

Recession-proof eldercare:

Is your approach to eldercare costs savvy or silly?

By Pat M. Irwin, BA, CSA

These people thought they were being financially conscientious by avoiding unnecessary costs, saving money and proving to their kids that they were in perfect charge of their finances. But, as Dr. Phil would say, “How’s that working for you?” When is recession-smart actually risk-silly?

Scenario 1

Mrs. S’s “diaper rash” defied diagnosis, until she confessed to a church friend, “I daren’t use the retirement home call button because it costs money—and my daughter says I must save my pennies.”

Let’s consider Mrs. S. When she was considering a retirement residence after her hospital stay, her daughter was worried she would be deemed “too sick” for admission. “Whatever you do, mum, don’t seem like you need too much help—and remember, if you do, it’ll cost \$25 an hour!”

There is no question that some people need more care than a retirement residence can offer. Furthermore, personal and medical care can be extremely costly, ranging from \$18 to \$25/hour for a personal support worker and from \$75 to \$90/hour for a visiting registered nurse. However, it is essential that care requirements are carefully and realistically assessed. Skimping on care can only lead to further complications that will prove far more costly to your loved one’s health and pocketbook in the long run.

Here are some ideas for dealing with this scenario:

- Consider obtaining a professional care manager’s advice to carefully analyze the need for and alternatives to care.
- Check your loved one’s insurance policies and veteran’s benefit for care coverage.
- Contact your local Community Care Access Centre (CCAC; www.310ccac.ca) for an assessment regarding subsidized care—especially when only a few hours of care a week might make a huge difference.
- Look into a shared-care plan with other seniors in an apartment, condo complex or neighbourhood.

As it turned out, the director of care at Mrs. S’s residence tactfully approached her daughter and suggested an internal move to a heavier-care floor where care service costs are bundled. She explained that while care was indeed \$25 an hour, it would be charged based on actual use and would be much more cost-effective under the shared-care arrangement. She also arranged for a CCAC assessment to assess subsidized care hours.



Scenario 2

Ms. B spent hours dodging her boss as she assembled a jigsaw of care in preparation for her dad's return home from hospital—only to have her dad fire them all within the first week. “Dad, you can't stay home alone—and if I take any more time off, I might lose my job!”

In Mr. B's case, there is a clear need to assess the requirement for 24/7 care. The actual hours of care he had been receiving in hospital were on an as-needed basis; he did not have, nor did he need, someone at his side all day and night. In addition, he was having trouble accepting care, equating it with weakness. His daughter, Ms. B, took the following steps.

First, she thought about the past year of her dad's life. Friends' deaths, no longer being able to drive, a decline in basic mobility and changes in his surroundings had led him to lose confidence and optimism.

Then she consulted her firm's employee assistance program for counselling. The therapist talked about the five stages of grief—anger, denial, bargaining, depression and acceptance—and how they apply not only to death, but also to any unwelcome life change. Anger and denial were reflected in her dad's adamant resistance to the caregivers' efforts—but were really a well-justified fear of change and resentment over lost control of daily activities. Depression, a serious problem among the elderly, and often attributed to “just” grief, was also something her dad struggled to admit. The therapist helped her understand how to anticipate, recognize and deal with these stages to help her dad keep his dignity and self-worth, while giving her dad the care he needed and the relief Ms. B deserved.

Ms. B used the bargaining stage of grief to negotiate a solution. She reviewed her dad's day with him—before his illness, while at the hospital and now he's at home. They bargained—and he reluctantly agreed that he needed help with bathing, dressing and meal preparation, was fine on his own in the afternoons and liked to have some company over dinner. Norah contacted the CCAC, arranged for a private “granny-nanny” from 11 to two each day and set up a rota of friends and relatives to drop in at around 6 pm. Her dad agreed to an emergency-call lanyard, a nightly telephone check-up and more visits from his familiar cleaning lady.

Rather than automatically imposing full-time care, it is important to assess your loved ones' real needs by stepping through their day. Ask where they think the challenges lie, see what you think and compare notes. Are their needs medical, social, transportation, nutritional or for general life skills? What are the most pressing issues? Help your loved ones' feel in control by making a plan together.

When hiring outside help, it's a good idea to document your requirements: the type of service you need, at what level and for what frequency. It is to the benefit of all three parties—caregiver, elderly person and adult child—to set out what's expected and what's not included. Be sure to manage expectations—yours and your loved one's—by reviewing your requirements and establishing clear goals that you want to accomplish.





Scenario 3

Mr. J was delighted with the walker he bought at a rummage sale—until he fell badly and broke his hip. He told his niece, “I paid a good \$20 for that piece of junk!”

Mr. J paid an especially high price for his “bargain” rollator. To the uninitiated, all devices seem the same—until the consequences of poor condition, inappropriate fit or improper use become disastrously clear.

An ever-expanding range of home healthcare equipment and assistive devices are available in stores, on television and on the internet. Before making a choice, Mr. J should

have recognized that one size does not necessarily fit all and that the rollator he discovered may not have been the right one for him.

Follow these tips to get the right equipment:

- Hire an occupational therapist, either privately or via the CCAC, to determine exactly what’s needed both now and in the foreseeable future.
- Check out the available equipment subsidies: The Canadian Red Cross’s Health Equipment Loan Program makes short-term loans of equipment.
- Ontario March of Dimes partially funds the purchase and maintenance of equipment.
- The Ontario Ministry of Health and Long-Term Care’s Assistive Devices Program refunds up to 75% of mobility aids and oxygen bought from qualified vendors.
- Private insurance policies or memberships to organizations such as CARP or the Ontario Motor League may offer member discounts.
- Be sure to check if your loved one is a veteran.
- Many equipment vendors offer pre-used, leasing or rent-to-own payment arrangements.
- Be creative with options; for example, try a \$50 tub-climber before spending \$6,000 on a new walk-in shower system.

Even buying second hand, it’s important to get the opinion of a professional to make sure the equipment you’re buying is right for you—and that it fits. It’s also wisest to only accept equipment from a reliable source. This means a friend or a reputable dealer’s reconditioned version, not the local flea market! Always check the manufacturer’s website for user manuals, product news, possible caveats (such as recall notices) and top tips. Needless to say, it’s important to always thoroughly clean and disinfect all second-hand equipment. And remember that used equipment is not guaranteed by the manufacturer.

In Mr. J’s case, his niece connected him with Veteran’s Affairs. The organization not only subsidized a new rollator, but also provided help with home-making, transportation, and lawn and snow care. He now boasts to anyone who will listen about the wonderful “deal” he gets from the government!

Funding

Depression-era loved ones often have deeply rooted money anxieties. It’s worth taking the time to research all sources of eligible funds:

- The federal government’s Compassionate Care program offers benefits in the event of a family member’s terminal illness (certain conditions apply).
- Low-income seniors should investigate the Guaranteed Annual Income Supplement.

- Disabled Ontario residents over the age of 65 years may qualify for the Ontario Disability Support Program.
- Energy-efficient renovations may be subsidized by Ontario’s ecoENERGY program.
- Check for your local municipal tax assistance program for low-income seniors.
- Veteran’s Affairs has numerous programs for health aids, home repairs and assistance, and advocacy.

By all means do your homework,

but remember that anyone who has survived the Depression, a World War, the immigrant experience or countless other hardships is not easily daunted by a recession. Older people can teach you a thing or two about economic hardship, so make sure you listen. You just might learn something! ●



Pat M. Irwin, BA, CSA, is President of ElderCareCanada, a certified eldercare mediator.