

An Expert's Opinion

Why did Mom leave you half the estate? You lived in her house for 10 years – wasn't that enough?

I turned down promotions and finally had to quit to look after her – you owe ME money!

Two bereaved siblings – too mired in bitterness to be able to mourn the mother they had loved – and thought they had understood. The best efforts at mediation had failed to bring them to an agreement, and the issue had gone to litigation.

What exactly had the daughter contributed to her mother's care, and what would have that effort cost if a non-family member had done it? Wasn't it simply the duty of a daughter?

Conversely, had anyone asked the daughter to make these sacrifices? Was the care really needed or was it, as the brother claimed, the daughter's escape from a failed career and bad marriage?

When approached for an expert opinion for the Court, our first task is to carefully understand the health and lifestyle situation of the care recipient – in this case, the mother – and her care and support requirements throughout the entire period under review – which may extend for a decade or two.

We then estimate the various care and support services required to manage the recipient's health challenges, which often include chronic conditions such as arthritis, Parkinson's disease or dementia, which will exacerbate over time.

We then assign a dollar value to these services, as if the services had been performed by a professional provider, not a family member.

These services might include:

Care Delivery

- Hands-on care and assistance such as personal care, dressing, 'cueing' with reminders of daily activities such as meals, general monitoring the care and safety, light housekeeping

Care Management

- Regular check-in visits by professional care manager to monitor care levels, check for any new or changing care needs, making of appointments, attending, noting and following up on advice, medications, treatments

Medication Management

- Inventory and ordering of medications, 'pouring' of pills into dosage boxes or directly to the client, ensuring the medication is actually taken and done so as directed e.g. times of day to be taken, with/without food, monitoring of any reactions of side effects

Meal Planning, Shopping & Preparation

- Live-in caregivers are not expected to plan and shop for food but they are allowed to prepare simple meals for the client only

Social Support & Activation

- Planning, providing, transporting to, social interaction opportunities with family, friends, clubs

Financial Management

- Reviewing and paying bills, obtaining cash from bank, making financial decisions

Creating a Model

After much debate, a model was created which the family agreed accurately reflected the daughter's contribution over the period, and a market price assigned to the activities which would have been outsourced if the daughter had not been in place. A few services, such as care management, management of medication and bill-paying. The results appear below:

| Item | monthly cost |
|------------------------------|---------------------|
| care weekday 8am-5pm, 7 days | \$6,552.00 |
| care management –family | \$0.00 |
| meds management-family | \$0.00 |
| meal plan, shop | \$312.00 |
| social activation | \$936.00 |
| financial management-family | \$0.00 |
| total | \$7,800.00 |

Clearly, the daughter’s services had a significant market value, and one that would have eroded the siblings’ inheritance had the mother been obliged to pay it. The monthly expenditure of \$7,800, based on market value, would not have been sustainable and have required a nest egg of \$1.4-million, far more than the actual estate.

An expenditure of \$7,800 per month is

| | |
|-----------------------|---------|
| Monthly outlay | \$7,800 |
| Annual inflation rate | 3% |
| Number of years | 15 |

Capital required \$1,458,163

Tangible and Intangible Costs

The daughter’s fulltime earning potential at her last job was considered, as well as income she could have earned had she been able to accept promotions and overtime, multiplied by the number of years she had cared for her mother.

Intangible effects from assuming fulltime care of her mother included sacrificing her own health, hobbies, friends and downtime.

Developing a Claim

The daughter was therefore able to arrive at a figure representing the total cost of her caregiving effort, which amounted to over \$200,000 for the period.

Did she actually claim this amount from the estate?

After much reflection, she sidestepped the lawyer and spoke directly to her brother. They both welcomed the chance to talk frankly, and felt very differently about the matter after seeing the expert opinion report. The brother’s reaction was to acknowledge his sister’s efforts, to thank her and apologize for his accusations.

Harmony was restored – exactly the legacy their mother would have wished for.

Attachment – 2011 survey regarding adult children caring for aging parents

Caring for elderly parent falls primarily to one sibling

BY DEREK ABMA, POSTMEDIA NEWS FEBRUARY 16, 2011 [COMMENTS \(8\)](#)

A new study suggests when adult siblings have elderly parents who are in need of care, one sibling usually takes on the bulk of responsibility.

Caring for an elderly parent can tear apart sibling relationships, especially when the division of responsibilities is less than equitable.

That's one of the conclusions of research released Tuesday that says when adult siblings have elderly parents who are in need of care, one sibling usually takes on the bulk of responsibility.

The study, conducted by a group known as The Boomer Project, on behalf of home-service provider Home Instead Senior Care, looked at 383 Canadians with parents who need, or have recently needed, the help of their children to get by in life.

Forty-one per cent said one sibling took on all or most of this responsibility. Just three per cent said the division of labour was performed "equally."

The research resulted in a report called the 50-50 Rule; the first 50 refers to the average age at which people are likely to find themselves having to care for their parent. The other 50 refers to the need for siblings to share the responsibilities in a reasonable manner.

"If you have become the primary caregiver and it's getting to be too much, make sure your siblings know that you need help," the report's authors write.

Of course, it's not always a matter of lazy siblings letting another take on all the work. Sometimes, a domineering member of the family assumes control of the situation. But the results can nonetheless, be divisive for a family.

Jane Tenute of Hamilton said she no longer has any relationship with an older brother, who took it upon himself to call the shots with regard to their mother who suffers from Alzheimer's disease.

A major disagreement came when she felt her mother should go to a retirement home, while her brother favoured waiting for an opening in a nursing home.

After a battle that involved lawyers, Tenute was ultimately successful in getting her mom the care she thought she needed. However, she said the relationship between her brother who fought against her and all three of his siblings is "ruined."

"I wish that we had (worked this out ahead of time)," she said. "I never knew that (my brother) had these feelings."

Of those who said they had experienced that damaging fallout, 40 per cent blamed it on the unwillingness of some siblings to share responsibilities in caring for parents.

"Do what you can to maintain a relationship with your brother (or sister)," the study concludes. "Siblings are sometimes the only family relationships that endure. . . . That sibling relationship will continue after your parents are gone."

The study found that for siblings who are the primary caregivers of parents, they put in an average of 14 hours a week. That's about three times more than their siblings.

Some of the main factors that decided which sibling was the primary caregiver to their parents were location, or proximity, for 25 per cent, while 17 per cent said it was decided simply by "default." The overall Canadian figures in this study were considered representative of the population within 4.2 percentage points, nine times out of 10.

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