. Notice the person’s interests, familiar routines, comfort, cultural traditions and sense of purpose. Practical help with meals, dressing, errands or companionship may protect time and energy for meaningful activities.

What to watch for

Avoid assuming every older adult needs the same help. Some remain highly independent; others need considerable support. Review needs together, invite the person’s voice, and change the plan as circumstances change.

FAMILY ACTION POINTS

- Ask: What matters most in a good day?
- Identify two activities the person wants to keep doing independently.
- Write down where support would make daily life easier.

CHAPTER 02 / THE PERSON REMAINS THE DECISION-MAKER

Respect, dignity and choice

Why this matters

Dignity means treating an older adult as an individual with a history, preferences and the right to be heard. Help should be offered respectfully, with consent and an explanation of what is about to happen. Privacy matters during personal routines, conversations and visits.

What families and caregivers can do

Use the person’s preferred name. Ask before touching belongings or assisting with personal care. Offer genuine choices—what to wear, when to eat, how to spend time—and allow reasonable time for an answer. Respect cultural, spiritual and language preferences.

What to watch for

Families may disagree about the best arrangement. Keep the older adult involved as much as possible and clarify who may receive information or make decisions where applicable. Capacity and substitute decision-making are legal and clinical matters requiring appropriate advice.

FAMILY ACTION POINTS

- Ask permission before helping.
- Offer choices instead of making assumptions.
- Document preferences and communication needs.

CHAPTER 03 / HELP SHOULD ENABLE, NOT REPLACE

Independence with the right support

Why this matters

Independence does not mean doing everything alone. It means having meaningful control over one’s life and doing as much as is safely and comfortably possible. Support can reduce avoidable barriers without taking over a person’s routine.

What families and caregivers can do

A caregiver can set out supplies, prepare a safe workspace, give reminders or provide a steadying presence while the individual completes parts of a task. Break activities into manageable steps and celebrate effort without being patronizing.

What to watch for

Doing too much for someone may unintentionally reduce confidence. Doing too little may leave them overwhelmed. Ask which steps they prefer to manage and review this balance regularly.

FAMILY ACTION POINTS

- List tasks done independently, with help, and by others.
- Agree on what assistance is welcome.
- Revisit the list after a change in health or routine.

CHAPTER 04 / CONNECTION IS PART OF GOOD CARE

Emotional well-being

Why this matters

Feeling noticed, listened to and included can be as important to everyday quality of life as practical assistance. Older adults may experience transitions such as retirement, bereavement, relocation or changing mobility. These transitions can affect confidence and connection.

What families and caregivers can do

Regular conversation, shared hobbies, familiar music, gentle outings and opportunities to participate in family decisions can create meaningful moments. Let the person guide the conversation; listening is not the same as filling every silence.

What to watch for

Persistent sadness, marked withdrawal or changes in behaviour deserve attention from a qualified healthcare professional. Non-medical caregivers can observe, listen and communicate concerns, but should not diagnose mental health conditions.

FAMILY ACTION POINTS

- Plan one enjoyable social activity each week.
- Ask what brings comfort during a difficult day.
- Share concerning changes with the appropriate contact.

CHAPTER 05 / PRESENCE CAN MAKE AN ORDINARY DAY BETTER

Companionship and loneliness

Why this matters

Living alone is not the same as being lonely, and living with others does not guarantee connection. The key is whether a person has the companionship and social opportunities they value. A consistent, respectful visitor can offer conversation and continuity.

What families and caregivers can do

Explore interests such as storytelling, gardening, games, crafts, faith communities, community events or simply having tea together. Build opportunities for the person to initiate contact with friends and family. Technology may help when it is accessible and welcome.

What to watch for

Do not force social participation. Some people value quiet and privacy. Offer options and watch for signs that an activity is tiring, stressful or unwanted.

FAMILY ACTION POINTS

- Make a short list of favourite people and activities.
- Agree on preferred frequency of calls or visits.
- Offer one new activity without pressure.

CHAPTER 06 / SMALL MOMENTS DESERVE THOUGHTFUL ATTENTION

Personal routines and self-care

Why this matters

Bathing, dressing, grooming and toileting are personal. Needing assistance with these tasks can feel vulnerable, especially for someone who has managed independently for decades. The manner of support matters as much as the task itself.

What families and caregivers can do

Explain each step, provide privacy, use appropriate coverings, and keep needed items within reach. Encourage participation at the person’s own pace. Note preferences for timing, products, clothing and gender of caregiver where feasible.

What to watch for

Any assistance must remain within the caregiver’s training, employer policy and agreed scope. New pain, skin changes, dizziness or other clinical concerns should be referred to qualified professionals.

FAMILY ACTION POINTS

- Record the preferred morning and evening routines.
- Identify privacy and accessibility preferences.
- Clarify exactly which personal tasks are included in the care plan.

CHAPTER 07 / SUPPORT CONFIDENCE WHILE RESPECTING LIMITS

Mobility and movement

Why this matters

Moving around the home and community influences independence, social participation and confidence. Age alone does not determine mobility. Needs can vary from occasional help with errands to significant assistance that requires professional assessment.

What families and caregivers can do

Keep commonly used routes clear, ensure suitable lighting and encourage the person to use prescribed mobility aids correctly. Follow the agreed support plan for walking or transfers. Choose comfortable footwear and allow time rather than rushing.

What to watch for

Caregivers should never improvise lifting or transfer techniques. Falls, sudden weakness, new pain or significant changes in walking require appropriate medical assessment. Call emergency services when a situation is urgent.

FAMILY ACTION POINTS

- Check the route from bedroom to bathroom.
- Confirm any mobility aids and instructions.
- Ask about activities the person wishes to continue.

CHAPTER 08 / PRACTICAL ADJUSTMENTS CAN REDUCE HAZARDS

A safer home environment

Why this matters

A familiar home can still contain avoidable risks: loose rugs, cluttered walkways, poor lighting, inaccessible storage or cords across a path. A respectful home review should focus on what makes daily routines easier, not on taking control of the home.

What families and caregivers can do

Walk through high-use areas together. Consider lighting near stairs, secure handrails, easy-to-reach essentials and a clear route to the bathroom. Keep emergency contact information accessible. Seek qualified advice before installing equipment or making structural changes.

What to watch for

Safety must be balanced with choice and comfort. Do not move treasured possessions without permission. A professional occupational therapy assessment may be useful when accessibility or fall risks are complex.

FAMILY ACTION POINTS

- Check lighting and walking paths.
- Move frequently used items to accessible locations with permission.
- Record repairs or professional assessments to arrange.

CHAPTER 09 / MEALS SUPPORT ROUTINE, ENJOYMENT AND CONNECTION

Food, meals and hydration

Why this matters

Food is more than fuel: it reflects culture, memory, celebration and family. Changes in appetite, energy, dexterity or access to groceries can make meal preparation harder. Support should preserve familiar foods and enjoyable mealtimes wherever possible.

What families and caregivers can do

Plan shopping and preparation around the person’s tastes, cultural preferences, budget and any professionally advised dietary requirements. Invite participation in safe tasks such as choosing a menu or setting the table. Keep water and suitable beverages accessible.

What to watch for

Special diets, swallowing problems, unexpected weight changes and restrictions for conditions such as kidney disease or diabetes require individualized professional guidance. A non-medical care plan should not substitute for dietitian or clinician advice.

FAMILY ACTION POINTS

- Write down favourite meals and food preferences.
- Identify shopping or cooking tasks needing help.
- Ask a clinician about any swallowing or dietary concerns.

CHAPTER 10 / SUPPORT ROUTINES WITHOUT CROSSING CLINICAL LIMITS

Medication awareness and boundaries

Why this matters

Some older adults manage multiple prescriptions, over-the-counter products or supplements. Families may want help keeping a predictable routine, but medication administration and clinical decisions have important safety and legal boundaries.

What families and caregivers can do

Keep an accurate medication list prepared with the person and their pharmacist or clinician. Clarify who is responsible for prescriptions, refills and medication questions. Any non-medical reminder activity must be expressly permitted by PCCH policy and the care arrangement.

What to watch for

Caregivers should not independently change doses, interpret side effects, administer medication or provide clinical advice unless appropriately authorized, trained and permitted. Suspected medication errors or adverse reactions should be escalated promptly.

FAMILY ACTION POINTS

- Confirm who manages medications.
- Keep pharmacy and prescriber contacts available.
- Document what the caregiver may and may not do.

CHAPTER 11 / RESPOND WITH PATIENCE AND CLEAR COMMUNICATION

Memory and changing cognition

Why this matters

Occasional forgetfulness can occur for many reasons and does not automatically mean dementia. If memory or thinking changes interfere with daily life, a healthcare assessment is appropriate. In the meantime, predictable routines and calm communication can reduce confusion.

What families and caregivers can do

Use short, respectful explanations, familiar cues and consistent locations for essential items. Avoid arguing over minor inaccuracies. Give time for responses and support orientation through calendars, photographs or routines when these are helpful to the individual.

What to watch for

Do not label someone with a diagnosis or assume a lack of capacity. Sudden confusion can signal an urgent health issue and requires prompt medical attention. Plans for wandering risk or complex behaviour should involve qualified professionals.

FAMILY ACTION POINTS

- Identify helpful reminders and familiar routines.
- Record any new changes and when they began.
- Discuss persistent concerns with a clinician.

CHAPTER 12 / LISTEN FIRST, THEN CLARIFY

Communication that builds trust

Why this matters

Good communication helps prevent frustration, confusion and avoidable conflict. Hearing, vision, language, fatigue and background noise can all affect conversations. The goal is mutual understanding, not simply delivering instructions.

What families and caregivers can do

Speak clearly at a comfortable pace, face the person, and reduce background noise when possible. Ask one question at a time. Confirm preferences rather than guessing. Use interpreters or accessible formats where needed for important decisions.

What to watch for

Avoid talking over an older adult or discussing their care as though they are absent. Ask permission before sharing personal information with family members, and follow the organization’s confidentiality procedures.

FAMILY ACTION POINTS

- Ask how the person prefers to communicate.
- Confirm hearing, vision or language accommodations.
- Summarize important decisions in plain language.

CHAPTER 13 / CARE SHOULD FIT THE WHOLE PERSON

Culture, faith and identity

Why this matters

People carry traditions, languages, faith practices, family roles and personal histories into older age. These may shape preferences about food, clothing, privacy, celebrations, daily routines and who is welcome in the home.

What families and caregivers can do

Ask open questions without assuming that everyone from a community shares the same practices. Make room for meaningful rituals, preferred names and important dates. Respect a person’s choice not to participate in religious or cultural activities as well.

What to watch for

Cultural sensitivity is an ongoing conversation. A care plan should capture individual preferences rather than relying on stereotypes. Changes should be discussed respectfully with the person receiving support.

FAMILY ACTION POINTS

- Ask about routines or traditions worth preserving.
- Record language and food preferences.
- Identify any important dates or observances.

CHAPTER 14 / SUSTAINABLE CARE PROTECTS RELATIONSHIPS

Family caregivers need support too

Why this matters

Family members often balance employment, parenting, travel, finances and caregiving. Love and commitment do not remove fatigue or practical limits. Planning additional support can protect the family relationship by creating time for rest and ordinary connection.

What families and caregivers can do

Talk openly about what each person can realistically provide. Separate essential tasks from optional ones, and identify backup contacts. Consider scheduled respite, help with household routines and a shared calendar for appointments or visits.

What to watch for

Feeling overwhelmed is a signal to review the plan, not a reason for shame. If caregiving demands become unsafe or unmanageable, seek additional services and professional guidance.

FAMILY ACTION POINTS

- List each family member’s realistic availability.
- Choose a backup contact for urgent schedule changes.
- Protect a recurring period for caregiver rest.

CHAPTER 15 / RELIABLE BREAKS MAKE CAREGIVING MORE SUSTAINABLE

Respite and shared responsibility

Why this matters

Respite means planned relief from caregiving responsibilities. It may be a short visit, regular weekly assistance or a more extensive arrangement depending on the person’s needs and service availability. The goal is continuity for the older adult and breathing room for family caregivers.

What families and caregivers can do

Before a respite visit, share the individual’s routines, preferred activities, relevant safety information and emergency contacts. Confirm tasks, visit times, service terms and how updates will be communicated. Introduce a new caregiver thoughtfully.

What to watch for

Not all respite arrangements are suitable for every level of need. Clinical, overnight or complex support may require a different provider or additional assessment. Confirm PCCH’s available non-medical services before relying on an arrangement.

FAMILY ACTION POINTS

- Identify the most stressful time of the week.
- Plan a trial visit when appropriate.
- Confirm the backup plan if a visit changes.

CHAPTER 16 / LOOK FOR PATTERNS RATHER THAN ONE DIFFICULT DAY

Recognizing when extra help may be useful

Why this matters

Families may notice that meals are being skipped, household tasks are piling up, social activities are declining or everyday routines are taking much longer. These observations can start a supportive conversation about help at home.

What families and caregivers can do

Use specific, nonjudgmental examples: “I noticed grocery shopping has become tiring; would help with that be useful?” Ask what the person finds difficult and what they want to handle independently. Begin with the smallest useful change when appropriate.

What to watch for

Some changes can indicate illness or other concerns. Sudden deterioration, significant confusion, repeated falls or new symptoms require medical evaluation. Non-medical services should complement, not replace, clinical care.

FAMILY ACTION POINTS

- Write down observed changes without labels.
- Ask which task the person would most like help with.
- Decide whether professional assessment is needed.

CHAPTER 17 / INVITE COLLABORATION RATHER THAN IMPOSE A PLAN

Starting a care conversation

Why this matters

The first discussion about home care can be emotional. A person may worry about losing privacy, spending money or becoming dependent. Families may worry about safety. Both perspectives deserve time and respect.

What families and caregivers can do

Choose a calm moment, listen to concerns and explain the practical goal of support. Present options instead of ultimatums. Ask what a successful first month would look like. Consider a trial arrangement with a scheduled review if everyone agrees.

What to watch for

Do not promise outcomes that cannot be guaranteed. Explain the provider’s scope, availability and fees clearly. When decision-making or consent is disputed, seek appropriate professional guidance.

FAMILY ACTION POINTS

- Choose a quiet time to talk.
- Prepare three open-ended questions.
- Agree on a next step, not every detail at once.

CHAPTER 18 / MATCH SERVICES TO ACTUAL NEEDS

Choosing non-medical home support

Why this matters

Non-medical home care commonly includes companionship, assistance with daily routines, light homemaking and other agreed practical support. The exact offering varies by provider and must be confirmed in writing.

What families and caregivers can do

Ask what tasks are included, how caregivers are selected, how visits are scheduled, what training is provided, and how concerns are handled. Clarify pricing, minimum hours, cancellations, supervision, privacy practices and emergency procedures.

What to watch for

Nursing, diagnosis, treatment and emergency response are distinct from non-medical support. Do not assume that a caregiver can provide clinical services because they work in a home-care setting.

FAMILY ACTION POINTS

- Prepare a list of essential tasks and preferred hours.
- Ask for written terms and service boundaries.
- Identify who to contact about changes or concerns.

CHAPTER 19 / A USEFUL PLAN IS SPECIFIC AND ADAPTABLE

Creating a person-centred care plan

Why this matters

A care plan translates preferences and practical needs into shared expectations. It should explain the tasks to be performed, when support is needed, how the person likes things done and who should be contacted about changes.

What families and caregivers can do

Include preferred routines, communication needs, household instructions, mobility considerations within scope, emergency contacts and consent-related preferences. Record what the person wants to do independently. Keep instructions clear and avoid unnecessary sensitive details.

What to watch for

A care plan is not a medical treatment plan. Update it when routines, preferences or needs change, and seek clinical input for matters outside non-medical care.

FAMILY ACTION POINTS

- Write down the top five priorities.
- Confirm responsibilities with the provider.
- Set a date to review the plan.

CHAPTER 20 / PREPARATION CREATES COMFORT AND CLARITY

A positive first visit

Why this matters

The first visit is an opportunity to establish trust. The individual may be meeting someone new in a private space, while the caregiver is learning the household’s routines. A calm introduction and clear expectations help everyone settle in.

What families and caregivers can do

Confirm the time, location, home access, agreed tasks and contact details in advance. Introduce the caregiver, review preferences together and show where essential supplies are kept. Leave time for questions and explain how feedback will be shared.

What to watch for

Avoid adding unplanned tasks that are outside the agreed scope. If the match or routine feels uncomfortable, communicate early with the coordination team so options can be discussed.

FAMILY ACTION POINTS

- Prepare a short welcome and routine note.
- Confirm emergency and family contacts.
- Check in after the first visit.

CHAPTER 21 / PREDICTABILITY SUPPORTS CONFIDENCE

Consistency and reliable scheduling

Why this matters

A dependable schedule helps people plan meals, appointments, social activities and family responsibilities. Consistency can also make a home-care relationship more comfortable over time.

What families and caregivers can do

Confirm visit days and hours, preferred communication methods and who can request changes. Keep a shared schedule where appropriate. Give as much notice as possible when appointments or family plans change.

What to watch for

Staff availability, illness, weather and other circumstances can affect schedules. Ask the provider about notification procedures and backup arrangements rather than assuming every visit can be guaranteed without change.

FAMILY ACTION POINTS

- Keep a current schedule in an accessible place.
- Know the coordination team’s contact details.
- Review recurring timing conflicts early.

CHAPTER 22 / THE HOME IS A PRIVATE ENVIRONMENT

Privacy, trust and confidentiality

Why this matters

Inviting a caregiver into the home involves sharing space, routines and sometimes sensitive information. Respectful boundaries protect both the individual and the family. Personal details should be shared only with authorized people for appropriate purposes.

What families and caregivers can do

Clarify who may receive updates, what information caregivers need to perform agreed tasks and how records are handled. Store documents securely. Ask before taking photographs, discussing personal matters or involving additional family members.

What to watch for

For specific privacy rights, consent requirements or legal arrangements in Ontario, consult the appropriate policies or a qualified professional. Do not send sensitive health records through an ordinary website enquiry form.

FAMILY ACTION POINTS

- Confirm authorized family contacts.
- Discuss privacy expectations before care starts.
- Use secure channels for sensitive information.

CHAPTER 23 / KINDNESS AND ACCOUNTABILITY BELONG TOGETHER

Caregiver professionalism and boundaries

Why this matters

Warmth matters, but home care is also professional work. Clear roles, punctuality, respectful communication and accurate reporting protect the individual, the caregiver and the organization.

What families and caregivers can do

Discuss boundaries around gifts, money, transportation, personal errands, social media and private contact. Keep service changes coordinated through the provider. Raise concerns early using established procedures rather than relying on informal arrangements.

What to watch for

Caregivers should work within their training and the agreed non-medical scope. Families should not ask employees to undertake unsafe tasks or services that have not been approved.

FAMILY ACTION POINTS

- Review the agreed task list together.
- Know how to raise a concern or compliment.
- Keep changes to duties documented.

CHAPTER 24 / SMALL OBSERVATIONS CAN PROMPT TIMELY SUPPORT

Spotting and responding to concerns

Why this matters

Families and caregivers may notice changes in appetite, energy, mood, household conditions or ability to manage daily routines. Observations are useful when recorded accurately and communicated to the right person.

What families and caregivers can do

Describe what happened, when it happened and what was directly observed. Avoid speculation or diagnosis. Follow the agreed reporting process for missed visits, safety issues, possible mistreatment or significant changes in functioning.

What to watch for

Immediate danger requires emergency services. Suspected abuse, neglect or exploitation should be taken seriously and addressed through appropriate safeguarding and reporting channels. Clinical symptoms require qualified healthcare assessment.

FAMILY ACTION POINTS

- Keep an up-to-date emergency contact list.
- Know how PCCH receives incident reports.
- Record facts promptly and respectfully.

CHAPTER 25 / A GOOD PLAN CHANGES WITH LIFE

Supporting transitions and changing needs

Why this matters

Needs may shift after hospitalization, bereavement, relocation, a new diagnosis or changes in family availability. What worked three months ago may no longer be enough—or may be more support than is now needed.

What families and caregivers can do

Schedule periodic conversations about satisfaction, daily functioning and practical priorities. Ask the older adult what is working. Adjust visit timing, tasks or communication plans only through the agreed process.

What to watch for

After significant medical events, obtain professional guidance before resuming activities that may involve mobility, swallowing, medication or other clinical risks. Non-medical support should be coordinated with, not substituted for, professional treatment.

FAMILY ACTION POINTS

- Set a monthly or quarterly check-in.
- Note changes in preferences and routines.
- Confirm whether the service scope still fits.

CHAPTER 26 / GOOD CARE IS A SHARED EFFORT

Building a circle of support

Why this matters

No single caregiver or family member can meet every need. A support circle may include relatives, friends, neighbours, community organizations, primary care clinicians, pharmacists and home-support providers. Each contributes in different ways.

What families and caregivers can do

With consent, identify who handles practical errands, social visits, medical questions, scheduling and emergency contact. Avoid sharing more personal information than necessary. Keep the contact list current and make responsibilities realistic.

What to watch for

Clear roles prevent confusion and reduce duplicated effort. Where the person wants privacy, respect that preference and agree on a limited communication plan.

FAMILY ACTION POINTS

- Draw a simple support-circle map.
- Assign a primary and backup contact.
- Review who needs updates and what they may receive.

CHAPTER 27 / PREPARATION HELPS PEOPLE RESPOND APPROPRIATELY

Planning for emergencies

Why this matters

Emergencies are unpredictable, but families can prepare. The goal is not to turn a non-medical caregiver into a clinician; it is to ensure that urgent situations are recognized and the right help is contacted promptly.

What families and caregivers can do

Keep emergency numbers, address details, authorized contacts and essential access information available. Discuss what the person wants family members to know, subject to consent and applicable legal requirements. Test smoke alarms and plan accessible exit routes with appropriate help.

What to watch for

In Canada, call 911 for immediate emergencies. For medical questions or non-urgent symptoms, contact qualified healthcare professionals. Confirm the provider’s emergency procedures before services begin.

FAMILY ACTION POINTS

- Post essential emergency contacts.
- Confirm access and evacuation considerations.
- Review what to do if the person cannot be reached.

Your family care planning checklist

Start with the person

- [ ] Ask what matters most to the older adult.
- [ ] Confirm their preferred routines, language, culture and privacy needs.
- [ ] Identify tasks they want to continue doing independently.

Plan the support

- [ ] List the practical tasks where help would be welcome.
- [ ] Clarify the non-medical scope, schedule, fees and cancellation terms.
- [ ] Agree on a primary family contact and a backup contact.

Prepare the home and first visit

- [ ] Check walking paths, lighting and commonly used supplies.
- [ ] Write down home access arrangements and emergency contacts.
- [ ] Share a concise routine and preferences note with the caregiver.

Keep care responsive

- [ ] Ask the older adult how the arrangement feels.
- [ ] Report concerns promptly through the agreed channels.
- [ ] Schedule a regular review as needs and preferences change.

READY TO TALK ABOUT NON-MEDICAL SUPPORT?

Visit pilgrimcareconnect.com/contact to enquire about PCCH services and discuss suitability, availability and next steps.