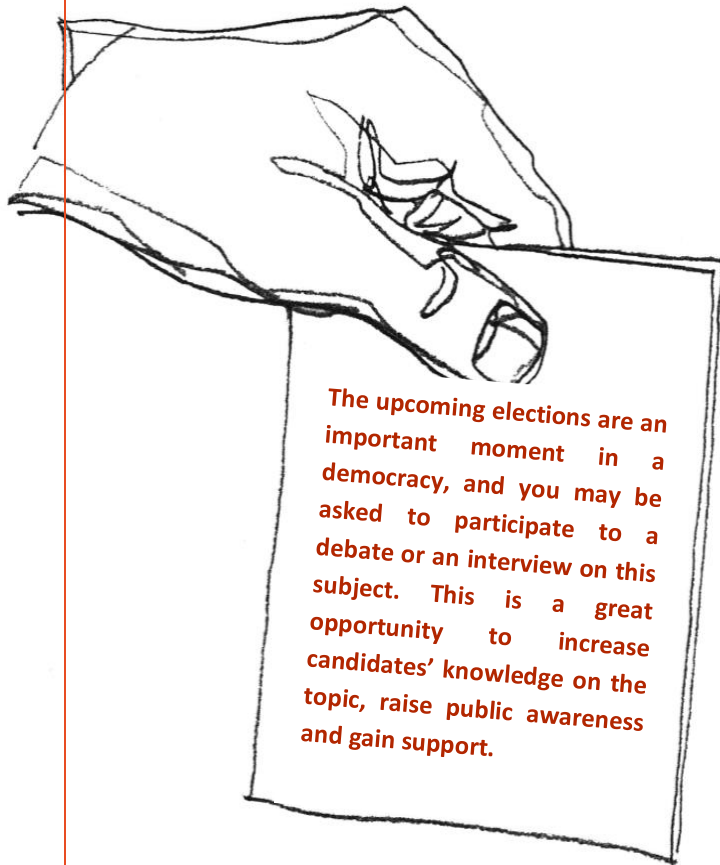


2019 federal election kit.

FOR ORGANIZATIONS AND CAREGIVERS



Why?

Caregivers have been in the spotlight several times over the past year. However, a lot of popular education is still necessary to make caregivers' need for greater support visible. The utilitarian vision of caregivers must change since this perspective is based on the needs of the person being cared for rather than on the challenges faced by caregivers. It is also important to stop relying solely on family solidarity and individual support measures and, instead, create greater collective solidarity for caregivers.

While you can raise issues that are specific to your region, **it is important that the community of caregivers speaks with one voice, so that everyone understands the importance of valuing and supporting caregivers, who are indispensable allies for a fair Canadian country.** This guide is a tool to ensure the dissemination of key, common messages.

This kit contains "ready-to-use" material, we invite you to choose the elements most useful and suitable for your own resources

Write to candidates



Share on social media



Participate in a debate



Contact media

Suggested activities¹

Contact your candidates



Write your questions to your candidates (sample letter in Appendix 1), add a copy of the fact sheet to your letter (Appendix 3): It is important to write as soon as possible to make sure candidates can respond by October 21st. If you want to disseminate their answers, it would be important to set a maximum number of words per question and to circulate each candidate's complete answer, to avoid being partisan. Their answers could be published in a special issue of your newsletter, or as a Facebook post.

- **Report their responses on social media:**



In the case of a Facebook post, you should specify that you sought responses from all parties, and that all their responses will be posted, without any changes to their content, and according to the order in which you received them. If a candidate refuses to answer, you may simply say so or leave a blank space to show his lack of participation in the debate explicitly. Add the links of different organizations to multiply post shares and use the infographics produced by the RANQ (see attachment). Invite your subscribers to share your post. And consider using at least one of the following hashtags: **#caregivers #2019elections #cdnpoli #canpol**. **SHARE, SHARE and SHARE 😊**

Example of a Facebook post

D1: On September XX, we asked all candidates in (name of the riding) to answer the following question...

Here are the answers obtained, following the order in which we received them, and without any modifications:

Day 1: Mrs. XX from Party Y

Day 2: Mr. Thing from Party Z

Day 3: Mrs. TT from Party 00

Etc.

We thank all the candidates who have agreed to respond to our question and who are committed to support Canadian caregivers. We will update this post if we receive additional responses by October 20.

Good elections!

- **Attend candidates' rallies and all-candidates meetings**

Bring along the questions stated in this document and the note-taking sheet (Appendix 2).



Keep notes or candidates' responses preciously, they will be useful for post-election follow-up.

¹ Based on the 2011 Federal Election Kit – from the Canadian Hospice Palliative Care Association



Capturing media's attention

While the RANQ takes the responsibility of getting the national media's attention, it is essential to also use local media to raise public awareness about caregivers. Moreover, this strategy can help draw attention on more regional issues.

- **Write a letter to the editor:** Respond to a specific article or comment by sending a letter to the editor of a newspaper or a magazine. Your chances of being published will be greater if your letter focuses on a single issue. Be careful about the word limit.
- **Submit an opinion editorial:** In an op-ed, you can choose through which angle you want to address a topic, which allows you to dig deeper into a subject. You can rely on the information provided in the appendix and contact us at the RANQ, if you need help or want specific data. Once again, pay attention to the number of words allowed.
- **Contact journalists you know.** Through your activities, you may already be in touch with local journalists. Contact them and offer them to do an interview on the subject.

Warning: in order not to be partisan, your publications should not criticize the government in power, nor favor one party over another. To do so, it is preferable to simply communicate your position on specific issues and solutions, and your demands to improve the life conditions of caregivers, without referring to a party's commitments and platform.

Example:

a. It is sad to see that in recent years nothing has been done to improve the health of caregivers. A future government will have a lot to do in this area, and we advocate a national support strategy for all caregivers. (PROSCRIBED)

b. Demographic changes and a lack of recognition of caregivers in the health care system contribute to the poor health of caregivers. A future government will have a lot to do in this area, and we advocate a national support strategy for all caregivers. (AUTHORIZED)

Following up after the elections

Election campaigns should not only be an occasion to make promises, which is why following up is important. Ask for an appointment with your new MP as soon as possible to congratulate him, to introduce yourself as an organization (or as a caregiver), to present some of the issues related to caregiving, and so on. If the MP had made commitments during the campaign, bring the notes you took along with you, the newspaper articles that talk about the commitments or the answers he or she had given you. If you haven't already, give the **national strategy** to your MP and add these materials to it. In any case, **send him a "Support caregivers" badge** and suggest him to wear it during the National Caregivers' Week.



After your meeting, inform the RANQ of what happened and what was discussed (info@ranq.qc.ca or 514 524 1959). If you were able to take pictures, it would help us to illustrate the annual reports of our organizations 😊

Information and questions for the candidates

Caregivers provide 80% of the care for aging Canadians living with a temporary or permanent illness or disability. Caregivers also offer them many services (taking care of daily life needs, handling administrative tasks, etc.), either at home or in long-term care centers. **As a result, caregivers save health systems billions of dollars a year. Moreover, 1.2 million full-time professionals would need to be hired to provide care and services currently offered by caregivers (Fast, 2015).** Despite these apparent savings, it is wrong to think that doing nothing costs less than acting: employers lose \$355 million/year (replacement, hiring, vacation pay, etc.), and the cost for the Canadian government in lost income tax revenue and additional benefits payments is of \$641 million annually. **Caregivers become poorer due to two concomitant factors: additional costs (travel, service, or respite costs.) for an average expenditure of \$7,600 per year per person, and income loss (\$336 million/year income loss for caregivers who are employed).**

Tax measures

The Canadian government offers the Canada Caregiver Credit (CCN). It is a non-refundable tax credit, which means that it can only be claimed to reduce the amount of payable taxes, for those who have to pay income taxes. **Consequently, this measure is discriminatory, because it disadvantages the poorest caregivers who earn too little to pay income taxes and female caregivers (58% of caregivers) who often have lower incomes than men do.** Caregivers who have to reduce their sources of income to care for their loved ones are thus twice penalized. In addition, this tax credit is underused: for example, in Quebec, only 3.4% of caregivers obtained this tax credit in 2012 (Conseil du Statut de la Femme 2018), and the credit covers only 18% of the costs incurred by caregivers (Conference Board of Canada 2019). Finally, this tax credit is not based on the caregivers' income but on the income of the person being helped. However, caregivers' additional expenses are equal regardless of their income level, which suggests that even when the person being cared for is wealthier, the caregiver does not receive additional funds. **Caregivers thus remain financially dependent of the person being helped with this policy, which increases their risk of being subjected to financial abuse.**

Despite the 2017 reform, eligibility criteria significantly limit access to this credit:

Criteria	Reality
Support a spouse, children or grandchildren, parents, grandparents, brothers, sisters, uncles, aunts, nephews or nieces	<ul style="list-style-type: none"> • 29.3% of caregivers provide support to a member of the extended family • 21.4% of them take care of a friend or a neighbour.
Common residence	<ul style="list-style-type: none"> • Only 25.9% of caregivers live with the person they support. Yet, whether or not a caregiver lives with the person being helped is no indication of the time spent and the extent of support they provide. • 12% of caregivers have to drive more than an hour to help their loved one.
1 application per person, per residence	<ul style="list-style-type: none"> • 27% of Canadian caregivers care for 2 people • 15.3% of them take care of 3 people or more

1) If your party is elected, will your government commit to making the tax credits benefitting caregivers refundable?

yes

no

2) *If your party is elected, will your government commit to expanding the eligibility criteria for the Canadian Caregiver Tax Credit and making them more flexible?*

yes no

If so, how?

3) *If your party is elected, will your government commit to developing additional tax measures to better financially support caregivers?*

yes no

If so, how?

Work-Study-Caregiving Reconciliation

In Canada, 60% of caregivers are also employed. Most want to keep their jobs as long as possible, which allows them to avoid being isolated and to meet their needs for self-realization. Being a caregiver who is also employed means having to leave work abruptly to respond to an emergency, having to miss work between eight to nine days a year to go to appointments, having to use one's annual paid leave days to care for the person. It also means an increase in presenteeism, which is being physically present in the workplace, but mentally worrying about the person being helped. Caregivers have to plan support and can therefore not be entirely dedicated to their professional responsibilities. Income loss (unpaid leave, loss of employment ties, suspension of retirement pension contributions and group health benefit plans, etc.) reaches, on average, \$16,000/year.



There are benefits for caregivers, and paid leave available through employment insurance, which can provide financial assistance of up to 55% of the salary. One is a 26-week compassionate care leave benefit for the provision of end-of-life care. Another is a 15-week benefit for caregivers supporting adults and a 35-week benefit for those taking care of a child. Two criteria significantly limit access to benefits for caregivers who take care of people who need it the most. **First, the criterion establishing that the person being helped must be critically ill or injured, with a significant risk of death, is unclear and restrictive.** To begin, there is no clear definition of what a critical illness is. In addition, for a number of chronic illnesses or disabilities, there are acute episodes or transition phases during which the person needs significant support without, nevertheless, being at risk of dying. These episodes upset the hard-won balance between professional and caregiving responsibilities. We recommend that the medical certificate confirming that the patient is at risk of death be replaced by a medical certificate confirming the seriousness of the health issue requiring the caregiver's intensive support. The second requirement to qualify for a benefit is to have accumulated at least 600 hours of insured work. **However, it is increasingly difficult for caregivers who are employed to accumulate these hours, because of growing job insecurity and their responsibilities as caregivers.** Moreover, precarious or part-time employment is more common among women (MASSE 2018: La loi sur l'assurance emploi: une loi sexiste à transformer. http://www.lemasse.org/wp-content/uploads/2018/10/Feuillet2_Final_web.pdf). The number of hours of work accumulated should be reduced to 350 hours per reference period.

For student caregivers, several support measures are only available if they are enrolled full-time. However, studying full-time does not allow them to manage their course schedules, workload and responsibilities as caregivers. This leads to exhaustion, impoverishment and, ultimately, to dropping out of school

4) If your party is elected, will your government commit to expanding eligibility criteria for caregiver benefits and making them more flexible?

yes no

If so, how?

5) If your party is elected, will your government commit to increasing the employment-insurance amount for caregivers?

yes no

If so, of how much?

6) If your party is elected, will your government commit to giving part-time students who are also caregivers access to all scholarships?

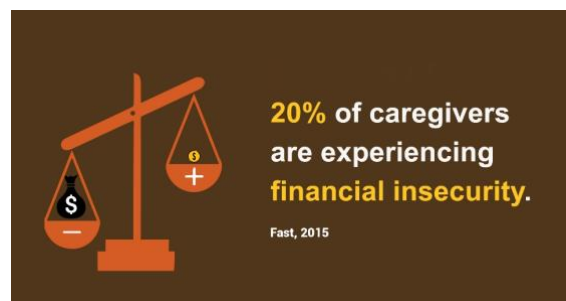
yes no

If so, how?

Financial insecurity among caregivers

In Canada, 20% of caregivers are financially insecure. Moreover, apart from very limited tax credits, caregivers who are unemployed or have left their employment do not have access to any financial support measures. While there are no reliable data on the number of caregivers who must quit their jobs, estimates suggest the proportion would be around 10%. Once again, women represent the majority of those who leave their jobs, sometimes for decades, and who end up in situations of dependency or become impoverished over time. Indeed, when leaving their jobs, caregivers often lose their group insurance, their right to retirement, etc. When they injure themselves while caring for their loved ones, they do not have access to workplace health programs.

Just like the Canada child benefit, the creation of a universal Canadian caregiver benefit should be taken into consideration, to compensate caregivers for their partial or total income loss, and to acknowledge the extensive support they provide and the health risks they face. This benefit should be paid directly to the caregiver, not to the person being helped, and should be based on the caregiver's income, regardless of his or her employment or study status. This benefit should be available to caregivers within all age ranges, to represent all types of personal situations.



7) If your party is elected, will your government commit to developing a direct financial support measure for all caregivers?

yes no

If so, how?

Appendix 1: Sample letter to candidates

Candidate's name

Insert address

Date

Dear (insert name),

According to Statistics Canada, almost half of the Canadian population is or has been a caregiver. More than a third of caregivers have been investing more than 5 hours a week in this occupation for more than 4 years, and 60% of them combine caregiving with paid employment. Regardless of the state of the person being helped, caregivers face similar risks of impoverishment and exhaustion. **Being a caregiver is an extra role; not taking on the full responsibility to provide all care and services to the person being helped and not having to deal with all their implications is a right.**

Although many caregivers find this role rewarding, it is urgent to act globally and collectively. Current measures are fragmented and restricted to categories of caregivers that are based on the state of the person being helped. Above all, current measures do not cover the expenses incurred by caregivers.

(If you wish, insert a personal story here: For example :...)

(Insert your name, the name of your program, organization or association here) is asking you to respond to the following questions as a (insert the name of the party here) candidate in (insert the name of the riding here) riding. We have contacted all candidates in your riding, each response will be circulated among our members, without any changes, and according to the date we receive them, via (choose the medium used: our newsletter, our journal for members, our Facebook page, our Twitter account, our office's display board, etc.). Please submit your responses no later than October 10, 2019, so that we can inform our members about the actions planned by your party, if elected, and about the human and financial resources that will be invested to carry out these actions. In order to do so, we would appreciate if you could provide detailed answers and not simply transfer our request to the relevant ministry.

(Choose 1 or 2 questions from the following list:)

1. Is your government committed to making tax credits for caregivers refundable?
2. Is your government committed to expanding eligibility criteria for the Canadian Caregiver Tax Credit and making them more flexible?
3. Is your government committed to developing additional tax measures to better financially support caregivers?
4. Is your government committed to expanding eligibility criteria for caregiver benefits and making them more flexible?
5. Is your government committed to increasing the employment insurance amount for caregivers?
6. Is your government committed to giving part-time students who are also caregivers access to all scholarships?
7. Is your government committed to developing a direct financial support measure for all caregivers?
8. Any other question pertaining to your specific region/organization.



We have enclosed a briefing note and a fact sheet prepared by the *Regroupement des Aidants Naturels du Québec* (www.ranq.qc.ca). We look forward to hearing about your government's plans to improve the lives of all caregivers.

Kind regards,

Name

Title

Organization

Enclosed: Caregiving Fact Sheet, National Strategy

Appendix 2: Note-taking tool

Here is a document that will help you keep track of the responses you receive when you contact candidates regarding specific issues. Please send a copy to the RANQ (info@ranq.qc.ca or 3958 Dandurand Street, Montreal (QC) H1W 2S1)

Candidate's name, party and riding	Date and method of contact (public debate, letter...)	Q1: Tax measures	Q2: Work-study-caregiving reconciliation	Q3: Financial insecurity	Q4: Question pertaining to your region or organization	Follow-up required

Appendix 3: Facts sheet

Who are caregivers

Caregivers voluntarily provide care and assistance, without being paid, to one or more family members, friends, neighbours or others who have a temporary or permanent disability (accident, impairment, illness, aging, etc.) and with whom they have an emotional connection (father, mother, spouse, child, brother, sister, neighbor, friend, etc.). On this basis, caregivers:

- Provide emotional support, care, or try to meet the needs of the person being helped, which vary according to each specific situation (e.g. errands, transportation, appointments with specialists, meals, housework, etc.)
- Support the person receiving help on an occasional or continuous basis, in the short or long term, according to the changes in the situation of the person being helped.
- Play their caregiving role in their own home, at the home of the person being helped or in residential institutions.
- Offer their support voluntarily, according to their own life situation and abilities, and can decide to decrease or end their involvement with the person helped, at any time.

Some statistiques

- In 2012, a fourth of the population over 15 was a caregiver (Government of Canada, 2013). This proportion tends to increase (Fast, 2015) and is not necessarily perfectly accurate since the caregiver role is not formally defined (minimum number of hours per week, level of complexity of tasks, etc.) and many caregivers (especially parents) do not identify themselves as such (Thibaut & Vogels, 2011).
- Estimations indicate that 15% of caregivers are under 15 years of age (Benjamin Weiss, 2014) and 27% of young people from 15 to 29 years old are young carers.
- More than a third of caregivers (35%) spend more than five hours per week providing care and support, and 10% of them provide more than 20 hours (Government of Canada, 2013).
- 27% of caregivers take care of two people in need of help and 15.3% take care of three or more people (Institut de la Statistique du Québec, 2015a). There are no statistics specific to the province of Quebec, but global ones suggest that the average caregiving period is of 4.1 years, with 26% of caregivers exceeding 5 years (IFOP & MACIF, 2008).
- Being a caregiver is an extra role, in addition to that of spouse, parent, children, citizen, worker, and so on. Yet, about 40% of caregivers feel they did not have the choice to take on this role (Institut de la Statistique du Québec, 2014).
- 21.4% of caregivers support either a friend or a neighbor (Government of Canada, 2013).
- Most caregivers (54%) in Canada are women (Government of Canada, 2013). On average, female caregivers spend more time for help, and the care structure remains tied to the traditional role attributed to women (household chores, body care, etc.).

Caregivers, cornerstones of the healthcare system

- According to the Ministry of Health and Social Services (MSSS), caregivers provide 85% of the total help for senior citizens. Caregivers have to face the scarcity of resources for home care services, waiting lists to obtain accommodation services (in CHSLDs, specialized facilities for handicapped children, and palliative care) and the fragmentation of care services (Quesnel-Vallée & Taylor, 2017). In 2012, 63,9% of caregivers provided care at least once a week (Institut de la Statistique du Québec, 2015b, 2015c).

- Replacing the work of caregivers would require hiring 1.2 million full-time professionals (Fast, 2015).

Exhaustion and impoverishment of caregivers

- The level of exhaustion among caregivers is very important: 64% of caregivers have decreased their social and relaxation activities, almost 50% of them have reduced the time spent with their own spouse, and 34.5% of them have changed, canceled or stopped taking their holidays (Institut de la Statistique du Québec, 2014). In Canada, there are neither reliable statistics on the level of stress, depression, and psychological distress of caregivers, nor on other mental and physical health problems resulting from the caregiving role they play. This lack of reliable statistics applies for all caregivers, notwithstanding the situation of the person being helped.
- In Canada, caregivers spend on average \$ 7,600 per year for the person being helped, regardless of their initial income level. 20% of caregivers experience financial insecurity (Fast, 2015).
- Non-refundable tax credits only benefit the wealthiest Canadians. In addition, eligibility criteria for these tax credits are restrictive and do not correspond to many situations. Many caregivers cannot obtain them.

Balancing caregiving work, study, and family responsibilities is a major challenge.

- More than 60% of caregivers are employed (Institut de la Statistique du Québec, 2014), but few work-care or study-care reconciliation measures are available for them.
- Caregivers who are not in charge of senior citizens would lose about \$16,000 per year by reducing their paid work hours (Fast, 2015).
- Caregivers make up 30% of Canada's workforce (Fast 2015)
- If caregivers were to reduce their paid work hours, Canadian businesses would lose \$ 1.3 billion a year, not to mention replacement costs, vacation pay, hiring, etc. (Bernier, 2015).
- In Canada, assessments suggest that caregivers' reduced paid work hours and reduced productivity because of absenteeism cost \$ 641 million in lost income tax revenues and additional social benefit payments to the government (Fast, 2015).
- Caregiver students who cannot obtain scholarships because of their part-time studies drop out of school (Bélanger, Landry, Ndiaye, & Caouette, 2017).

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