The Aging Readiness & Competitiveness Report

CANADA

aarpinternational.org/arc
Overview

In 2015, for the first time, Canadians age 65 and older outnumbered those under 15 and accounted for 16.1 percent of the total population.\(^1\) Even though the share of the older population is smaller in Canada than in many OECD countries, the growth of the older population has dramatically outpaced that of the general population every year since 2011, when the post-World War II baby boomers (born between 1946 and 1965)\(^2\) started to turn 65. In addition to the baby boomers, this increase in the aging population is driven by rising life expectancy. As of 2015, Canadians in the 60 though 64 age group were expected to live another 24.6 years, the second longest among countries covered by this study, following Japan. By 2026, Canada

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(Sources: United Nations, World Bank, OECD)
is expected to become a “super-aged” society as the share of people age 65 and older exceeds 21 percent of the total population.³

Coupled with the aging population is the slowing growth of Canada’s workforce, which could threaten the country’s long-term prosperity. The average workforce growth rate from 2006 through 2015, 1.1 percent, was only two-thirds of that of the previous decade at 1.6 percent.⁴ Statistics Canada projects that this rate will further decelerate to about 0.5 percent per year in the 2020s.⁵ As a result, the government has made it a priority to encourage the labor participation of all adults, including older citizens,⁶ through national programs that have effectively helped job placement of older unemployed workers. While retirement and pension reforms have been strategies to extend working lives, the new Liberal government, which took office in 2015, has cancelled previous plans to raise the pensionable age of the basic Old Age Security from 65 to 67, starting in 2023, and has indicated a preference to strengthen incentives to help those who are able and interested in continuing to work.

Older Canadians’ economic engagement is also being facilitated by their greater digital aptitude than that of counterparts in many other OECD countries, partly thanks to efforts made by the federal and provincial governments, as well as community and non-profit organizations, to narrow the digital divide. As older Canadians today have higher net worth and lower debt than at any other time in history, their strong financial position and increased desire for independence are generating demand for new technologies that enhance social connection and health. Both the public and private sectors have stepped up efforts to promote the development and commercialization of digital products and solutions that meet the needs of older adults.

Social connection among older adults is also strengthened by the government’s effort to advance community social and home-based care, aimed at supporting their healthy, independent aging while also helping to relieve pressure on the country’s hospital system. Over 92 percent of older Canadians live at home rather than in care institutions. While some longstanding national campaigns have been in place to fund community-based projects, governments have more recently strengthened financial support to family caregivers through tax credits and allowances.

³ UN Population Prospects 2015.
Community Social Infrastructure

The majority of older Canadians live independently in communities, with a higher degree of social connection than counterparts in most OECD countries. This is partly a result of the effort made by the Canadian governments, at both the federal and local levels, to promote age-friendly communities and fund community-based projects that are tailored to local needs. Accessibility of public transportation and facilities is an area that requires more effort, partly due to the absence of relevant national legislation, although a positive sign has risen as the Liberal government recently initiated the process of bill drafting.

Social Connection

Like counterparts in other countries, Canadian older adults prefer aging at home, with more than 92 percent of those age 65 and older living in private households rather than in collective dwellings such as nursing homes. They are also relatively independent, with 81 percent living either alone or with a spouse, according to the latest available census data in 2011. While this

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(Source: Statistics Canada 2015)
percentage has been relatively stable since 2000s, the share of those who live alone has slightly declined, partly due to improvement in life expectancy of male Canadians. While life expectancy at 60 to 64 for Canadian men and women improved from 2001 through 2015, the gap has been reduced from 3.8 to 3.3 years.

Older Canadians have relatively high social connectedness. According to a Gallup survey, 94 percent of Canadian respondents age 50 and older reported that they have relatives or friends to rely on when in need of help, the second highest within the OECD (together with the U.S. and the UK). Nevertheless, they are still susceptible to social isolation. According to the Canadian Community Health Survey, 16 percent of older adults reported feeling isolated from others often or occasionally, and 6 percent reported never or not often participating in activities with family or friends. Older people who are most vulnerable include low-income, single women, Aboriginal, and immigrant groups, among others. To eliminate social isolation among older people and support active aging, the Canadian government, from the federal to municipal level, has undertaken various initiatives to strengthen community services, improve accessibility, facilitate mobility, and increase affordable housing.

**Community Support**

Canada is a global leader in advancing age-friendly communities (AFC). Today, more than 1,000 communities across the country are engaged in age-friendly initiatives. This extensive uptake is largely driven by efforts made by the national and provincial governments, which aim to enhance quality of life for older people through cultivating supportive physical and social surroundings. Canada is a key partner of the World Health Organization’s (WHO) Age-Friendly Cities initiative and used its guide to develop the Federal, Provincial, Territorial Age-Friendly Rural and Remote Communities Initiative in 2007 to reflect the challenges faced by older people in rural and remote communities. While nearly 80 percent of older adults in Canada as a whole reside in urban areas, some provinces have a significant proportion of rural residents among the older population – for example, Atlantic Canada regions have 45 percent of older

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8 Ibid.
people living in rural areas. Ten provinces are promoting the AFC model, with some – including Quebec, Ontario, and Manitoba – having developed their own initiatives.

The federal government is also funding local projects across Canada to help older adults benefit from, and contribute to, the quality of life in their communities. The main platform is the New Horizons for Seniors Program (NHSP). First introduced in 2004, NHSP funds projects run by various stakeholders, including, but not limited to, municipal governments, non-profit organizations, community organizations, health and care service institutions, and research institutes. Recipient projects often focus on supporting the social participation and inclusion, promoting volunteerism among older people and other generations, and preventing elder abuse, among other priorities. NHSP typically grants CAD 25,000 (approximately USD 18,310) per year to a community-based project and CAD 150,000 (approximately USD 109,860) to CAD 750,000 (approximately USD 549,300) to pan-Canadian projects for up to three years. Since inception, the federal government has funded close to 17,800 projects in hundreds of communities nationwide, with a total investment of more than CAD 360 million (approximately USD 264 million).

A number of experiments have been undertaken on local levels to promote social inclusion and well-being of older adults, generating successful models that are then replicated. One notable success has been to mobilize members in a community to look out for isolated older people, such as the Niagara Gatekeepers program. This community-based non-profit program first started in the city of Port Colborne, Ontario, in the Niagara Region in 1997 and soon spread into other regions and cities of Canada. The program provides a 24-hour referral phone line, and anyone can call to report signs of potential isolation of older adults. Referrals are then forwarded to one of the partner agencies, who in turn contact the older adult and help to get services or assistance in place. This proactive model relies on individuals in the community, including neighbors, family, and front-line service workers, to help identify “at-risk” older members and prevent social isolation, while also helping to raise the public awareness. The success of the program has led to the replication of the model in the Niagara Region, Hamilton, and Ottawa as well as parts of British Columbia, Alberta, and Manitoba.

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19 Currency conversion based on: 1 Canadian Dollar = 0.73 US Dollar (May 10, 2017).
Local governments and communities in regions that have a high share of immigrants in the population have focused on the special needs of this population, who tend to be isolated due to language or cultural barriers. In the metropolitan region of Vancouver, where two-fifths of the total population is foreign born, the SUCCESS Seniors Quality of Life Outreach Project, funded by the municipal government, has been in place since 2000. Operated by the charitable organization S.U.C.C.E.S.S., the project targets Chinese-speaking immigrants age 50 and older and organizes social activities in four district locations, ranging from English classes and computer-training workshops to field trips to museums and parks. Older immigrants can participate the events for free and through them expand their social network and better integrate into communities. Most recently, the South Burnaby Neighbourhood House society in Vancouver launched a new project, called Welcoming Seniors’ Spaces, in 2016 after receiving a three-year funding of CAD 500,196 (approximately USD 366,323) from NHSP. It aims to build welcoming senior sites in eight linguistically diverse neighborhoods in the city, targeting those who are age 75 and older and facing language or cultural barriers. Volunteers will communicate with visiting older adults in their mother language, helping to connect them to appropriate services and organize social events to promote their social engagement.

### Accessibility Legislation

Despite local efforts to build age-friendly communities and support active aging, Canada lacks national legislation to ensure consistent accessibility throughout the country. One-third of Canadians age 65 or older have a disability that limits their daily activities, with the prevalence increasing by age: the share of people with a disability was 26.3 percent for those ages 65 through 74 and 42.5 percent among individuals age 75 or older as of 2012. Unlike its neighbor the United States, which put in place the Americans with Disabilities Act in 1990, Canada still has no comprehensive legislation that protects the rights of people with disabilities, although some provinces, including Ontario, Manitoba, and Nova Scotia, have led the effort and subsequently passed their own legislation over the past decade.

Although the current legal framework guarantees the equal rights of people with disabilities and prohibits discrimination, they can only defend their rights when

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a violation occurs. Advocates for a Canadians with Disabilities Act argue that the legislation will allow for proactive approaches that establish barrier-free standards, mandate public and private sectors to remove accessibility barriers within a required time frame, and impose punishment on those that do not comply. The legislation will also place the federal government in a central role to enforce the standards. The advocacy effort, mainly led by civil societies and human rights activists, had failed to gain sufficient political support until the change of government.

The Trudeau administration has committed to developing a Canadians with Disabilities Act. It assigned Carla Qualtrough, a legally blind human rights lawyer, as Canada’s first-ever minister responsible for people with disabilities, to lead this legislation work. In the 2016 budget, it earmarked CAD 2 million (approximately USD 1.46 million) over two years for engaging people with disabilities in the process of developing the Act. The government’s action has won applause. According to Rick Hansen, CEO of the Rick Hansen Foundation, a Canadian charity dedicated to social inclusion of people with disabilities, an act would not solve everything immediately, but he is encouraged that greater focus by the government and collaboration with stakeholders will help to address the urgent needs of older adults and those living with disabilities. The government is aiming to submit the bill to the Parliament by the end of 2017 or 2018.

Transportation

While the federal government is just now moving forward on national legislation on accessibility, local governments have been working to improve access to public transportation, which helps to facilitate older adults’ use of public transit and ensure their safety. Older Canadians generally avoid public transportation at a significant cost. While three-quarters of older people have a driver’s license, only 6 percent of them use public transportation. Older drivers are involved in an estimated 4,000 injury-causing collisions each year. The annual social cost of collisions involving older drivers is estimated to be CAD 800 million (approximately USD 586 million).

32 Ibid.
As in many countries, subsidizing transit fares has been a common strategy used by governments in Canada to encourage older adults’ use of public transportation. There is no national mandate or standard on transit discounts for older people, and provincial and municipal governments, as well as transportation operators, determine specific rates and policies. For example, the city of Calgary, Alberta, offers a discounted annual pass for regular transit services to residents who are 65 or older, with a limitation on income levels.37 In Halifax, Nova Scotia, older adults can ride a bus or ferry for free every Tuesday during off-peak hours (from 10:00 a.m. to 3:30 p.m. and after 6:00 p.m.).38 In intercity transits, Via Rail, which receives subsidies from the Canadian government, offers a 10 percent discount for those age 60 or older.39

Older-age discounts have faced increasing threats of removal in recent years. Rising service costs and financial constraints are most often cited reasons. There has also been a rising social sentiment that it is unfair to subsidize older adults who are wealthy, while leaving out many low-income younger people.40 In 2014, B.C. Ferries, which receives subsidies from the government of British Columbia, ceased to offer free rides for those age 65 and older and started to charge 50 percent of the regular fare, citing growing pressure for fare increases.41 In December of 2016, the city council of London, Ontario, decided to remove the previous 25 percent bus pass discount rate for older adults and to use the savings to deepen subsidies for low-income people, starting in 2018.42 The Toronto Transit Commission, which is facing difficulty funding its recently approved Fair Pass Program, is considering similar action. The program is set to phase in next year and will provide discounted fares for low-income people of all ages.43

While subsidizing transit fares, the government has also recognized the need to improve physical accessibility in the public transportation system. Toronto, the largest metropolitan region in Canada, tops Canadian cities with the most accessible

“Accessible transportation is a major strength in Toronto’s senior strategy. The Wheel-Trans program has effectively elevated older adults’ mobility and enabled those with physical difficulties to commute to work, hence improving perceptions of their productivity at workplace.”

– Mary Hellin, past president Toronto Council on Aging
transit system.\textsuperscript{44} Twenty-six percent of its population is age 55 and older, and the fastest-growing population segment is age 85 and older.\textsuperscript{45} The Toronto Transit Commission (TTC), Canada’s largest municipal transit organization, has made significant improvements over the past decade to make public transportation more accessible for older adults as well as other groups that have mobility difficulties. As of 2015, all TTC buses are low-floor and equipped with ramps,\textsuperscript{46} and 80 percent of bus stops are fully accessible. In the metro system, more than 60 percent of trains\textsuperscript{47} and approximately half of stations are fully accessible.\textsuperscript{48} There is room for further improvement: not all transit facilities are fully accessible, and equipment (such as elevators) in some metro stations is not functioning stably. Moving forward, TTC has budgeted CAD 462.8 million (approximately USD 339 million), or 5 percent of its overall capital expenditure, over the period of 2016 through 2025 to continue to install barrier-free facilities.\textsuperscript{49} TTC provides specialized transit services, including the feature Wheel-Trans program, a door-to-door service for persons with disabilities through contracted sedans and accessible taxis. More than 11,000 door-to-door trips are provided per day for over 48,000 active customers, 75 percent of whom are older adults.\textsuperscript{50} People are eligible for Wheel-Trans based on their level of physical functional mobility in the home, within the area immediately surrounding the home, and their disability. Service is provided anywhere within the City of Toronto for a regular TTC fare. The program enables older adults’ spontaneity of travel, strengthens their connection with the community, and expands their travel opportunities.\textsuperscript{51} Mary Hellin, the former president of Toronto Council on Aging, remarks, “The Wheel-Trans program has effectively elevated older adults’ mobility and enabled those with physical difficulties to commute to work, hence improving perceptions of their productivity at workplace.”\textsuperscript{52}

\textsuperscript{46} http://cutaactu.ca/sites/default/files/issue_paper_42_e.pdf.
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\textsuperscript{49} http://cutaactu.ca/sites/default/files/issue_paper_42_e.pdf.
\textsuperscript{51} Interview with Mary Hellin, past president of the Toronto Council on Aging. January 2017.
\textsuperscript{52} Ibid.
Housing

As of December of 2015, an estimated 700,000 senior-led households in Canada had difficulty affording housing. A combination of modest incomes and high living costs means that one in four senior-led households is spending more than 30 percent of its income on housing. In light of this reality, the Canadian government launched the Investment in Affordable Housing (IAH) initiative in 2011, which aims to meet housing needs of low-income seniors and other vulnerable groups, including those with disabilities. The federal government has committed to investing more than CAD 1.9 billion (approximately USD 1.4 billion) in the IAH over eight years. Based on bilateral agreements, provinces cost-match the federal investment and operate their own programs and initiatives. Through June of 2016, the federal government delivered more than CAD 1.2 billion (approximately USD 0.88 billion) for the IAH program, and 281,799 households, including those led by seniors and/or people with disabilities, benefitted from this funding.

Ontario has been leading the provincial efforts on supporting affordable housing with the most ambitious plan. The province of Ontario is home to nearly 40 percent of Canadians age 65 and older, and older people account for 16 percent of its total population. The Ontario Renovates program, launched in 2008, prioritizes funding to build and repair 10,360 affordable units by March 31, 2020, and provides rental and down payment assistance to low-income older adults, as well as to those with disabilities. The program provides grants of up to CAD 5,000 (approximately USD 3,662), combined with forgivable loans up to CAD 15,000 (approximately USD 10,986), to eligible recipients for accessibility modifications and essential home repairs in order to make them safer, more accessible, and more energy efficient. Program assessments are not available for the entire province, as they are managed by individual regions, but regional successes include the Waterloo Region, where it was launched in 2012. The program has helped 178 individuals and families by contributing CAD 2.1 million (approximately USD 1.54) since then.

Productive Opportunity

Canada has seen a deceleration in its workforce growth over the past decade, with the trend expected to continue, driven by the retirement of baby boomers. In response, the government has placed greater emphasis on broadening workforce participation of all citizens, including older people. However, the transition from the Harper administration, which favored fiscal conservatism, to the more liberal Trudeau administration, which is prioritizing increased public spending and social supports, has resulted in a different policy direction with respect to older workers. The change is evidenced in the Trudeau administration’s cancellation of the plan to raise the pensionable age of the basic Old Age Security to 67 in 2023, citing the importance of protecting vulnerable seniors. Instead, the new Trudeau administration has stated its intention to increase incentives for those who are willing and able to remain in the workforce.

Workforce Participation of Older Adults

Older Canadians are increasingly active in the workforce. The share of workers age 65 and older who are working or looking for a job rose from 8.3 percent in 2006 to 13.4 percent in 2015, still slightly lower than the OECD’s average at 14.1 percent. An increase in older women’s labor participation of 83 percent, as compared with the growth in men’s participation at 49 percent, is particularly notable. Among other factors that have contributed to the increase in older-age labor participation are higher education levels, better health, and increased longevity, according to a study by Employment and Social Development Canada.

A range of factors are motivating older Canadians to stay in or return to the workforce, from financial need to a desire to increase overall net wealth and maintain a high standard of living. The poverty rate of older Canadians is among the lowest in OECD countries. Only 6.2 percent of Canadians age 65 or older had incomes less than 50 percent of the median household income as of 2013.

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63 Ibid.
65 Interview with Bob Baldwin and Richard Shillington, members of the C.D. Howe Institute, Ottawa, ON, November 2016.
just half of the OECD average.\(^6^6\) In fact, older Canadians today have higher levels of net wealth and lower debt than at any other time in history. In 2012, the median net worth of families headed by someone age 65 or older was up 312 percent to CAD 460,700 from CAD 111,693 [approximately USD 341,070 from USD 82,690] in 1984, factoring in inflation.\(^6^7\) While Canadians age 75 or older account for less than 7 percent of the population, they control more than one-third of all financial assets in the country.\(^6^8\)

Whether older Canadians stay economically active out of necessity or by choice, they experience more challenges than younger counterparts both in keeping their jobs and re-entering the labor market once they are out of the workforce. Ageism remains a significant barrier. According to a July 2012 Ipsos Reid poll of 1,000 Canadians, 74 percent of respondents believed that workplaces discriminate against older workers who are looking for jobs.\(^6^9\) In a recent Canadian survey on ageism, 63 percent of respondents age 66 and older indicated that “they have been treated unfairly or differently because of their age.”\(^7^0\) In addition, experts contend that poorly adapted physical work environments also inhibit older adults from staying in the workforce, and call for more age-friendly workplace surroundings.\(^7^1\)

Displaced older workers, who have lost jobs because their employers have closed or relocated a plant or division, have eliminated a position, or have had insufficient work for them,\(^7^2\) are at a particular disadvantage. Older Canadians tend to find it more difficult to re-enter the workforce than younger counterparts ages 25 through 54. They are also more likely to suffer significant wage losses at new jobs. According to Statistics Canada, about half of older Canadians ages 50 through 75 who returned to work after displacement reported significantly less income than they had at their previous jobs. Older workers with low literacy or limited
technical skills also face a significant disadvantage in their request to transition into office jobs from labor-intensive work for which they are no longer suited.73

Even though workforce participation rate has increased, total workforce growth in Canada has been slowing over the past decade, partly thanks to the population aging, posing a threat to the economy’s prosperity. The average workforce growth rate from 2006 through 2015, 1.1 percent, was only two-thirds of that of the previous decade at 1.6 percent.74 Statistics Canada projects workforce growth of about 0.5 percent per year in the 2020s, which will result in real economic growth below 2 percent annually from 2015 through 2025.75 In response, the government has made it a priority to encourage the labor participation of all adults, including older people.76 The potential economic and labor market benefits of extending older adults’ working lives to Canada’s economy are driving policymakers at the federal and provincial levels to further strengthen the labor supply.

**Retirement and Pension Reforms**

Like many other countries that are experiencing an aging population, retirement and pension reforms have been a principal, but inevitably controversial, strategy for Canada to extend working lives and attempt to sustain the social welfare system.

The Canadian government’s stance on retirement and pension reforms has changed course in recent years as a result of the change of the ruling party. Prior to 2015, the federal Conservative government focused on fiscal deficit-slashing and government reforms to promote Canada’s growth and introduced a plan in 2012 to gradually raise the basic Old Age Security (OAS) benefit eligibility age from 65 to 67, starting in 2023, and to allow for voluntary deferral of OAS up to five years (to age 70) starting in 2013.77 78 By doing so, the Harper administration intended to ensure the sustainability of the OAS program, which is still the largest spending program of the federal government, and add an

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74 Statistics Canada.


important element of long-term security for older adults who are going to retire in the coming years.\textsuperscript{79} Even before changes to the OAS program, in May 2009, the Conservative government announced a number of changes to the Canada Pension Plan (CPP – earning-related pensions) to improve the sustainability of the fund\textsuperscript{80} and reflect that retirement is more of a gradual transition for many people and need not take place at 65.\textsuperscript{81} Many of these changes began in 2011 or 2012 and include increasing the penalty for those who receive CPP payments early (after age 60 and before age 65) and gradually raising the bonus for deferral receipt of CPP benefits (up five years to age 70).\textsuperscript{82}

Since the election of the Liberal government in October 2015, a new policy direction has been pursued, reflecting an approach to growing the economy through investment rather than fiscal austerity.\textsuperscript{83} Placing greater emphasis on improving social development and reducing poverty of vulnerable groups including older adults, the Liberal government cancelled the plan of increasing the eligibility age for OAS in 2016, soon after it took the office.

However, the Liberal government’s economic advisory council suggested in February of 2017 that it reconsider this decision, recommending not only the pensionable ages for the OAS but also that the CPP should be recalibrated and increased. The council noted that many other OECD countries have extended the age in recent years to make their public pension systems more fiscally sustainable, including it as a measure to broaden workforce participation. In addition, the council contends that allowing OAS and CPP deferrals beyond age 70, or exploring ways to make deferrals beyond 65 more attractive, could help retain older workers in the labor market longer.\textsuperscript{84} Currently, those who delay retirement until 70 will receive increased payouts: up to a maximum of 36 percent for OAS, and 42 percent for CPP.

Despite these recommendations, which the council argues would boost labor participation and add CAD 56 billion (approximately USD 41 billion) to the

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country’s gross domestic product, the federal government has announced that it will keep the retirement age at 65 due to concerns that increasing the retirement age would throw vulnerable seniors into poverty, while claiming that it will be considering other incentives that will keep older Canadians in the workforce.

Protecting Rights of Older People in the Workplace

Besides labor market policy incentives, both the federal and provincial governments have been working to remove barriers by adopting human rights legislation and policies that protect older workers, particularly mandatory retirement. Canada has come a long way toward removing mandatory retirement since Quebec and Manitoba became the first provinces to abolish forced retirement in 1982. Over the past decade, all of the other provinces that had mandatory retirement in place, including Ontario, Newfoundland and Labrador, Saskatchewan, British Columbia, Nova Scotia, Alberta, and New Brunswick, have passed laws eliminating mandatory retirement. In 2013, federally regulated industries such as air transportation, radio and television broadcasting, and federal Crown corporations, were also barred from engaging in mandatory retirement practices.

The end of mandatory retirement strengthens the protection of older people’s rights of working, while it has also led to unintended consequence. Employers now face potential challenges and liability risks in interacting with older workers if they encourage or even discuss retirement options. Employers can conduct proactive employee performance management reviews of older workers, but they are not permitted to remove employees based on age factors. Therefore, an older employee may commence a civil action for wrongful dismissal by law if he or she is not offered a proper termination package. Despite this, older workers continue to be pressured to vacate their positions. Most workplace health and dental coverage ends at age 65, creating unequal treatment of workers based on age.

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86 Ibid.
addition, the legal liability discourages some employers from hiring unemployed older people, who are approaching age 65, as they are reluctant to pay for significant severance packages.  

**Assisting Job Placement**

The federal government has also put in place programs to support older people’s search for employment, with the Targeted Initiative for Older Workers (TIOW). Canadians ages 55 through 64 who lose their jobs stay unemployed for nearly 50 percent longer than prime-age workers.  

To assist unemployed workers in this age group, the federal government launched the TIOW program in 2007, aiming to help improve their employability and reintegrate them into the labor market by developing their skills and finding new work. Since its inception, 417 TIOW projects have been approved (270 of which had been extended as of 2014), targeting over 32,230 unemployed older workers in communities across the country.  

In 2014, the Conservative government renewed the TIOW for a three-year period across the country, representing an additional federal investment of CAD 75 million (approximately USD 55 million), or CAD 25 million (approximately USD 18 million) each year, until March 31, 2017.

The TIOW program provides skills training in a range of areas, including job research, résumé writing, interview techniques, informational interviewing, and basic computer skills. According to Joe Mancini, Director of the Working Centre in Kitchener-Waterloo-Cambridge region in Ontario, “The TIOW program has the additional benefit of bringing older workers together and offers participants the opportunity to share their experiences being unemployed and discouraged, either in groups or through one-on-one assistance, which helps to provide mental support to older jobseekers and is not often available in other employment support programs.”

– Joe Mancini, Director, The Working Centre
Kitchener-Waterloo-Cambridge

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90 Ibid.
often available in other employment support programs.” A federal government study in 2016 also found that the majority of participants expressed satisfaction with the employment assistance and employability improvement activities in which they participated.

The Trudeau administration decided not to renew the TIOW program after the funding terminated in March 2017. Instead, it will combine TIOW with another two existing initiatives – the Canada Jobs Fund and the Labour Market Agreement for Persons with Disabilities – into a new Workforce Development Agreement to ensure people’s continued access to support for job placement. The consolidation of these programs is intended to streamline the funding transfers and improve effectiveness, as beneficiaries of these initiatives, such as older adults, often fall under multiple categories. The government is planning to invest CAD 900 million (approximately USD 659 million) in this new program over the next six years.

94 Interview with Joe Mancini, Director of The Working Centre Kitchener-Waterloo, February 2017.
96 http://ipolitics.ca/2017/03/22/jobtraining/.
Canadians are increasingly integrating information and communication technologies (ICT) into their daily lives as technologies become more prevalent, and community-led programs focus on skills development. In recent years, both the government and the private sector have also stepped up efforts to support the development and commercialization of digital products and solutions that meet the needs of older adults and caregivers, with some success, particularly in the healthcare sector.

**The Digital Diffusion and Divide**

While the diffusion of digital technology among the older Canadian population is higher than in most OECD countries, like their counterparts around the world, older Canadians overall are lagging behind the younger population on the adoption of digital technology. As of 2012, 60 percent of Canadians ages 65 through 74 were Internet users, nearly one-third lower than the percentage for the total population. Similarly, a 2013 survey indicated that only 13 percent of people age 68 and older owned a smart phone – roughly one-fifth of respondents of other age-groups; and only 7 percent of the seniors used their smart phones to connect to the Internet, compared with 54 percent of the rest of the population.

“Older people tend to have some resistance when first introduced to the technology; but once they recognize the benefit, particularly of technology that is very easy to use and adaptable, they are very much eager to use the devices and services that improve comfort and quality of life.”

– Azi Boloorchi, Director of Innovative and Strategic Partnerships, Revera

Digital technologies hold tremendous potential benefits for older adults, with a number of actors seeking to bridge the gap. As observed by Azi Boloorchi, Director of Innovative and Strategic Partnerships at Revera (a Canadian company focused on older-age care), “Older people tend to have some resistance when first introduced to the technology; but once they recognize the benefit, particularly of technology that is very easy to use and adaptable, they are very much eager to use the devices and

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services that improve comfort and quality of life.” The digital divide in Canada has been gradually narrowing over time. While only 11 percent of respondents ages 65 through 74 reported in a 2000 survey that they had used the Internet in the previous 12 months, 60 percent of respondents of the same age group reported in the 2010 survey that they had used the Internet in the previous three months.

While the gap is narrowing, a range of barriers continue to impede older Canadians’ use of digital technology. Older people who increasingly struggle with visual, manual, memory, or cognitive impairment generally find it difficult to utilize the devices with small displays, keys, or print, and to adapt to upgrades. The cost of new digital technologies can also be prohibitively expensive, especially for older people on limited incomes. In addition, as many of these digital technologies are designed for English speakers, they remain inaccessible for many older immigrants who are not native English speakers. The language barrier, however, is being addressed by various software and language-learning companies that are focusing on increasing accessibility to these technologies.

**Improving Digital Literacy of Older Adults**

The Canadian government was an early mover in the promotion of digital inclusion by supporting community and non-profit organizations to deliver programs that enhance public access to the Internet and skills training. One successful initiative that helped to narrow the digital divide among more vulnerable groups, including seniors, was the Community Access Program (CAP), administered by Industry Canada. Launched in 1994, when computers and the Internet were still in their infancy, CAP sought to enhance public access to these new technologies in places such as public libraries, schools, and community centers across Canada. CAP adopted a community-driven model. The sites were run and maintained by community networks and municipalities and staffed by volunteers and students who worked with groups identified as being in the greatest need of these services including low-income adults, new immigrants,

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100 Interview with Azi Boloorchi, Director Innovation & Strategic Partnerships Revera Inc., February 2017.
103 Interview with Azi Boloorchi, Director Innovation & Strategic Partnerships Revera Inc. (February 2017).
people in rural areas and older adults.\textsuperscript{107} The program was highly interactive and provided the necessary resources to enable low-income groups, including older adults, to access technology otherwise out of reach due to cost factors.\textsuperscript{108} At its peak, the CAP operated in 3,785 sites across Canada, and from 2004 through 2012 it received more than CAD 130 million (approximately USD 95 million) from the government.\textsuperscript{109}

However, the Canadian government’s support for digital inclusion has faded in recent years. In 2012, the Harper administration shut down the CAP program with no successor programs, citing budget cuts and contending that it had achieved its intended objectives, despite opposition from non-profit and community organizations.\textsuperscript{110} In response to the decision, Matthew Johnson, director of education of the non-profit organization MediaSmarts, contends that a failure to provide additional support will undermine innovation and productivity in the workplace and result in missed opportunities for individual growth.\textsuperscript{111}

Acknowledging the importance of improving citizens’ digital skills for the economy to prosper in the digital era, the Trudeau administration just announced a new Digital Literacy Exchange program in its 2017 budget plan.\textsuperscript{112} Through the program, the government will support non-profit organizations’ initiatives that provide basic digital skills training to vulnerable groups, including older adults. However, the scale of the program is relatively limited. The government proposed CAD 29.5 million (approximately USD 21.6 million) over five years, on average CAD 6 million (approximately USD 4.4 million) each year; in comparison, the average annual funding of the CAP from 2004 through 2012 was approximately CAD 14 million (approximately USD 10 million).

Despite the fading support from the Canadian government, efforts to reduce the digital divide have been continued on local levels. Because many of the CAP sites are not dependent exclusively on federal funding and can continue to provide the same kinds of services through libraries, non-profit organizations, and community centers, they have remained open. Among the CAP sites that are still operating in some provinces, over 200 are found in

\textsuperscript{111} http://yid.vcn.bc.ca/2013/03/08/digital-literacy-loss-of-cap-addressed-at-canadian-internet-forum/.
the province of Nova Scotia, which has continued to keep as many CAP sites as possible active in order to use them to address one of the province's particular concerns over rural isolation.

Nova Scotia Community Access Program (NSCAP) initiative has remained open, thanks to substantial financial contributions from the provincial government, municipalities, non-governmental organizations, and libraries. In 2015, through a CAD 58,650 (approximately USD 42,955) grant from CIRA, a non-profit organization responsible for administering the .ca domain, NSCAP launched a new initiative called Connecting Older Adults with Mobile Technology across the province. The program aims to help connect older adults with mobile technology. There are currently 167,000 people over the age of 65 in Nova Scotia, and NSCAP hopes to reach as many people as possible by offering this program in community-based sites across the province. Through the initiative, NSCAP aims to enhance digital inclusion among older adults by creating a supportive environment for them to learn how to use the Internet and benefit from the new technology. Trained volunteers provide support to older adults and teach them how to use mobile devices at urban and rural public locations across the province, including schools, libraries, and community centers. While the original fund from CIRA has been spent, the program continues to receive some funds from the provincial government.

Developing Technology for Older Adults

Over the past several years, there has been considerable discussion among the public and private sectors in Canada about what the country needs to do to remain competitive in a digital world and address the digital literacy gap that persists among Canadians. Recognizing that the digital economy will be critical to Canada's competitiveness, the government launched its National Digital Strategy Digital Canada 150 in April of 2014 (later updated in 2015). That plan is being reviewed in 2017, coinciding with Canada's 150th anniversary.

The national digital strategy incorporates a number of initiatives ranging from digitizing government services to connecting Canadians to economic opportunities.

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through online channels.\textsuperscript{119} It seeks to position Canada as a global leader in the development of technologies and includes investments in private sector-led venture capital funds (CAD 50 million, approximately USD 37 million) and funds of funds (CAD 350 million, approximately USD 256 million) for innovation and commercialization of these new technologies. While these investments do not specifically target technology for older adults, they are helping to accelerate research and development and to bring technologies to market. According to Boloorchi, "The gap between technology R&D and commercial deployment has been a major obstacle to the development of technology for older adults in Canada, mainly as a result of a less supportive financing environment, strong sentiment of risk aversion among investors, and a smaller market (compared with the U.S.) that makes pilot and commercialization projects more difficult."\textsuperscript{120}

While the recent digital strategy is garnering attention, Canada’s longer-term investments in technology R&D are also starting to bear fruit. For the last several decades, the government has funded Networks of Centres of Excellence (NCE) to advance research on social and economic challenges, commercialize and deploy homegrown innovations, and spur private-sector research and development,\textsuperscript{121} having invested about CAD 2 billion (approximately USD 1.46 million) in these areas since its inception in 1989.\textsuperscript{122} One of its most recent programs is the AGE-WELL Network (Aging Gracefully across Environments Using Technology to Support Wellness, Engagement and Long Life NCE Inc.), which was launched in 2015. AGE-WELL builds upon emerging and advanced technologies such as artificial intelligence (AI), e-health, ICTs, and mobile technologies to create products and services that benefit older adults and caregivers.\textsuperscript{123} AGE-WELL received a CAD 36.6 million (approximately USD 26.8 million) fund from NCE, which will be deployed between 2015 and 2020.\textsuperscript{124, 125}

AGE-WELL has adopted a multi-pronged model to accomplish its objectives, which cover the entire spectrum of research and development, commercialization, and knowledge transfer. It provides funding for world-class research in technologies for healthy aging; provides training and workshops on the impacts and implications of assistive technologies for healthy aging; and connects researchers with public-private-sector stakeholders that focus

\textsuperscript{120} Interview with Azi Boloorchi, director innovation & strategic partnerships, Revera Inc. (February 2017).
\textsuperscript{121} http://www.nce-rce.gc.ca/About-APropos/Index_eng.asp.
\textsuperscript{122} Excellence, Networks of Centres of. Quick Facts About the NCE. http://www.nce-rce.gc.ca/About-APropos/QuickFacts-QuelquesFaits_eng.asp.
\textsuperscript{124} Ibid.
Private-Sector Engagement

In addition to the government-funded programs, some private-sector organizations, such as Revera Living, have been working to connect researchers and designers with various private- and public-sector stakeholders in order to commercialize innovative products and services that focus on older adults and caregivers. Revera Living is a Canadian company focused on the senior living sector. In 2016, it launched the Revera Innovators in Aging program, intending to invest up to CAD 20 million (approximately USD 14.7 million) over the next five years in technologies that have potential benefits to Revera residents and staff, and the potential to be scaled across the more than 500 retirement communities and long-term care homes in Revera’s network.

The program allows entrepreneurs to test new products, services, and technologies through pilot projects at Revera communities. The Innovators in Aging program has already helped bring to market several successful start-up businesses. Revera Living partnered with Continyou Care, a Canadian healthcare start-up

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131 The program includes piloting the product or service for a maximum of two cycles per year with up to five Innovators in Aging recipients. The cycles are, at most, six months in length, and several long-term-care homes and retirement communities participate in each cycle to test the product or service.
established in 2016, to develop a meal service-management platform to help healthcare staff better serve residents in care institutions. The Continyou Care app improves the ordering process from the resident to the kitchen so food is prepared and delivered more quickly; allows customizing meal preferences for individual residents; and reduces errors in food delivery for residents with the dietary and nutrition alerts. Another start-up that has benefited from Revera Innovator funding is Senssasure, an Ontario-based enterprise that is developing a tele-monitoring system for the management of urinary incontinence for older adults. This technology enables caregivers to detect wetness quickly by providing real-time data about their residents, hence allowing for more efficient, targeted care. Senssasure not only increases levels of care but also helps to preserve dignity and enable active aging.

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Canada boasts one of the world’s highest longevity rates for older people, although the gap between lifespan and “healthspan” is larger than other countries with long lifespans. In light of the rising healthcare demand from an aging population and limitations on the healthcare system, both the federal and provincial governments have focused on supporting home-based care in an effort to ensure timely and good-quality care. Meanwhile, efforts are underway to improve the hospital environment so that it is friendly for older adults.

**Health Status**

Canada has among the highest longevity rates in the world. As of 2015, the life expectancy for Canadians in the 60 through 64 age group was 24.6 years, the second highest among countries covered by this study, following Japan. However, the “healthspan” of older Canadians tends to be lower than in other countries that also have high lifespans. Among the top 10 major countries that have the highest longevity, Canada had the lowest healthy life expectancy for seniors.
ages 60 through 64, at 19.1 years as of 2015, leading to the largest gap between healthspan and lifespan between them at 5.5 years.\textsuperscript{135}

Indeed, as the population ages, the prevalence of chronic or non-communicable diseases among older Canadians is increasing, resulting in the growing demand for care. Today, 75 to 80 percent of Canadian seniors report having at least one chronic condition.\textsuperscript{136} In 2016, the largest proportions of new cases of lung, breast, prostate, and colorectal cancers were reported in older adults, with 44 percent of all new cases occurring in people age 70 or older.\textsuperscript{137} The aging Canadian population is expected to have an increase in cancer cases of about 40 percent by 2030. The number of Canadians living with dementia is also expected to rise 66 percent over the next 15 years.\textsuperscript{138} 

\textbf{Building Age-Friendly Hospital Environments}

Healthcare experts contend that Canada's healthcare system and hospitals have not caught up to meet the needs of the aging population, and that the current hospital environment is not friendly to older adults and actually deteriorates their physical conditions during their stays. Typical issues include long wait times of, on average, 20 weeks for medically necessary treatments and procedures in 2016, and lack of monitoring by healthcare professionals due to lack of capacity.\textsuperscript{139} There are efforts underway across parts of Canada, including Ontario, to make hospitals more “senior friendly” and to provide more individualized care to patients.\textsuperscript{140} Although the initiatives remain in pilot or trial stages, they have already resulted in improved hospital care for seniors in the areas of organizational support, processes of care, emotional environment, ethical care, and physical environment.

The Ontario Ministry of Health and Long Term Care, in collaboration with Local Health Integration Networks (LHINs) and Regional Geriatric Programs of Ontario, introduced a Senior Friendly Hospital (SFH) Strategy in 2011, with a longer-term, staged approach, focusing specifically on preventing functional decline and

\textsuperscript{139} Interview with Esme Fuller Thomson, Lynn MacDonald, Chris Klinger, Raza Mirza, NICE Canada, January 26, 2017.
managing delirium rates for older patients. The SFH strategy identifies five domains for hospitals to improve services for older patients, including processes of care, emotional-behavioral support, ethical research, organizational support, and physical facility. It provides protocols to measure and assess associated performance indicators and encourages hospitals to adopt them.\footnote{141} \footnote{142} To date, 135 hospitals across Ontario have participated in the strategy by conducting hospital self-assessment surveys and assessing their performance in the five domains of the Ontario SFH framework.

In April of 2015, the Ministry of Health and Long-Term Care (MOHLTC) Health System Research Fund awarded the Regional Geriatrics Program of Toronto a CAD 350,000 (approximately USD 256,340) Capacity Award Grant to launch the SFH ACTION (Accelerating Change Together in Ontario) program.\footnote{143} This funding will go toward providing advanced training on the SFH framework, quality-improvement, and change-management strategies between 2015 and 2017, with the goal of first building enhanced SFH capacity and collaboration across the 85 hospitals that will participate. These hospitals will not just develop and implement an SFH improvement goal, but they will also receive the necessary coaching-expert support and share ideas and best practices, with the aim of this program becoming embedded in processes and everyday operations of hospitals. The results from the ACTION have already been evident, with increased levels of commitment by hospitals to becoming senior-friendly in all five domains of the senior-friendly framework. Currently, of the 135 hospitals that have conducted self-assessment surveys, 80 percent of those in Ontario have SFH commitments in their strategic plans, compared to 39 percent in 2011.\footnote{144} Senior-friendly activities are reported in 63 percent of Ontario hospitals, with 75 percent of hospitals across the province having quality-improvement plans in place.\footnote{145}

**Long-Term Care**

The aging population is driving up demand for, and expenditure of, long-term care (LTC) around the country. The C.D. Howe Institute, a Canadian think tank, estimates that the annual total cost of LTC will almost triple from CAD 69 billion (approximately

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\footnote{141} Ken Wong, Ada Tsang, and Barbara Liu. Senior Friendly Hospital Care in the Toronto Central Local Health Integration Network, *Regional Geriatric Program Ontario*. (February 2015), http://seniorfriendlyhospitals.ca/sites/default/files/Senior%20Friendly%20Hospital%20Care%20in%20the%20TC%20LHIN%20(February%202015)_0.pdf.
\footnote{142} Ibid.
\footnote{143} Ada Tsang. 2014 Senior Friendly Hospital Environmental Scan Results, Healthscape. (April 16, 2015). http://www.healthscape.ca/Pages/resources-04162015-seniorfriendlyhospitalscanresults.aspx.
\footnote{144} Ken Wong, Ada Tsang, and Barbara Liu. “Senior Friendly Hospital Care in the Toronto Central Local Health Integration Network,” *Regional Geriatric Program Ontario* (February 2015), http://www.hphnet.org/attachments/article/2123/Ontario%20Senior%20Friendly%20Hospital%20Update%20(February%202015).pdf.
\footnote{145} Ibid.
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USD 50.5 billion) in 2014 to CAD 188 billion (approximately USD 138 billion) in 2050.\textsuperscript{146} In Canada, LTC services provided in non-hospital facilities and in the community are not considered insured services under the Canada Health Act. All provinces and territories fund LTC services, with varied policies, subsidies, programs, and regulatory regimes.\textsuperscript{147} Healthcare experts note that the need for LTC services is outpacing public funding on all levels and resulting in rationed, fragmented services, increased demand on family caregivers, unnecessary hospital visits, and premature admissions to LTC facilities.\textsuperscript{148} In Ontario, for example, the share of people age 65 and older of the province’s total population increased from 12.9 percent in 2005 to 16 percent in 2015,\textsuperscript{149} but funding for the 14 Community Care Access Centers (CCAC) has lagged behind the growth in demand. Even though the CCACs provide access to government-funded institutional care and home- and community-based care services to a growing number of older adults, their total budget has remained relatively constant at 4 to 5 percent of overall provincial health spending.\textsuperscript{150}

Growing demand is straining limited LTC capacity. In Ontario, one must wait for almost four months to be placed in an LTC facility, and the waitlist for LTC beds as of July of 2016 had 28,317 people.\textsuperscript{151} Accordingly, there is a backlog in hospitals, caused by older patients who occupy hospital beds while waiting for LTC placements, which in return has crowded out patients (including older people) who need critical care. More than 4,100 of Ontario’s 31,000 hospital beds (over 13 percent) were occupied unnecessarily by patients waiting for institutional long-term care or home care in 2015 in this way.\textsuperscript{152}

There are a variety of LTC facilities, ranging from publicly funded institutions to private residences, but even in the former, residents must pay a portion of their room and board. Living in LTC institutions across Canada can range from CAD 900 (approximately USD 660) to over CAD 5,000 approximately USD 3,662) per month before government


\textsuperscript{148} Interview with Esme Fuller Thomson, Lynn MacDonald, Chris Klinger, Raza Mirza, NICE Canada, January 26, 2017.


There is no national standard: the government in each province sets the amount that residents must pay the care institution. Older adults must qualify for a subsidy if they cannot afford the basic accommodations, but despite this, LTC residents need to pay out of pocket for any medications or other services not covered by their private insurance plans or the provincial drug-benefit program.154

Home-Based Care

As 92 percent of older Canadians live at home, one solution to this issue that has been gaining ground is to increase and improve home-based care services, which helps to relieve the burden on the hospital system and improve the overall efficiency and quality of care services. Home-based care can accommodate older adults’ preferences and particular needs more effectively and comfortably than crowded public LTC facilities, while doing so at a lower cost than private LTC facilities. According to Suzanne Garon, a social work professor at the Université de Sherbrooke, “In Quebec, even though government funding for institutional long-term care has increased to expand the provision of care services, older people don’t want to go into institutional facilities and continue to prefer to age at home. This is due to a combination of public long-term care facilities being overcrowded – not just in Quebec but across Canada as a result of excess demand – and private care facilities being unaffordable.”

– Suzanne Garon, social work professor at the Université de Sherbrooke

“...in Quebec but across Canada as a result of excess demand – and private care facilities being unaffordable.”

One well-known example of a home care program in Canada is the Home First initiative, which was first launched by the Ontario Ministry of Health and Long-Term Care as a pilot program in the Mississauga-Halton CCAC region in 2007. It has since expanded to the rest of the province. The initiative arranges home care for older people before their hospital discharge and provides a smooth transfer back home.156 It consists of three components: The Wait at Home program provides errand and social support for the daily living of older adults who still have sufficient mobility;...

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154 Ibid.
155 Interview with Professor Suzanne Garon, University of Sherbrooke, January 18, 2017.
the enhanced Wait at Home program includes more intense personal support for seniors of up to 56 hours per week for those who need more help; and the Stay at Home program focuses on older adults who cannot function independently. While these seniors ideally would qualify for LTC placement, the Stay at Home program – which includes nursing personal support, palliative care, and assisted living services for seniors with specific health conditions – is intended to delay or even eliminate the need for LTC placement.  

The Ontario Home First program has yielded positive results since its inception. According to the Canadian Home Care Association, it has improved the flow of patients through hospitals, reduced the number of unnecessary emergency room visits, and reduced the strain on the system. For example, after implementing the program, the Cornwall Community Hospital saw a reduction of alternate level of care numbers of more than 50 percent in 2013, compared with 2011. Today, the province’s 14 Local Health Integration Networks (LHINs) are all partnering with their respective CCACs to implement the Home First initiative across the entire province of Ontario. While the Home First program provides older adults with an appropriate level of care in the comfort of their own homes with nursing and personal support, community support, and convalescent care beds, it also usually costs less than care administered in a LTC facility. The costs of home and institutional long-term care services, which are borne by the government-funded LHINs, vary considerably with an average price of only CAD 42 (approximately USD 31) per day for home care, compared to an average per diem cost of CAD 126 (approximately USD 92) per day for long-term care beds based on Home Care Ontario statistics.

Supporting Informal Caregivers

The Canadian government has also increased support to informal caregivers. A 2012 Statistics Canada study found that 5.4 million Canadians provided care to a senior family member or friend, accounting for nearly 16 percent of the total population. Informal caregivers are estimated to provide 66 to 84 percent of care to older adults, varying by province.

157 Ibid.
158 Alternate level of care is a clinical designation that identifies patients who no longer require the intensity of resources or services provided in their current settings and who are awaiting placement in long-term care facilities. Jason M. Sutherland, Ph.D. and R. Trafford Crump, Ph.D. (August 9, 2013). Alternative Level of Care: Canada’s Hospital Beds, the Evidence and Options, Health Policy, vol. 9, no. 1; 26-34 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3999549/.
and territory, and the caregiving tends to make them susceptible to both physical and financial stress. While support for informal caregivers helps to ensure the provision of quality care for older adults, it can also create broader socio-economic benefits. According to the preliminary evaluation of the Caregiver Benefit Program in Nova Scotia, adequate caregiver allowances would not only allow them to continue to provide sufficient care for their dependents but also save the health and social system CAD 50,000 (approximately USD 36,620) per person per year.

Financial support has been the primary tool of the government to support informal caregivers. At the federal level, the Family Caregiver Amount (FCA) tax benefit was introduced in 2012 to help Canadians with the costs of caring for a dependent with a physical or mental impairment who is living with them. In order to receive the benefit, the dependent must rely on support for a physical and/or mental impairment and have little or no income. However, the tax benefit does not adequately compensate for the often intense, costly, and time-consuming demands of caregiving, especially for those living with the care recipient. As the tax credits are non-refundable, meaning that they can only be used to reduce federal or provincial/territorial taxes to zero, caregivers without taxable income will not benefit from this policy. In addition, caregivers who are not family members are not eligible.

In 2016, the Canadian government also enhanced the Compassionate Care Benefit (CCB), a federal Employment Insurance (EI) benefit that was first introduced in 2004 and is paid to people who need to take temporary leave from their job to care for a family member who is “gravely ill” and who has a significant risk of death. To be eligible for the benefit, a caregiver needs to show that his or her regular weekly

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165 The value was determined by analyzing the effect of the caregiver benefit in the province of Nova Scotia with the conclusion being that it reduced the probability that individuals would be admitted to long-term care, resulting in savings to the government in long-term care costs. (Torjman, 2015).
earnings from work decreased by more than 40 percent and that they accumulated at least 600 insured hours of work in the last 52 weeks. One major component of the 2016 amendment was to raise the maximum length for eligible caregivers to claim the benefit to 26 weeks from the previous six weeks per year.\footnote{Ibid.} In addition, the amendment provides that the 26 weeks of benefit can be shared among eligible family caregivers, which was previously not allowed. The government estimates that the amendment will benefit up to 6,900 claimants this coming year who otherwise would not have made use of the CCB.\footnote{Government of Canada. Government of Canada increases duration of Employment Insurance compassionate care benefit (January 2016) http://news.gc.ca/web/article-en.do?nid=1026699.}

In addition to financial support, certain projects have been undertaken on local levels to provide family caregivers with more training and emotional-support skills, which in turn ensure the quality of care service provided to older people. People who care for dependents with acute diseases like dementia report facing not only financial obstacles but also coping and problem-solving, emotional stress, and depression issues.\footnote{Dr. Joel Sadavoy. The Reitman Centre CARERS Program: Equipping carers with practical skills and emotional support to provide better care for individuals with dementia, Accreditation Canada. (August 27, 2013), https://accreditation.ca/reitman-centre-carers-program-equipping-carers-practical-skills-and-emotional-support-provide-better.} To assist them, Mount Sinai Hospital (MSH) in Toronto, one of Canada’s most reputable hospitals, launched the Reitman Center Working CARERS Program in 2008.\footnote{Ibid.}

CARERS provides a ten-week small-group program that includes education, problem-solving therapy, and skills training by using simulation exercises.\footnote{Ibid.} What makes the program so effective is that the simulation phase includes live encounters with a typical patient in a real-life situation, so the caregiver can actually practice fundamental skills. Because it is relatively easy to implement and modify to specific cultural-religious requirements, the model has been adopted by several community care organizations in the Toronto area.\footnote{Ibid.} Building on the local successes, in June 2013, the government’s Social Development Partnerships Program gave MSH a CAD 2.84 million (approximately USD 2.08 million) grant to develop the first comprehensive program in Canada for supporting professional caregivers.\footnote{Ibid.} The purpose of this grant is to scale this program across Canada through educational tools such as manuals and e-learning modules so that other cities can take advantage of this innovative model.