

Policy solutions for supporting end of life caregivers in paid employment: exploring the transferability of the Canadian Compassionate Care Benefit

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Conflict of interest disclosure

I have no, real or perceived, direct or indirect conflicts of interest that relate to this presentation.



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Care and support
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Background

- Family caregiving in palliative care has a range of negative impacts, including on a caregivers employment (Gardiner 2022).
- Maintaining paid employment whilst caregiving is challenging, and carers often leave the workforce altogether in order to provide care.
- Support from both employers and government is important for helping family carers remain in employment (Gardiner 2019).



CCB

- The Canadian Compassionate Care Benefit (CCB) is a federal benefit which provides financial assistance to employed caregivers in Canada
- Allows carers to take up to six months away from work to provide end of life care.
- Carers receive up to 55% of their income (up to a maximum)
- Job protection (most Provinces)



Aims



To explore the socio-political context which led to the implementation of the CCB




Explore the impact of the CCB on working caregivers and their employers



Explore the transferability of the CCB to other high income countries

Methods

Multi-method study involving two phases:

1. Literature review involving searches of 6 electronic databases for research relating to the CCB and its impact
 2. Qualitative interviews with 14 stakeholders from across Canada, who had expertise in the CCB and palliative care. Interviews were analysed using reflexive thematic analysis.
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Results – six themes

(1) Socio-political context leading to the implementation of the CCB

A ‘public appetite for change’, strong advocacy landscape and the importance of individual ‘champions’

(2) Evolution of policy scope

Limited scope in 2004 - changes made over time to widen the population who can benefit.

“Now we had hoped originally to get 10 weeks...we only got six weeks. [NAME] and I had a quick call and we said ‘better six weeks than no weeks’.

Results

(3) What worked well in the implementation of the CCB

Enables patients to be cared for and to die at home, reduces stress and anxiety, wellbeing for patients, job security, financial security, a 'lifeline', improves workforce retention and reduces staff turnover

(4) Cost and cost effectiveness of CCB

Initial estimated costs of the CCB ~ \$240 million a year; between 2004- 2009 the CCB cost only \$50 million. No evidence on cost-effectiveness.

"If there is a family member who wants to stay at home, care for their loved one, so they can stay at home...and it keeps them out of hospital, then I think there would be cost savings in there at least for the health care system"

Results

(5) Perceived problems with the CCB

Concerns were raised over inequity: non-cancer diagnoses, self-employed, low socio-economic status, rural/indigenous communities; gender; age

(6) Transferability of CCB to other high-income countries.

Perceived as a transferable policy solution for supporting informal carers in comparable countries.

Integration within an existing benefits programme (the EI programme)

Consider framing – employment the ‘norm’ and ‘caring’ something to be employed against?

Conclusions

- Whilst the CCB has been conceived and implemented specifically for the Canadian context, there is significant potential for it to be adapted for other comparable countries.
- UK National Insurance programme has many parallels with the Canadian EI programme and may offer a suitable platform for a benefit.
- Receptive socio-political landscape key in driving policy change.
- Lack of evidence on cost-effectiveness presents a challenge to justifying policy expansion or international transferability.



Thank you

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