



Demand for Home Health Care for Retirees Spikes During Pandemic: Learn More with Our Expert Guest Andrew De Four

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Ruben: Welcome to this new episode of the Empowered Investor Podcast. My name is Ruben Antoine and I will be your host for today's episode. In today's show, we will have a very interesting guest by the name of Andrew De Four. Andrew De Four is a chartered professional accountant and he has worked for 15 years in various senior finance roles for many large national and global companies. During this period, he saw the struggles that many face when managing a career and taking care of an aging parent at the same time. So this led Andrew to start his company to address this challenge for families: Customized Home Care. Customized Home Care is a Montreal-based private home care agency serving over 500 seniors and their families in Montreal and in the Eastern Township. The company offers both medical and non-medical home care services to individuals but also to residences. So why are we talking about home care services today? With the consequences that COVID-19 has had on senior residences and nursing homes, we are seeing that even in our client base, more and more retirees are considering staying in their home longer and seeking help from a home care business. Such services don't come without a cost, and that cost can have a real impact on these retirees' personal finances. This is why I'm very excited to have Andrew as a guest on the show today to talk not only about the home care services but also the cost impact that such services can have on families' finances and wealth. Andrew, welcome to the Empowered Investor Podcast.

Andrew: Thank you for having me.



Ruben: You and I met a few years ago through business networking and we reconnected recently because we have some of our clients using your services. You are in the home care service field. So let's start from the beginning. What is home care?

Andrew: Thank you for the question. Home care is a very broad topic. It covers many aspects from personal care to companionship care to supervision. However, when most people start talking about home care, the real problems for families have is what we call activities of daily living, which we call ADLs. So for example, you and I are autonomous and we take certain things for granted. So we'll get up in the morning, head to the bathroom, use the toilet, take a shower, maybe take some medication or vitamins, brush our teeth, put some clothes on, go to the kitchen, get ready, and go out and have our day. We go through the whole cycle during the day and come home and then prepare to go to bed. So that whole cycle, when you're autonomous, it's seamless.

Ruben: We don't even think about it.

Andrew: Yeah, it's automatic. But when you start having some loss of autonomy, it could be you're having mobility issues. When you age, your muscles get stiff, so mobility is also compromised. Just getting up in the morning and going to the bathroom can be a longer process and sometimes a dangerous process or have more risk associated with doing those activities. And so when that loss of autonomy, when that loss of mobility happens, then you want to bring in somebody who's going to help you. Usually, that would be a family member. We call them informal caregivers or natural caregivers. So that person close to you, the person you love, would help you out to help you through some of those deficiencies so that you're not in danger. In other cases, you will hire a formal caregiver that could be a volunteer organization or it could be a government organization like the CLSC or, in cases like for us, you would hire a private home care company that would provide the support for those activities of daily living. And so the caregivers, in particular, have formal training and they go through certain types of training for being able to transfer folks safely. They would have their CPR training and they would get this training from an educational institution, a recognized educational institution, usually an adult career center, which would give them the capability to provide those activities of daily living very safely.

Ruben: Oh, very interesting. So I guess one thing that comes to mind when I'm thinking home care is anything related to health. But does your company,



Customized Home Care, offer simple services such as running errands, meal preparation? And also, does the company offer even more complex services such as palliative care, for example?

Andrew: Yes, that's good. When we started several years ago, we realized that people's needs were not only just home care. There was a whole series of other types of care that were required. So we started off with the activities of daily living and providing support for families needing that type of support. But then you would need other support, like referrals for occupational therapists or social workers, or you might need a physiotherapist. So in one place, you had a one-stop shop where you could get all the services that you needed. So a lot of families may start off with basic services like they need someone to go in just to do housekeeping, light housekeeping. And then as time goes on and their parents age and the needs increase, it will increase to preparing meals, doing the laundry, and then as mobility declines or the ability of your loved one declines, then we move up to the personal care as well as the medical care if needed as a support to families needing additional medical care. So as a one-stop shop, the goal was to make sure that we provide a full suite of services for families so they don't have to go to different places for the services they need related to home care.

Ruben: This is good because the way you describe it, I can see an evolution as well where if the retirees or the senior person seeking your services are younger, they're still independent. The needs might be simple, but then as they age, they may have more complex needs, but the relationship is already there with your company. So this is a way as well to build a long-term relationship with the same home care services company, which in your case is Customized Home Care.

Andrew: It's very complicated, the whole relationship. When you have a loved one who's beginning to lose autonomy, there's that desire to maintain it. And it takes a long time for an individual to say, "I need help." And so with that relationship, it builds over time and the person just has confidence and they continue to provide additional types of care for a loved one.

Ruben: We are talking about home care services. What are some of the type of clients you serve? Who are you helping?

Andrew: We have many families that are impacted through the loss of autonomy. It could be by accident, chronic disease, degenerative conditions



like multiple sclerosis, Lou Gehrig's disease, and then we move on to the other diseases that people have that affect the nervous system, which are the Alzheimer's and the dementia. So you have dementia such as Lewy body dementia, you have Alzheimer's, you've got other diseases such as frontal lobe dementia that affect the cognitive ability of your loved one. But the bulk of our families are those who are 65 years and up and usually they're suffering from a degenerative condition such as Alzheimer's or some other type of dementia. We've seen over the years an evolution in the types of families or loved ones we're caring for. We do a lot of folks that have mobility issues. There's no cognitive decline, but the physical decline is such that they need real severe support when it comes down to the activities of daily living. So somebody would go in and give them that type of support. And so the evolution started to happen where we started to see more families suffering from dementia. Then the statistics follow what's happening in society. At this point, we know that there's about 500,000 Canadians that are suffering from some form of dementia, with about one-fifth of Canadians experiencing caring for somebody who's suffering with dementia. So it's been a dramatic evolution in terms of our business in terms of focusing a lot on the dementia part of supporting families.

Ruben: So you're talking about Alzheimer's and dementia. So I assume it's mostly the kids of those elderly people that would be hiring your company to take care of their parents, right?

Andrew: Yes, absolutely. And in most of the cases, 90% of the cases, it's always the adult children that are the primary folks that are enlisting our services to support their loved ones. And then we go through the process of determining what their needs are. And we've designed our plan so that if there is resistance, we do it in very small, short increments of time so that their loved one gets used to having someone come and provide them support. Simply because that resistance is quite pronounced at the beginning, especially once a loved one is losing their autonomy and they want to hold on to it.

Ruben: Yeah, there's an expression in the industry they call this group of people the "sandwich generation" because they are taking care of both their parents but they're still caring for their own kids. And it's really tough. It can be really challenging for those people, especially if they are managing their career as well and they have other obligations, right?



Andrew: Yes, absolutely. And so a lot of the families, you see a progression where they start off as it's the adult children themselves that step in to do the caregiving as a natural caregiver. And at first it works. Okay. They think they can manage a lot of the care, but then as time goes on and the care demands begin to increase, both the stress level for the caregiver, the natural caregiver, increases. And so in a lot of cases, they'll reach out to the CLSC or they'll reach out to us for some type of support and guidance on how to approach getting support for their loved ones or what type of support they need.

Ruben: Yeah, there's definitely a need out there for such services. You just mentioned they can reach out to CLSC. And I know there is also the option to see if they can have their parents live in an assisted living or senior residence. What would you say is the main difference between home care services, such services that are offered by a company, and other options like retirement assisted living senior residences, for example?

Andrew: Yeah, the assisted living, most families that choose that option, their parents are mobile but there was some deficit in the home. They were either not eating properly, not taking their medication, the home was too much to manage. Managing a home, there's the maintenance and the support that's required to manage your home and they've decided it's too much for their loved ones. And they found out also that their loved one might have been isolated. So with the isolation and the fact that they may not be managing their medication and they're not having a proper diet, some of the residences in an assisted living environment do provide those types of services. And so your loved one then would have someone looking in on them on a regular basis, making sure that they're getting their medication on time, their meals on time, and also just making sure that their general health is well taken care of. And then there's the cost component in terms of them having one cost structure that covers all of this—everything—their accommodation, the place where they're staying, plus the services. Whereas in the home care setting, a lot of families decide that they've made a decision that they want to age in place, where they would then bring the services into the home, whether with a combination of CLSC and private services. They may bring us in as a private home care company to provide the medication support that's missing. So a couple of hours a day, one of our caregivers goes in to make sure the meds are taken, they would go in to prepare the meals if need be, do some light housekeeping for the person that they're seeing, as well as providing any activities of daily living that the family would require. And in some cases, it



could just be companionship, someone to go for a walk, someone to play a game of backgammon with, or just to chat for a few hours. And over time, what we've found is that just to have that interaction improves the life of your loved one in the home because they get an opportunity to talk more and to exchange their history. They like to tell somebody about their history.

Ruben: Yeah, definitely. And we all know that one of the challenges for elderly people is the loneliness, right? Their kids are busy and they feel they are by themselves. So I'm sure that service, as simple as having someone as a companion to discuss with and to do some simple activities with, it's really key. It's really crucial as well.

Andrew: Yeah, and we can't underestimate the entire resistance component. We had one of our families, the kids were beside themselves because a lot of these activities were slipping: the medication, the meals, just drinking water every day so that you're not dehydrated is a big deal. So we had to talk through what would be the best strategy to have a caregiver come in. So we decided that the person would come in just to go for a walk because that was their father's main problem. He just didn't feel safe walking down the street or going to the corner store. So he just wanted someone to go with him, but he didn't want anybody to come and give him any type of care. That's a no. What ended up happening was we started off just a light footprint like that. They went for a walk every single week for a couple of hours. He went to the corner store, played his 649—he was a 649 player—and then they walked back home and that was it. And then over time, we were able to build up to the other things he needed. So that same person, the same companion who now became his caregiver, turned into providing personal support. And that was progression. It was a progression over 12 months where he would end up just going for a walk. Then it moved from a walk to, "Okay, prepare some meals for me." Then it went from meal preparation to, "Let's do some laundry." And then when that confidence was developed, he went to him himself. No one had to tell him, "Could you help me? I am having some problems in the bathroom. Can you help me?" And we knew we were moving in the right direction as soon as he was open to it. And after that, just the care he needed was actually what he got.

Ruben: Oh, that's good. And the trust and the relationship were already there, which helped for sure.



Andrew: It's critical. Yeah, he had somebody he had confidence in that could help him out.

Ruben: Yeah, it's definitely a very good service that people can consider. But like we mentioned before, there's always the option of moving to a senior residence. But last year, many senior residences failed, as we know, to prevent the spread of COVID-19. There's one particularly in the West Island that occupied the headlines, the CHSLD Herron in Dorval, which was hit hard by the first wave of the outbreak. So right now, what we are seeing in our experience, and I'm sure you're seeing that as well, Andrew, many seniors, they are staying longer at their home where they feel safer. Some families actually are choosing to take their loved one out of long-term care facilities. Is that something you're seeing as well? And if yes, did you experience an increased demand for your services last year?

Andrew: Last year, during the pandemic, when the news broke about Herron, we did receive a lot of calls about families who were looking to take their parents out of a CHSLD. We spent a lot of time counseling families on what that actually means. Because yes, it's take them out, but usually when somebody ends up in a CHSLD, they are at a place where their mobility is dramatically reduced. They need full care. And bringing them back into a home environment with their children or family friends, husband, wife, sister, brother, whatever the case might be, we had to counsel them on what that actually means in terms of the care and what kind of personal commitment and other commitment financially that they would have to make in terms of bringing the care back into the home, whether it be the personal care that's needed, the daily activity that's needed to maintain that personal care, the medication support, new meal requirements, because their parent or their loved one may have been in that facility for a little while and they've gotten used to the routine there. So what we saw was a lot of people were interested in it. We had some families that made that decision to take their parents out of long-term care. But after it subsided a little bit, the need started to change a little bit. It was more what we found is families were choosing, if they were going to make the decision to have their loved one go into long-term care or a residence, they put those plans on hold and wanted more home care instead to supplement what was either being provided by the CLSC at the time and they would choose us in order to provide that additional support that they needed. And what that gave them was a little bit more security, a little bit



more control over the care delivery, and it gave them peace of mind knowing that they had the safety of their parents in mind.

Ruben: Yeah, it's something that I assume. Anyone considering either keeping their parents at home or moving their parents out of a facility, they can always discuss with a company like yours to really understand the implication of taking a decision around that. I think it's great what you explained that you can serve as the consultant to help the families take the right decision for themselves.

Andrew: And so one of the things that we've also seen in a trend—and this trend had begun prior to COVID—where families had their loved one in a residence and they wanted their parent to remain there. However, what happens when you're in an assisted living facility at some point, if you're there for a long period of time, your needs increase and those needs may increase beyond what that facility can provide. And so families would choose at that point, instead of moving their loved one, they would ask that someone else, a private home care company or the CLSC, come in to provide additional support. And then we've been brought in a lot of cases where we provide that support. Where the facility leaves off, we would pick up that support so that the loved one would stay in place. Basically, they're aging in place in their residence, and there's no need to change them to a new residence because their physical condition has changed.

Ruben: Oh, that's a really important point. That's really interesting because it means that home care doesn't necessarily mean it's for people that stay in their own house only. They can be in an assisted facility, and you go and supplement the services that are not provided by the facility.

Andrew: Absolutely.

Ruben: This is a very good overview of the services. But as being an accountant and this being a financial podcast, we have to talk about costs. So let's talk about that. What is the cost, if we can say, for the services? And I know it depends on the needs and the personal situations of the clients and the families. But let me start by asking you, can you give me an example, if we go on the higher end, what type of needs will necessitate home care services costing, let's say, around \$8,000 to \$15,000 a month?



Andrew: Yeah, the range from the \$8,000 to \$15,000 in general comes down to what we call safety. And safety being the behavioral changes, fall risk, and whatever condition the person has. And maintaining all of those activities of daily living because those activities of daily living, it's important to make sure that you're living, really determine overall general health or the maintenance of general health. So, you know, we took a scenario where you have a couple that are living together. They're in their eighties. We'll call them Harvey and Eve. Harvey has been living with dementia for the last 10 years, and they both have made a commitment to themselves that they're not leaving their home. And they've prepared to do that financially and organize their home to do it. Harvey relies on Eve to prompt him to perform all the activities of daily living. She's managing, but it's been 10 years and she's getting a little bit tired. Harvey is generally a quiet man during the days. He mills around the house, but she feels that he's not so bad. She's okay with him during the day. However, the evenings are becoming a problem. He becomes restless and he becomes more confused in the evenings. And usually, when somebody has dementia, in the evening times, we call it the sundowning effect. There's a little bit of confusion and agitation that takes place. So what Eve has noticed is over the last 12 months that her husband Harvey has been wandering. And so that's causing great stress because now she doesn't get any sleep because she's worried about him. When he gets up at night and he wanders around the house, she's afraid that he might hurt himself, turn on an appliance. And she's now not getting rest because she's up one eye open or getting up to see what he's doing. So as this goes on, she gets worn down, and her style, she's in her eighties. She may have arthritis, she's got high blood pressure, she's not sleeping well, and she's in fear of Harvey hurting himself. So the cumulative effects begin to take their toll on her, and their adult children begin to see this. And the kids are chipping in and helping in certain areas and providing certain support.

Ruben: But they cannot be there all the time, right?

Andrew: They cannot be there all the time, and this is a persistent problem. And they see their mother's health beginning to decline. And this is the common thing that happens with couples. So they have a family meeting, and they decide, "Look, we're going to get help in the morning time so that somebody's there for four hours to do the activities of daily living, help their mom prepare the meals, get dad ready for the day, prepare the meals and so forth. And then they said to give mom some kind of rest at night, have



somebody stay over at night. Somebody stays for eight hours. So they do a shift that way. Their mom gets some rest, and that person is the one who's responsible for checking in on their father when he gets up at night.

Ruben: So there's a whole piece of mind as well because the mom has a certain peace of mind that she can sleep because she knows there's someone looking over.

Andrew: Yeah, absolutely. And that's critical because you may not actually be doing the work, but the worrying is the key thing. It's that constant worry, that constant fear, it's emotionally draining. And so having the additional support helps her decompress a little bit. That four hours in the morning allows her to do something else for four hours. And then at nighttime, she can sleep in peace. So 12 hours a day, you're looking at about \$276 a day for that type of support. And over a month, you're looking at \$8,200.

Ruben: Okay.

Andrew: It gives an idea of what the range is and what kind of support you'll need to give that peace of mind that she needs.

Ruben: So what would make that cost go up to, let's say, \$15,000? Is it based on hours?

Andrew: The biggest cost driver is the safety. So if his or her safety is compromised, his safety being he has a tendency to wander at all times, he has swings in his behavior or his mood, he's not eating as he should, or his wife is having a hard time getting him to eat, having a hard time getting Harvey his meds. And all of those activities are not fully being done because she might be worn down, and that creates the conditions where somebody needs to be with Harvey all the time. Because of his wandering, because of his mood swings, because he may need some very specific care all the time. You can take care of somebody in the morning time for their ADLs, but they still have the rest of the day. They still have to use the bathroom the rest of the day. They still may have accidents during the day. And when somebody arrives at the place where the dementia is severe and all of those behaviors are in place, there is a risk for both of them, Harvey and Eve, because Eve then is 24/7 herself caring for Harvey, which is not good, especially for somebody who is in their eighties. And so you would then have to start thinking about 24 hours a day, seven days a week supervision in whatever setting you choose. But then that would be the



main driver in terms of where the cost goes from the \$8,200 right up to the \$15,000.

Ruben: I see. This is very informative, good information for our listeners, but also to ourselves as financial advisors. Because, Andrew, when we work with our clients, the same way you and your company, you're ensuring that your clients are secure in their daily activities and health-wise, our goal is to ensure that our clients are financially secure forever. One of the exercises we do with them is financial projections where we want to see, especially for the retirees, the assets that they have built, are those assets going to fund their retirement and their lifestyle forever. Now, we are having more and more talk, even before COVID, but we are seeing a bit more often some retirees expressing that they don't want to go to a nursing home and their goal is to stay home and to seek help from companies like yours. So when we're having that discussion, it's really important for me to know what the cost can be so that I can incorporate that into the financial projection. We do use numbers like \$10,000 to \$15,000, which is in the ballpark of what you are discussing when the needs are complex, but it's really key. It's really key to see this is your goal, and do you have the means when we test it in our projection at that level of cost to sustain that goal in your lifestyle until 95? So it's very informative, and thanks for sharing that with me and with us. So the families, they can fund those services with, of course, their personal assets. And that's where in our business, we look at that as well. Their portfolio, for example, can serve as the asset base to seek those services. But what other sources of money can come from? I know there are some programs out there, but tell me a bit more about where families can find the funds to cover your services.

Andrew: I'm a big advocate for families to, one, reach out to the health and social services, the CLSC, as the first step because it's got some very significant advantages. Yes, they're going to provide you with an assessment. Yes, they're going to provide you perhaps with some services that they provide through them. But more importantly, once you engage the services of the CLSC, you then get in a position where you're able to be qualified for some of their programs. One of the programs that's very valuable that it's my hope that the government puts more funding into is what we call Chèques d'emploi Service. This is a program where the CLSC will give a block of hours. So they would say maybe give you 10 hours and you would then go out and hire your own caregiver, and then they would pay the caregiver X number of hours. We participate in this program with families as well. So essentially, they would



inscribe one of our caregivers, and then they would get the support of our team. So they would get the subsidy using our services as well. But another benefit that a lot of families get as a result of having home care services is that there is no GST or QST for our services. So there's an automatic savings built in just by having the CLSC implicated, either them giving direct services or they provide support with the Chèques d'emploi Service program.

Ruben: So they save on the sales taxes?

Andrew: They save on the sales tax.

Ruben: Which is approximately 15%. Yeah.

Andrew: Yeah. And then there are other programs that the CLSC offers that would be helpful as well with respite programs that they provide and subsidizing those. Other programs that exist with Revenue Quebec is a 35% tax credit for home support services. So for every dollar you spend on home care services, the Quebec government will give you 35% back. So 35 cents of every dollar. Now, there is a cap on it, but it's one of the programs that help you finance your home care during the year. It's not a program where you fill out at the end of the year, you do your taxes, and then you get a tax slip or you get a refund or it's a credit. This is a program where throughout the year, you submit your claim, and that 35% is deposited directly into your loved one's bank account. And if it's a couple, then it's more advantageous. So we always promote families to seek the help of the CLSC because of those programs and because of the other benefits and how you can make your home care dollars stretch even further. And then you have good support from a private home care company or whomever you choose. And then there are other programs like the disability tax credit that's out there that we encourage families to take advantage of.

Ruben: Yeah, we did with some of our clients because we provide tax services in our firm as well. We did help them in filling the forms to get the various tax credits like the one you just mentioned, the federal disability tax credit. At the end, there are a lot of programs and tax credits and government support out there. I think people don't necessarily know about them. So it's really crucial to speak with companies like yours who know about those programs. And I encourage the listeners that are considering home care services as well to speak with their financial advisors, their tax advisor to know how to get access, if they are eligible, to those credits and programs.



Andrew: To your point exactly. There's so many programs out there, and it can be very confusing, especially when you're overwhelmed caring for a loved one. Other programs that exist, it's a program that allows people to adapt their homes for disability. So if you need a ramp in your home and it's important for your loved one because they're with a walker, then it's a question of just going through your CLSC. And then we help families for what program to ask for when they're sitting down with their social worker that meets their needs. So at least we give them a roadmap in terms of what programs they would be likely eligible for and making sure that they ask for those programs.

Ruben: Thanks a lot, Andrew. We are wrapping up. This was very enlightening, and I thank you for that. So before we wrap up, let me ask you, if our listeners or their family members, they would like to have more information about you and your home care services, where can they find you?

Andrew: They can find us on the web at takebacktheirdignity.ca. Just type that in just exactly that way: takebacktheirdignity.ca.

Ruben: Yeah, this is easy to remember.

Andrew: You'll learn about our programs. And next week, we'll be having a conference with a well-known dementia specialist named Tipa Snow. She is one of the best in the fields where dementia is concerned.

Ruben: What date is that, Andrew?

Andrew: That is on February the 12th. We have Bill Hoagland, who is a former CTV anchor. He will be sharing his personal experience with taking care of his mother who had dementia. It'll be a chance for families to get some really valuable information in these times of confinement. Families have been in their homes with their loved ones more than before because all the services have been closed. And so now they're faced with having to learn how to communicate. So the webinar, it's a virtual webinar, and it's called "How to Communicate with Someone Who Is Living with Dementia." Tipa is excellent at bringing out humor and great expertise to teach folks on how to communicate effectively with their loved ones.

Ruben: Thanks a lot, Andrew, for being a guest on our podcast. And as an end note, I will say that COVID-19 has been devastating for society and we have learned as a society a lot of valuable lessons about caring for our seniors. And



you and your team, you're part, in a sense, of the frontline workers helping the seniors, vulnerable people remain safe and healthy. So I would like on behalf of our team and everyone, I would like to thank you and your team for your efforts and contribution in helping us and keeping our seniors safe. So thanks for that.

Andrew: Thank you very much. Thank you for all that you're doing, and you guys keep safe. Let's all hope that this comes to an end very soon this year, and we can put this whole thing behind us all, and everybody gets their vaccine, and we'll definitely go back to life as normal.

Ruben: Definitely. Thanks a lot, Andrew. And thank you to all our listeners for tuning in to this episode of the Empowered Investor Podcast. We'll see you all in two weeks for the next episode. Thank you.

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