

Healthy Balance Research Program – Policy Recommendation Matrix (June 2006)

Policy Recommendation Themes	Recommendations from HBRP Reports	Forum Recommendations	Policy Advisory Committee Highlighted Objectives
<p>Uniqueness of Caregiving in Nova Scotia Landscape 1, 2, 8</p>	<ul style="list-style-type: none"> •Policy Development around unpaid care services to support choice and diversity, flexible to intergenerational, NS geography and socioeconomic system (Keefe, Hawkins & Fancey, 2006) •Policy to address the prevalence of unpaid care as more than 1/3 of Nova Scotians identify as a ‘caregiver’ (Keefe, Hawkins & Fancey, 2006). •The majority, 80% of caregivers do not reside with the care recipient, ‘deinstitutionalization, policies supporting independent living-more relevant to the NS context (Keefe, Hawkins and Fancey, 2006) •The pattern of youth out-migration and finding that most caregivers do not live with the care recipient creates particular challenges for ling-distance care (Keefe, Hawkins & Fancey, 2006). •Increase Provincial and Federal spending on caregiver-specific service/support programs (Beagan et al, 2005) •Flexible policy to allow diverse response to diversity of caregiver needs in both rural and urban settings (Gahagan et al, 2005) •Building supportive communities able to provide physical and social infrastructure in support of unpaid care (Gahagan et al, 2005) 	<ul style="list-style-type: none"> •Provide transportation support •Provide consistent coordination in service provision (ie. universal discharge planning) match urban/rural services •Improve sensitivity/ empathy of service providers •Include diversity and cultural understanding in program design and policy impact analysis models •Provide ready and convenient access to information 	<ul style="list-style-type: none"> •Recommend comparison of Nova Scotia and National needs and resources around unpaid care •Recommend using NS Provincial Election as an opportunity for policy impact (ie. pdf. file with questions to ask candidates such as: What is your position on caregiving? What is your government doing to support unpaid caregivers?) •Frame unpaid caregiving within the demographic shift, aging population of NS, as a long-term prevention strategy of support to elderly and unpaid caregivers •Recognize preventable health implications of unpaid caregiving •Recognize challenges posed by rural/urban divide •Recognize predominance in NS of caring for people outside of household/direct family
<p>Diversity Considerations for unpaid caregiving policy 1, 2, 6, 8</p>	<ul style="list-style-type: none"> •Design programs, supports, changes to policy in consideration of diverse identities, situations and needs of caregivers, responsive to ethnic identity, place of residence and legal status (Beagan, 2005) •Improve access to caregiver services on First Nations reserves that already are available in major cities (Beagan et al, 2005) •Recognize challenges specific to caregivers with disabilities (Gahagan et al, 2005) 	<ul style="list-style-type: none"> •Include Acadian Community in diversity analysis for policy impact •Provide access to francophone-relevant community information related to unpaid care 	<ul style="list-style-type: none"> •Policy must include a diversity-based analysis •Policy to be culturally sensitive •A woman-centred approach to policy •Link recommendations to community development; capacity-building; social economy and inclusion
<p>Tax/Transfer System Considerations for Policy 5, 8</p>	<ul style="list-style-type: none"> •Recommend Income Entitlements to support unpaid caregivers including: •Disability Income system incorporating training, rehabilitation and employment to redress access and inequity issues with CPP and income tax system (Shillington, 2004) 	<ul style="list-style-type: none"> •Restructure Family Policy within the tax/transfer system to consider diversity of caregivers and care recipients 	<ul style="list-style-type: none"> •Recognize costs to the health care system resultant of failing to prevent population health limitations linked to time-stress, poverty and 1 unpaid care.

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<p>Tax/Transfer System Considerations for Policy Continued...</p>	<ul style="list-style-type: none"> •Recognize caregiver fallback on ESIA (Social assistance) and remove forced work provisions for single parents, level entitlements to index inflation (Shillington, 2004) •Recognize disability-motivated cases of ESIA (25% in NS), bringing levels of OAS/GIS to better support disabled persons on assistance – remove asset testing (Shillington, 2004) •Target GIS benefit to lower-income spouse and increase to accommodate hired help to coincide with age increase of recipient (Shillington, 2004) •Enable gender equity within families by targeting benefit entitlement of GIS to person with 25% of formal income, recognizing women's income disparity and longer life expectancy. (Shillington, 2004) •Allow accumulation of CPP while caregiving and/or expand dropout provisions specifically for unpaid caregivers (Shillington, 2004) •Make the following tax credits refundable benefits: Disability Tax Credit, Medical Expense Tax Credit, Caregiver Tax Credit, Dependent Child Tax Credit (Shillington, 2004) •Child care claim for unpaid caregivers-a tax credit rather than a deduction (Shillington, 2004) 	<ul style="list-style-type: none"> •Recommend comprehensive financial support for unpaid caregivers 	<ul style="list-style-type: none"> •Recommend Tax/Transfer System Reform including subsidies and grants for caregivers instead of tax credits •Recommend a caregiver pension •Recommend Removing and Redesigning inadequate Caregiver Support (ie. Compassionate Care Leave) from the Employment Insurance System
<p>Policy to address gendered context of unpaid caregiving 1, 3, 4, 5, 7, 8</p>	<ul style="list-style-type: none"> •Gendered characteristics of unpaid care reveal flexible policy is needed to address different roles and tasks taken on by women and men in the provision of care (Keefe, Hawkins & Fancey, 2006) •Enable processes by which caregivers, as predominantly women can make the best possible choices for care recipients (Beagan et al, 2005) 	<ul style="list-style-type: none"> •Recommend transforming policy by empowering women as policy makers •Ensure women are represented in the legislature 	<ul style="list-style-type: none"> •Use a life-course perspective framework for policy, recognizing women's connection with life-long caregiving activities •Emphasize human capabilities •Create non-prescriptive recommendations using a gender lens and enabling accessibility, entitlement and social justice
<p>Policy to address information and service gaps 6, 8</p>	<ul style="list-style-type: none"> •Increase access to information and provide training and skill development as well as appropriate and responsive respite care (Gahagan et al, 2004; Beagan, 2005; Rajinovich et al, 2005) 	<ul style="list-style-type: none"> •Redesign caregiver support away from regulation-focus, gatekeeper model •Include leisure time and public awareness in policy development 	<ul style="list-style-type: none"> •Recommend developing systemic-effectual policy as part of a health policy in the continuum of care

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<p>Policy to address information and service gaps Continued....</p>	<ul style="list-style-type: none"> •Recommend expanding education, information and support programs to improve caregiver skills and coping strategies to counteract the effects of caregiver stress and strain (Keefe, 2003) •Expand pharmacare plans and medical expense plans to cover home renovations, drugs, equipment needed (Rajinovich et al, 2005) •Develop a list of core services, guiding principles and formulate indicators to evaluate home and community care (Rajinovich et al, 2005) •Provide public funding for home care and a national home care service (Keefe, 2003) 	<ul style="list-style-type: none"> •Recommend policy to include Human support •Flexible options to allow alternate caregivers, choice of replacement caregiver •Provide entitlements for replacement care of choice •Recommend prevention-oriented policy and evidence-based policy development •Develop a caregiver assessment tool kit •Develop a service provider tool kit •Provide universal access and high quality national standard of support and health service for unpaid caregivers •Improve communication among Community organizations and Provincial Health Service providers •Reorganize and Restructure home care to fulfill needs of clients for consistency, flexibility, and to avoid conflict to caregivers schedule 	<ul style="list-style-type: none"> •Recommend standardizing respite/ home care service provision, as well s support for transportation, medical and equipment costs, and supports
<p>Employment Related Policy Considerations 3, 4, 5, 7</p>	<ul style="list-style-type: none"> •Employment characteristics highlighting the proportion of unpaid caregivers in the full-time and part-time labour force , including the over-representation of women in the part-time labour force mandates policy to address the reality of unpaid caregiving with simultaneous labour force attachment (Keefe, Hawkins & Fancey, 2006) •EI eligibility period adjustment needed to reflect value of part-time labour force attachment exhibited by women unapid caregivers, increase wage replacement rates from 55% to 60%, remove 2 week waiting period, include self-employed person in wage replacement options (Shillington, 2004) •Family-Friendly employment policies for employed caregivers (Gahagan et al, 2005) 	<ul style="list-style-type: none"> •Recommend employers are empowered to provide flexibility to employees for caregiving 	<ul style="list-style-type: none"> •Recommend linking caregiving policy and framework to employment equity •Recommend framing policy within labour shortage, cost-to employment sector of impromptu opt-outs of women from the labour market to provide unpaid care