

# BEUTEL GOODMAN SPEAKER SERIES

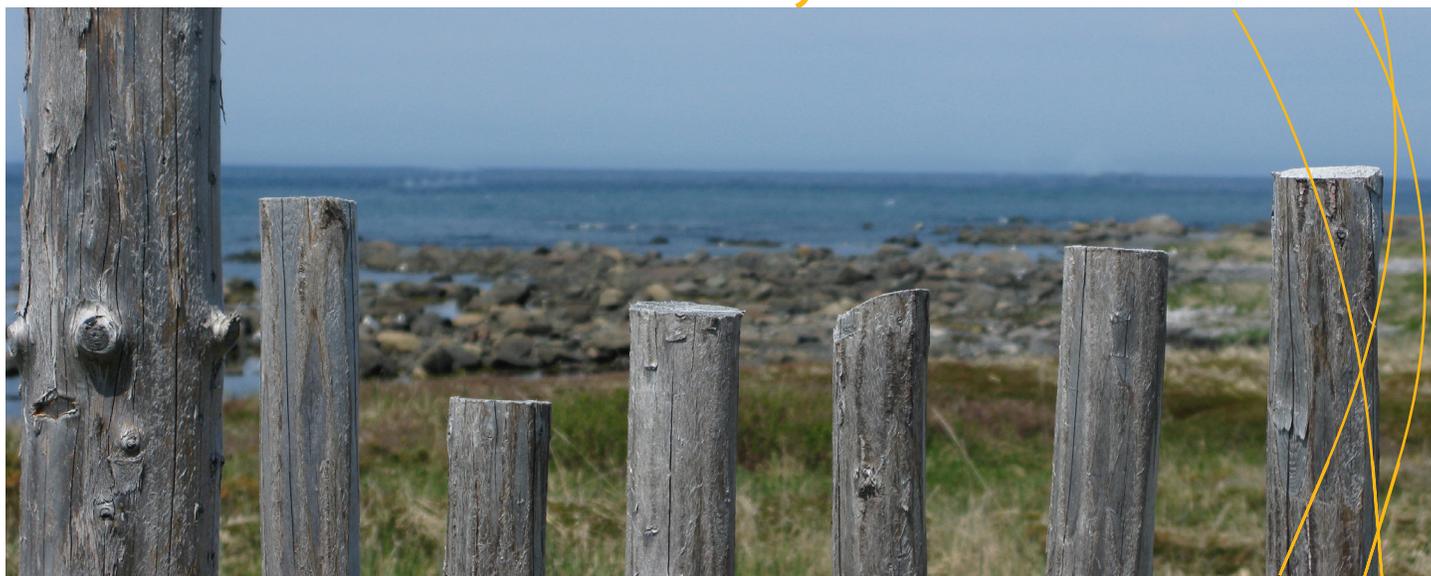
*Canadians today face many challenges beyond investing when it comes to managing their wealth. Recognition of this—along with our desire to more broadly add value and peace of mind—prompted our creation of the Beutel Goodman Speaker Series.*

*This new forum is designed to provide helpful information on topics that may not be directly related to investing, but are nevertheless important from a wealth-management perspective. Topics expected to be covered include understanding legal documents such as Powers of Attorney, as well tax, estate, legacy and succession planning, all delivered straight from experts in these fields.*

*Joining us for our inaugural Speaker Series event to provide some insight and advice on the eldercare journey was Pat Irwin, President and Founder of ElderCareCanada. At its core, ElderCareCanada specializes in helping families manage the dynamics between seniors, adult children and the eldercare system.*

*What follows are tips on broaching the conversation with aging family members or friends, as well as an eldercare planning checklist. Some case studies illustrating what can sometimes go wrong, even with the best-laid plans, are also discussed. While details have been changed for privacy reasons, the scenarios are the real-life experiences of three different families. In each, Pat outlines the initial situation, the tipping point and the revised solution, and highlights some key takeaways to help those starting out on the eldercare journey avoid common pitfalls and maximize their chances of a positive outcome.*

## The Eldercare Journey



Preparing for and managing through the aging process opens seniors and their families up to a number of emotional, logistical and financial challenges. From initial thoughts and conversations about eldercare all the way through to the day-to-day administration of increasingly complex care needs, multiple hurdles must be overcome.

Navigating the care system is not particularly easy, and even the best solution can fail if an unexpected situation arises. This, however, does not mean that families should fear the eldercare journey. While it's not always an easy ride, a little knowledge and planning can go a long way towards smoothing out the bumps in the road.

## Broaching the Eldercare Conversation

Given the number of factors and “what if” scenarios requiring careful consideration, Pat recommends families conduct open discussions of eldercare plans *before* an unexpected event kick-starts a full-blown crisis. Broaching the conversation, however, can be difficult.

Although most seniors have likely spent a significant amount of time thinking about their future care needs already, many may be uncomfortable or even unwilling to discuss matters with relatives. For this reason, it can be beneficial to enlist support from a trusted third party. An initial informal meeting, potentially one that doesn’t include key family members, can help pave the way for deeper follow-up discussions. The value of a third party is the neutrality they bring to stressful and emotionally charged topics—growing old and the fear of losing control. Successfully communicating the necessity of formulating a plan is often easier without the worry, however unfounded, that an adult child is “trying to get rid of me”.

Regardless of how the conversation is handled, running through a simple checklist such as the following can be a good place to start. Once the plan is fleshed out, written down, and stored in a safe but accessible place, the family

can go back to daily living. The senior can rest easy, secure in the knowledge that he or she will maintain control throughout the aging process, and relatives or friends know there is a plan in place to ensure a smoother ride on the eldercare journey.

### Eldercare Planning Checklist

- Have you designated a Power of Attorney (POA)? Is he or she local, and able to provide proper oversight in the case that it becomes necessary?
- Have you drawn up a will? *The POA doesn't need to know what's in it, just how to access it if required.*
- Do you have a financial plan? A legacy? An estate plan?
- What are your thoughts on downsizing?
- Do you intend to stay in your home and “age in place”, or move to a retirement community?
- Have you researched retirement options that offer a continuum of care?

*(Note: this list is meant only for guidance and is not exhaustive or the definitive playbook.)*

## Case Study 1 Moving to a Retirement Community

### Initial Situation

Judy, 78, had been diagnosed with dementia following a stroke. After seeing ads for and subsequently visiting a luxury retirement home, she decided, without consulting her POA, to move in. Despite the home’s singular focus on independent living, things went well for a time. However, as Judy’s dementia progressed, so did her caregiving needs, and she was eventually told she would need to find alternative accommodation.

Unfortunately, no dementia units were available in her neighbourhood. As an interim solution, the retirement home insisted Judy secure private care. While residents may

hire a careworker of their choice, this had not been properly explained to Judy, and an agency owned by the residence’s parent company was employed at significant extra cost. Further complicating the issue, Judy would not allow the private careworkers into her suite, and so they sat idle outside her door around the clock, and Judy did not receive proper care.

### The Tipping Point

The POA, a lawyer, received a bill for \$35,000 for a month’s 24/7 private care and other expenses. Judy didn’t have money for long-term care at that price tag.

### Pitfalls

- *Lack of comprehensive long-term planning.* A proper search for a residence with a continuum of care (i.e., one that offers seamless movement between independent-living suites, independent living in a retirement home setting, assisted living, and provincially run long-term care) was not conducted.

- *Inadequate initial assessment by the home.* The home's "sales staff" did not consider Judy's longer-term needs based on her medical history, which included dementia. In addition, the POA was not consulted, and was not included in the decision-making process.

### Revised Solution

Judy was moved, very reluctantly, to the only dementia unit available at the time, across the city from her former home and support system. Unfortunately, her small dog and 'icebreaker' with other residents was not allowed in this home. A proper eldercare plan that considered a continuum of care could have prevented this regrettable outcome.

### Lessons Learned

- Not all retirement communities offer "aging in place". Do your research and ask lots of questions before you make a decision.
- You can always bring in your own private care – you do not need to use the agency affiliated with the retirement home.
- Think and plan carefully for the continuum of care so that you only need to downsize and move once.

## Case Study 2

### Staying in the Home with a Caregiver

#### Initial Situation

Helen, 89, had severe arthritis and chronic pain. She had never married, and her only remaining family resided in Florida. Although they were Powers of Attorney (POAs), they hadn't physically seen Helen in six years. As a live-in caregiver had already been caring for Helen for a time, the POAs opted to carry on with what appeared to be an ideal situation: Helen being able to stay in her home and age in place.

#### The Tipping Point

The POAs received a phone call from police one day, informing them that Helen's caregiver had been arrested. The caregiver had been selling Helen's prescription pain medication and giving Helen aspirin as a substitute, leaving her in terrible pain and with internal bleeding. Most upsetting, the caregiver had installed a lock on the outside of Helen's bedroom and had been locking her in at night, in her own home.

The POAs also discovered the caregiver had been subletting all the bedrooms in Helen's house and was pocketing the rents; had been using Helen's debit card to pay for "groceries"; and had convinced Helen to obtain a reverse mortgage on her house to pay for bogus repairs. The compound interest owed following the sale of the home left Helen with little left to live on.

#### Pitfalls

- *Poor initial vetting of the caregiver.* Often, well-meaning people pass along information about a "friend of a friend who knows a good caregiver". It's tempting to use these recommendations instead of going through the proper channels, because employing an agency can be expensive. However, the lack of a vetting process or thorough background check could put someone at serious risk.
- *No POA oversight.* The odd phone call is not a substitute for someone physically monitoring what's going on. Although being cared for in her own home, Helen was living through a situation that put her at extreme risk – financially, physically and emotionally.

#### Revised Solution

Helen was immediately moved to a respite spot in a retirement home, and Power of Attorney was reassigned to a local lawyer. In addition, the former caregiver was charged; the "tenants" were evicted; and the home was cleared, staged and sold.

### Lessons Learned

- Remaining in the home can be a viable and comforting option, but you must secure proper oversight – of care and of finances. Regular on-site visits are a must.
- Many prefer a family member to serve as a Power of Attorney; however, non-resident POAs typically aren't practical.

## Case Study 3

### Long-Term Care at a Nursing Home

#### Initial Situation

Russell, 92, had Parkinson's disease and poor mobility, but maintained 100% of his cognitive faculties. He had been on the waiting list for over five years for a government-subsidized spot at a top-choice nursing home, and had finally been accepted. The family was elated, and everything seemed great when they moved him in.

#### The Tipping Point

Within a week, Russell was calling his daughter five to six times a day saying he hated the home. He wouldn't get out of bed, get dressed, go to meals or accept care, and became severely depressed. The whole family, who thought they had done the right thing, were thrown into a situation of confusion and guilt.

#### Pitfalls

- *Caregiving expectations were not being met.* In government-subsidized homes, there are caregiver-to-resident ratios; there may be only one caregiver or support worker for every six residents. While not necessarily an issue for most residents, having to wait in the morning for care and attention ruined Russell's whole day. He felt ignored and disrespected.

- *Core values were not honoured.* Vital information about Russell had not been learned (e.g., he had a military background, valued an early start to the day, and needed to be well-groomed to feel like himself). He had also once been a powerful senior executive, and felt belittled by staff calling him by his first name.

#### Revised Solution

Two male caregivers were hired privately to attend to Russell from 7:00 a.m. to noon each day, alternating days for continuity. Russell's former life was also recreated—the suite was rearranged more like an office, with a desk, club chair, large TV and daybed—and each day his caregivers brought him *The Globe and Mail*, coffee and toast. Russell was then ready for a shower and was dressed in a jacket and tie. He was himself again, and ready to go to activities or see friends.

#### Lessons Learned

- People don't change who they are just because they are going to a retirement home. Ensure core values are understood, and a strategy involving all parties is put into place to help the resident maintain his or her sense of self.
- Daily structure is essential, especially when a person is living with a chronic disease that causes them to lose a sense of control. People need to know that their day has a purpose.
- Don't be judgmental about needs or punish a person for being who they are.



#### Pat M. Irwin – Founder & President, ElderCareCanada

Pat Irwin's 25-year career in financial services ended when her family was faced with placing her dad, living with Parkinson's disease, in a nursing home. The home itself was not the problem; not having any idea of clear choices was the issue that made her start ElderCareCanada, a consulting and advocacy company dedicated to helping adult children and their families make informed choices about eldercare.

Since 1998, she's been privileged to help families understand their options for strategies for housing, support and care; retirement residence options; downsizing and moving; care management; eldercare mediation and expert opinions for the courts. She has extensive experience in EAP programs, education and awareness and is a Professor of the Retirement Communities Management Certificate Program.

For more information Pat's services, visit the ElderCareCanada website at [www.eldercarecanada.ca](http://www.eldercarecanada.ca).