

Supporting Canadian Caregivers

Health Charities Coalition of Canada:

**2014-2015 pre-budget consultation submission to the
House of Commons Standing Committee on Finance**

August 6, 2014



Executive Summary

The Health Charities Coalition of Canada (HCCC) is pleased to submit this brief to the House of Commons Standing Committee on Finance for the 2015 pre-budget consultations. The recommendations below address the key theme of supporting families and helping vulnerable Canadians by focusing on health, education and training.

Caregivers play a vital role in the Canadian healthcare system. Increases in the prevalence of chronic conditions, an aging society and the shift towards community based health care all contribute to increased demands on families to provide care for their loved ones. A recent Statistics Canada report “Portrait of Caregivers, 2012” identified that at some point in their lives, nearly half (46%) of Canadians aged 15 and older, or 13 million Canadians, have provided care to a family member or friend with a long-term health condition, disability or aging needs. Currently, there are 6.1 million employed Canadians who are providing care to a family member or friend. Caregivers are constantly faced with the challenge of balancing paid employment responsibilities with caregiving.

HCCC applauds recent federal government initiatives aimed at supporting caregivers by improving tax measures and implementing programs such as the Special Benefits for Parents of Critically Ill Children which help alleviate some of the financial burden of caregiving. However, more needs to be done. The Health Charities Coalition of Canada looks to the Government of Canada to steward further development and implementation of health policy and programs that recognize and support the important role that caregivers play in our healthcare system while encouraging caregivers to remain active in the workforce.

Summary of Recommendations

HCCC recommends that the Government of Canada expand the Employment Insurance Compassionate Care Benefit to provide some income security and enable caregivers to provide vital support to Canadians who are living with disease by:

- Increasing the benefit period from 6 weeks to a minimum of 26 weeks within a 52 week period;
- Broadening eligibility criteria to allow for partial weeks over a longer period;
- Eliminating the mandatory two week waiting period to receive benefits; and
- Extending eligibility to caregivers who are providing support to those who require care due to a serious chronic or episodic medical condition.

Introduction

The Health Charities Coalition of Canada is a member-based organization comprised of national patient groups and health charities who represent the voice of patients at all levels of the health continuum. HCCC facilitates the collaboration of Canada's health charities to achieve excellence in health policy, practice and research.

Caregiving in Canada

As our population ages and the prevalence of non-communicable disease increases, Canada will witness unprecedented need for family caregivers to provide vital support and assistance to loved ones. Consequences of these shifts are reflected in the labour market in lost productivity, employee absenteeism and more importantly, personal struggles for working caregivers in trying to find balance between caregiving and contributing at work. Federal programs such as the Compassionate Care Benefit Program can provide welcome support to caregivers, enabling them to provide care and maintain essential ties with their employer. We need to ensure that policies are in place that will support caregivers and protect a healthy Canadian labour market.

The following provides an overview of the current reality of caregiving in Canada.

- A recent Statistics Canada report "Portrait of Caregivers, 2012" identified that at some point in their lives, nearly half (46%) of Canadians aged 15 and older, or 13 million Canadians have provided care to a family member or friend with a long-term health condition, disability or aging needs.¹
- There are 6.1 million employed Canadians who are providing to a family member or friend.²
- Caregivers working at least 15 hours per week said that these pressures significantly affected their work life.³
- Four in ten (43%) Canadian caregivers providing 2-4 hours of care per week reported arriving at work late, leaving early or taking time off during work hours. This number increased to 54% among those devoting 20 or more hours to caregiving per week.⁴
- There are significant costs associated with caregiving. For example, a recent study found that costs associated with caring for an individual living with Amyotrophic Lateral Sclerosis (ALS) average well over \$150,000 per year.⁵

¹ Sinha, M. (2012) Portrait of caregivers, 2012. Statistics Canada. Retrieved June 15, 2014 from <http://www.statcan.gc.ca/pub/89-652-x/89-652-x2013001-eng.htm>

² Globe and Mail, Retrieved June 26, 2014 from <http://www.theglobeandmail.com/news/politics/ottawa-to-seek-ways-to-help-working-caregivers-balance-responsibilities/article19285365/>

³ Cynkar, P. and Mendes, E. (2011) More than one in six American workers also act as caregivers [Online] Retrieved from <http://gallup.com/poll/148640/one--six-american-workers-act-caregivers.aspx>

⁴ Sinha, M. (2012) Portrait of caregivers, 2012. Statistics Canada. Retrieved from <http://www.statcan.gc.ca/pub/89-652-x/89-652-x2013001-eng.htm>

⁵ Gladman, M, Dharamshi, C. and Zinman, L. (2014) Economic burden of amyotrophic lateral sclerosis: A Canadian study of out-of-pocket expenses, retrieved July 22, 2014 from <http://informahealthcare.com/doi/abs/10.3109/21678421.2014.932382>

- It is estimated that in 2007, caregiving cost Canadian businesses over \$1.28 billion in lost productivity as a result of caregivers missing full days of work, missing hours of work, or even quitting or losing their jobs.⁶
- A recent study of homecare in British Columbia found that “the overall health care costs to government for clients in home care are about one half to three quarters of the costs for clients in facility care, by level of care.”⁷
- Current estimates for replacement costs for unpaid care-giving in Canada indicates a significant economic contribution by caregivers; estimates for care provided in 2009 range between 25 to 26 billion dollars.⁸

Recommendation

HCCC recommends that the Government of Canada expand the Employment Insurance Compassionate Care Benefit to provide some income security for families and enable caregivers to provide vital support to Canadians who are living with disease by:

- Increasing the benefit period from 6 weeks to a minimum of 26 weeks within a 52 week period;
- Broadening eligibility criteria to allow for partial weeks over a longer period;
- Eliminating the mandatory two week waiting period to receive benefits; and
- Extending eligibility to caregivers who are providing support to those who require care due to a serious chronic or episodic medical condition.

The Government of Canada can support families by expanding the Employment Insurance Compassionate Care Benefit in the following ways:

- ***Expand the benefit period from 6 weeks to a minimum of 26 weeks over a 52 week period***

As the Canadian population ages and the number of Canadians living with disease increases, family caregivers need improved job protection and income security to enable them to provide care and support for their loved ones with a serious chronic and/or episodic illness, without worries of losing their job and income. Expanding the benefit period from 6 weeks to a minimum of 26 weeks will provide families with the option of providing much needed care by securing financial support and job security for their

⁶ Conference Board of Canada (2012) Home and Community Care in Canada: An Economic Footprint retrieved June 15, 2014 at <http://www.conferenceboard.ca/e-library/abstract.aspx?did=4841>

⁷ Hollander, M. et al., “Providing Care and Support for an Aging Population: Briefing Notes on Key Policy Issues”. *Healthcare Quarterly*. Vol. 11, No.3, 2007

⁸ Hollander, M, Liu, G. and Chappell, N. “Who Cares and How Much? The Imputed Economic Contribution to the Canadian Healthcare System of Middle-Aged and Older Unpaid Caregivers Providing Care to the Elderly. *Healthcare Quarterly*. 12(2) April 2009: 42-49

employment. The extended benefit period will bring closer alignment with the time allotted under the Special Benefits for Parents of Critically Ill children.

- ***Broadening eligibility criteria to allow for partial weeks over a longer period***

Allowing Canadians to access the program by taking partial weeks over an extended period of time will provide greater flexibility to caregivers as they are able to adjust their leave according to the needs of the patient, resulting in the ability to be where they are needed the most. Being able to access partial weeks will also provide continuity for employers as employees will be able to divide up their time between caregiving and the labour force. For example, a caregiver could access the Compassionate Care Benefit program and receive some form of financial compensation for two days a week and continue working three days a week, up to 26 weeks within a 52 week period. For many caregivers this type of arrangement will allow greater flexibility as they can provide continuity of care to their loved one over a longer period of time while still remaining connected to their work in a meaningful way.

- ***Eliminating the mandatory two week waiting period to receive benefits***

HCCC strongly urges the Government of Canada to abolish the two week waiting period to receive benefits. The requirement to serve a mandatory unpaid waiting period prior to being able to receive benefits is a deterrent and barrier for caregivers who qualify for this type of support. Caregivers already spend out-of-pocket money related to their caregiving duties, this requirement only serves to add financial stress on the family at a time when they are most vulnerable.

- ***Extending eligibility to caregivers who are providing support to those who require care due to a serious chronic or episodic medical condition***

Current eligibility criteria is limited to providing financial assistance to only caregivers who are supporting Canadians who are gravely ill and at risk of death within 26 weeks. As our population ages and healthcare is increasingly being delivered in the community there is a real need to provide support to people who are living with a serious chronic and/or episodic illness. Expanding the program to include provisions for serious chronic disease/episodic disease will support caregivers in balancing their caregiving needs and paid work.

Cost Estimations

HCCC has estimated that from 2005 to 2011, \$190 million of the Federal Budget was annually allotted for the Compassionate Care Benefit program based on an estimated 270,000 eligible applicants. In 2012/2013, there were a total of 6,102 claims totaling \$11.6 million. Of these claimants, 73% used all of their 6 week entitlement. Projections for claimants based on the recommendations listed above are estimated at 23,500. Using the average weekly benefit of \$389 over a period of 26 weeks, it is estimated that the maximum annual cost for the expanded program will be \$237,679,000. However, it should be noted that not all claimants will access the full entitlement.

Conclusion

The Health Charities Coalition of Canada recommends that the Government of Canada provide valuable support to caregivers by acting on the recommendations outlined for improving access and flexibility of the Compassionate Care Benefit Program.

About the Health Charities Coalition of Canada

Established in 1998, HCCC, a member based organization, is dedicated to advocating for sound public policy on health issues and promoting the highest quality health research. HCCC strives for excellence in health policy and seeks to ensure that the federal government and policy makers look to the Coalition and its members for timely advice and leadership on major health issues of concern to Canadians; and that they recognize the competence, commitment and contributions of health charities in improving the health and well-being of Canadians.

HCCC's Member Organizations are:

Alzheimer Society Canada - www.alzheimer.ca
Amyotrophic Lateral Sclerosis Society of Canada (ALS Canada) - www.als.ca
The Arthritis Society - www.arthritis.ca
The Asthma Society of Canada – www.asthma.ca
Canadian Breast Cancer Foundation - www.cbcf.org
Canadian Cancer Society - <http://www.cancer.ca>
The Canadian Continence Foundation – www.canadiancontinence.ca
Canadian Diabetes Association - www.diabetes.ca
Canadian Hospice Palliative Care Association – www.chpca.net
Canadian Liver Foundation - www.liver.ca
Canadian Lung Association – www.lung.ca/home-accueil_e.php
Canadian Orthopaedic Foundation - www.canorth.org/
Crohn's and Colitis Canada - www.chronsandcolitis.ca
Cystic Fibrosis Canada - www.cysticfibrosis.ca
Easter Seals Canada – www.easterseals.ca/english
The Foundation Fighting Blindness - www.ffb.ca
Heart and Stroke Foundation - <http://www.heartandstroke.ca>
Hope Air – www.hopeair.org
Huntington Society of Canada - www.huntingtonsociety.ca
Kidney Cancer Canada - www.kidneycancer canada.ca
The Kidney Foundation of Canada - www.kidney.ca
Lymphoma Foundation Canada - www.lymphoma.ca
Multiple Sclerosis Society of Canada – www.mssociety.ca
Muscular Dystrophy Canada – www.muscle.ca
Osteoporosis Canada - www.osteoporosis.ca
Ovarian Cancer Canada - www.ovariancanada.org
Parkinson Society Canada - www.parkinson.ca

Patients' Association of Canada – www.patientsassociation.ca
Prostate Cancer Canada - www.prostatecancer.ca

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