KEEPING OLDER WORKERS IN THE LABOUR FORCE

AND

CARING FOR A FAMILY MEMBER

CAN WE BE IN TWO PLACES AT ONCE?

A Report to the Ministry for Human Resources and Skills Development Canada (HRSDC)
on the International Symposium at the FICCDAT Conference 2011
Contract Number: 8008-10-0018/00

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EXECUTIVE REPORT
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Keeping Older Workers in the Labour Force and Caring for a Family Member – Can we be in Two Places at Once?

This international panel session will provide a platform for dialogue on these two emerging and potentially competing policy priorities - the promotion of increased labour force participation of older workers and the increased reliance on caregivers (many of whom are in the labour force) to provide care and support to an aging parent, spouse or family member.

Canada, as with many industrialized countries, is experiencing a major change in the demographic structure of the population. Population aging in an industrialized country such as Canada is associated with changes in the nature and productivity of sectors of the labour market. Shortages in both skilled and unskilled labour may lead to a loss of corporate memory and organizational leadership. Recent international policy and program initiatives aim to respond to this trend by promoting the retention and reintegration of older workers into the labour force.

At the same time, it is anticipated that the aging population, in addition to increased incidences of chronic disease and disability, the emergence of smaller, less traditional families and a movement toward de-institutionalization, will strain both the formal public sector health and social services and the capacity of informal networks to deliver adequate caregiving services.

Family/friend caregivers are subject to specific economic, social and health stresses such as: increased out-of-pocket expenses, lost wages and changes in pension entitlements; marginalization, isolation, loneliness and changes in their identity within the community; mental health disturbances such as anxiety and depression; and physical injuries such as back and neck conditions.
EXECUTIVE REPORT

Introduction

Population ageing is often viewed as the main offender in what is portrayed as the ever increasing burden of formal and informal care with serious consequences for the social and economic productivity of a nation. The relationship between the burden of care, continued employment and employability is borne out of a more complex set of scenarios requiring a multi-layered discussion at the personal, societal and political levels globally. Clearly and unequivocally families and the role they play in caring for their loved one is at the core of the dialogue; there is both a demographic and social imperative to help families to manage both work and care.

Population ageing, globalisation and urbanisation, components of the demographic upheavals being experienced today, highlight the need to have a deeper understanding of the ways in which both public and private sector address the core issues of a sustainable community while at the same time appreciating the dynamic nature of external drivers such as the recent economic crisis.

The following report is based on the symposium entitled Older Workers and Caregiving: Can we be two places at the same time presented at the FICCDAT Caregivers Conference 5- June 2011. Panellists agreed that for a variety of reasons we need to:

- Ensure that people remain in the work force for as long as possible;
- Reconfigure and invest in flexible, high quality care and support for the sick, frail, elderly and disabled in our countries; and
- Bring technological advances more centrally to the solution.

Promotion of increased labour force participation of older workers

The promotion of increased labour force participation of older workers and the increased reliance on caregivers (many of whom are in the labour force) to provide care and support to an ageing parent, spouse or family member is by its description a scenario which is in a constant state of flux.

Joan is a partner in a small business venture. Her business; partner has a chronic disease, her husband has dementia and her daughter in law has cancer.....Joan is a carer! (Is this the new definition of juggling?)
On January 1st, 2011 the very first citizens born between January 1st, 1946 and December 31st, 1964 will turn 65 years of age, an age which still remains recognised in many industrialised countries as ‘retirement.’

‘Saving’ has not been front and centre in the minds of this sub-population known as the ‘baby boomers’. In Canada this eighteen year cohort numbers more than 8.5 million people (Schellenberg & Turcotte, 2007) many of whom do not want to retire and/or simply cannot afford to retire.

A turbulent decade in the equity markets and a marked decline in the number of private-sector pension plans also mean that many of this generation may face their older adult years without sufficient funds. Given the growing number of older people nearing retirement notionally, concerns about the social and economic consequences to the workforce have spurred interest in increasing the labour force participation of older workers. A key issue though is how amenable older workers would be to employer strategies and public policies designed to encourage them to remain on the job. More than 1 million people went on strike and into the streets of France to protest President Nicolas Sarkozy’s proposal to raise the legal retirement age September 2010: Retiring at 62 became law in France in November 2010 which was seen by the Conservative government to be a defeat for unions (Lauter, D. 2010).

Some older workers have considerably less access to guaranteed levels of income such as pensions or health insurance benefits when they retire and staying in the workforce longer is a necessity to either build up, or rebuild their assets. This fact is starkly validated in reports from the US Census Bureau data (2011). The percentage of Americans age 55 years or older who were in the labour force declined from 34.6 percent in 1975 to 29.4 percent in 1993, but since then, the overall labour-force participation steadily increased to 40.2 percent in 2010 (Copeland, 2010).

As a contrast in Canada over the last decade the proportion of older workers (those aged 55 years to 64 years) has risen, with 6 in 10 employed or looking for work in 2006, representing 12% of the labour force (2.1 million). The main thrust behind the sustained upward trend is women’s labour force participation rate, which rose from 38% to 62% between 1976 and 2006 for those aged 55 to 59, and from 24% to 37% for those aged 60 to 64 (Marshall and Ferrao, 2007).
In the United States a similar trend in the feminization of the workforce near retirement (55 - 64 years) however, the rates of labour participation for men and women age 65 years and older increased (Copeland, 2010).

With the need for older workers to remain in the work force the question now is how can the sectors create an enabling environment?

Flexible work arrangements can essentially mean: When to work (e.g. flex work, compressed work, part-time work, seasonal work); where to work (e.g. telecommuting, working from home part or all of the week, working in more than one location); how to work (e.g. job sharing, phased retirement, temporary, contract or per diem work); and what to receive for working (e.g. choosing specific benefits such as child care, eldercare or a flexible spending account).

Dr Fine from Macquarie University suggested that one of the consequences of global aging is that governments will think differently about financing services and programs (pressure on public services, governments restructuring and cutting costs). While this may be a true the role of industry in not only creating opportunities but working with government and the public sector is essential to produce the social and economic results required for a growth and sustainability.

For example in 2011 the government of the United Kingdom (UK) launched a consultation on its plans to introduce a number of changes to employment rights as part of its plans to create a modern workplace for the modern economy. The consultation covers proposed changes to Flexible Working rights, Flexible Parental Leave, Equal Pay and the annual holiday entitlement rights in the current Working Time Regulations.

The changes include extending the right to request flexible working to all workers who have been with their employer for at least 26 weeks; introducing new entitlements to Flexible Parental Leave which would supersede Additional Paternity Leave measures introduced in April 2011; and giving Employment Tribunals the power to order an employer who has been found to have discriminated on gender in relation to pay, to conduct a pay audit and publish their results.

A number of industry leaders including KPMG, Pricewaterhouse Cooper and British Gas demonstrated the effectiveness of flexible work arrangement in the United Kingdom. In Canada the Bank of Montreal (BMO) has a commitment to employee self-management and creating a more equitable and flexible workplace through a range of programs such as: People Care Days - paid time off for personal matters and extended family responsibilities which cannot be scheduled outside of work hours to

A perfect storm is an expression that describes an event where a rare combination of circumstances will aggravate a situation drastically
help employees balance their responsibilities to work, family, education and community; Back-up Child Care program - short term emergency child care in the event that their regular child care arrangements break down; and Employee Assistance Program & LifeWorks - short-term solution-focused counselling and support to help you manage and resolve personal issues or concerns.

Based on research conducted by the Victoria Order of Nurses (VON) Ms McDonald described the tension between older workers wishing or having to remain in the workforce while at the same time being engaged in the role of carer as ‘the perfect storm’. By definition *a perfect storm* is an expression that describes an event where a rare combination of circumstances will aggravate a situation drastically. Never before in the history of the world has there competing internal and external drivers that impact the lives of individuals and thereby the nature and role of family.

What was clear from the symposium is that ‘good industry practices’ exist globally but we are failing to focus sufficiently on gathering that knowledge and those champions together in order to understand the social and economic benefits for all.

**Enabling family to be in a caring relationship**

Carers are everybody’s business, a phrase associated with Carers UK and its Chief Executive, Ms Imelda Redmond. Inevitably each and every one of us will either give or receive care as a normal part of life that affects every family.

Until quite recently the role of breadwinner and carer have not typically been one, yet there is a ‘new norm’. At the same time an individual is confronted with multiple demanding roles, the very face and form of family is changing. These changes are brought about to some extent by globalisation and urbanisation as well as immigration trends, changes in social contracts across generations and inadequate and overwhelmed health, social and community care system across the public and private sectors.

In reviewing the effects of urbanization on older persons, we are constrained by the lack of literature in the area of population ageing in the context of urbanization. These two demographic upheavals are rarely addressed as a combined area for investigation. The lack of research in the two related areas—urbanization and ageing—has been acknowledged by the Department of Economic and Social Affairs of the United Nations Secretariat (United Nations, 1991).
Migration and urbanization have been separately and jointly pinpointed as contributing to the destabilization of the value that in the past sustained older persons in a closely knit family orientated society. This is especially pertinent in the light of the population growth and heterogeneity in Canada. Roughly 1.6 million new immigrants made up the vast majority of the new Canadians between 2001 and 2006, giving the country the highest population growth rate among G8 countries. Slightly less than half of the national population lives in the metropolitan areas in and around Montreal, Vancouver and Ontario’s Golden Horseshoe (Statistics Canada, 2007).

Urban sprawl continues, with areas around the major municipalities reporting an 11 per cent growth rate, double the national average, said the census (2007).

Carers UK reports that the culture of caring varies between ethnic groups, for example Bangladeshi and Pakistani men and women are three times more likely than their white British counterpart to provide care. Canada has an important international role to play in the conceptualization and development of policy and programs for people ageing in a foreign land and being placed in caring situations that do not ‘fit’ their cultural expectations and practices.

Dr Joel Sadavoy, Community and Geriatric Services, Mount Sinai Hospital, Ontario has developed a program to enable carers of people with Alzheimer’s disease to better cope with their role (2012). The Reitman Approach combines therapeutic principles for managing stress and burden of this type with fresh approaches to education and skills training, and formal problem solving techniques derived from cognitive behavioural theory.

The approach, while multifaceted, can be learned by skilled health practitioners who have experience working with groups. It is not discipline-specific but is enhanced by the availability of a multidisciplinary team including social work, nursing, and psychiatry.

On the other side of the country Dr Daniel Lai, University of Calgary is known for giving Chinese-Canadian seniors a voice in their health care. Moreover his studies of seniors and family caregivers cite various real and perceived barriers to accessing health-care services. Drawing on Dr. Lai’s findings, Chinese-Canadians are now trained in their first language, to become in-home caregivers. Many of those hired were new immigrants and unemployed; they now help older Chinese-Canadians to live independently by providing personal care, home-making and meal preparation (2012).

The increasing demands of caregiving in the context of 21st-century globalization draws on the political economy framework to examine globalization, healthcare and familial caregiving (Chappell and Penning, 2005). The need to incorporate both unpaid and paid work within the health and social care system is acknowledged.
In a slightly different teak on the impact of globalisation, technology and caregiving Blair-Loy and Jacobs (2003) studied the consequences of technology and the economic forces of globalisation on the care deficit. Competition from electronic communication networks and international markets has increased the pace of work for stockbrokers, spurred online and after-hours trading, and prompted extended-hours trading. These events lengthened already long working days and appear to have contributed to a deficit in the time and energy available to care for their families. This study reinforced not only gender inequality at home and in the workplace but placed a window on a new phenomenon.

Then the lens of public health and human rights Dr Eckenwiler (2006) argued for a justice that takes account of economic relations that link governments, corporate bodies, and other institutions transnationally. Incorporating this concept into public health policy she suggested could lead to strategies that better support unpaid caregivers, reformed lending agreements, reformed hiring and labour policies (in the United States) and other privileged countries, and capacity-building projects for developing nations.

The degree to which carer policy is embedded or framed in a rights-based approached has not been tested nor understood although there is early research into new areas that will impact likely not only the government response to the role of family caregivers but explore the degree to which there is private-public sector responsibility.

While all panellists acknowledge global influences it was Ms Redmond’s view that system per se seem to be stuck in a time warp with an underlying assumption that there is a woman at home to pick up the care. Ms McDonald sought in the presentation to identify areas for initiatives that hold the possibility of helping to re-embed care into social life, a perspective which is culturally loaded.

The question remains: How can assumptions (which are in fact reality) be changed within a system that is largely rigid, configured separately (in what is traditionally referred hostilely as silos) and unsustainable in the current and future political climate.

**Private-Public responsibilities in supporting and enabling carer relationship**

Carers cannot be in two places at once yet according to Ms Redmond they can manage two tasks at once i.e. being engaged in paid employment and also ensuring that the person or people they look after are safe and comfortable. Many carers do manage to balance work and caring over an extended period of time. However the
complexity and sophistication of ‘caring tasks’ demanded by health care professionals and a system which is somewhat flailing creates a new dimension.

Schulz and Martire (2004) in a summary of dementia caregiving literature talked of citizens who live longer, with a higher prevalence of chronic diseases and associated disabilities, in an environment of increased constraints in healthcare reimbursement, and advances in medical technology. A poignant observation was that family members are increasingly being asked to perform complex tasks similar to those carried out by paid health or social service providers, often at great cost to their own well-being and great benefit to their relatives and society as a whole. This new dimension of complex care that carers are being asked to implement goes beyond the neighbour care model towards a hospital in the home models. Dr Fine stated that care while being essential for social life no longer fitted into contemporary life as it did in the past. The ‘act of caring’ rather than being viewed as part of the social and corporate responsibilities of society is now within a ‘market framework’ which influences and is influenced by socio, economic and political drivers.

Ms Dabu in her role as Vice-President, Head of Retirement & Financial Planning Strategy, BMO Financial Group talked of a ‘responsibilities conflict’ – conflict with the future earning potential and ability to stay connected to their careers and the workforce when they are playing caregiver roles. So in some quarters we are talking of tension and then in others we are recognising the right to work, make a living and the familial and societal expectations of being in a ‘caring role.’

The Bank of Montreal as with many large companies has seen a rapid increase in the number of its employees playing caregiving roles. For industry this is not only challenging from the perspective of balancing work and life/caregiving responsibilities but in continuing to stay connected, being able to re-integrate into work and to continue to build and have a career. As a company response BMO has focussed on

a. Providing employees with the right resources, information and support to deal with the caregiving role

b. Using technology to enable employees to stay connected to their jobs, their careers and the Bank as well as the ability to work from other locations outside of the office

c. Developing policies that enable employees to have flexible work arrangements

From a more global perspective the establishment of Employers for Carers in the United Kingdom supports the BMO direction and adds weight to the business case for supporting employees to balance work and care roles. Employers for Carers evolved from a group committed to working carers; a group that is chair by BT, one of the
world’s leading communications services companies, serving the needs of customers in the UK and in more than 170 countries.

The key purpose of the organisation is to ensure that employers have the support to retain employees with caring responsibilities through a strong evidence base on how caring responsibilities impact on employment; expertise in working with employers and government on developing and implementing policy and good practice in the workplace; and longstanding experience of working with employers, such as BT, Centrica, the Metropolitan Police and the NHS, to support carers wishing to remain in or return to work.

The business case for industry being interested and active in the field of carers revolves around the consequences of demographic change as opposed to population ageing; the business benefits and the flexibility in action.

While Canadians appreciate that the need for caregivers is likely to escalate (e.g. in the UK 1 in 7 persons in the workforce will be caring for someone who is ill, frail or has a disability) already 90% of working carers are aged 30 years and over, many employees are in their prime employment years.

The peak age for caring is also 45-64 when many employees will have gained valuable skills and experience. With fewer young people entering the job market – and in the current economic climate - there has never been a more important time to focus on the benefits of retaining skilled workers rather than incurring the costs of recruiting and retraining new staff.

Evidence from Employers for Carers (http://www.employersforcarers.org/) shows that simple and effective actions from industry can reduce staff turnover and absence thereby cutting employment costs with an associated increase in loyalty and commitment. Initiatives include: flexible working practices; emergency leave; flexible leave arrangement; workplace support; and simple adjustments such as access to a private telephone or car parking close to the workplace to make access in and out of work quicker and easier.

While the business case appears to have been made in the United Kingdom the same is not the case for industry as a whole in Canada. To understand this we must turn to legislation drivers or lack thereof that has recognized formally the role and value of carers which in turn as placed it on the agenda of industry.

"With a caring emergency you are not dealing with an absence, you are potentially dealing with a vacancy if you don’t respond appropriately. The cost of recruiting is incomparable to the cost of 2-3 days’ emergency leave. Retaining carers through support or special leave arrangements represents a saving to the company of about £1 million per year."
The Carers (Equal Opportunities Act 2004) – England and Wales was the first piece of carer-specific legislation. Flowing from this Act was the requirement on Local Authorities to consider the carers’ desire to remain in work, or return to work, when they carry out an assessment of need.

Only two years later the Work and Family Act 2006 (England, Scotland and Wales) gave the right for carers to ask their employer to change their working pattern. While there was low awareness of the right by both employers and employees this Act raised the profile of people with caring responsibilities; most employers were aware of the need of working parents, but not of people with other caring responsibilities.

A further example of carer-specific legislative drivers is the Australia Federal Carers Recognition Act 2010, an Act to increase recognition and awareness of carers and to acknowledge the valuable contribution they make to society. Of particular note in Canada is the first reading of Bill 42, The Caregivers Recognition Act to the Legislative Assembly of Manitoba. The purposes of the Act are to:

a. increase recognition and awareness of caregivers;

b. acknowledge the valuable contribution they make to society; and

c. help guide the development of a framework for caregiver recognition and caregiver supports.

We also need to work together to share best practices not only at large forums but create an ongoing dialogue between companies, the community and government.

And so we would agree with the view that the challenge of caregiving is so great that it cannot possibly be addressed by any one sector. Community, Government and Business all play a role in establishing solutions to meet the challenges of the aging population and the increased caregiver needs of society. Only by working together do we increase the accessibility of services to caregivers.

"The average increase in productivity for flexible workers is 21%, worth at least £5-6 million on the bottom line. Stress-related absence has been reduced by 26% through flexible working alone."

Director of People Networks, Telecoms Company
Conclusion

As a human right principle citizens have the right to: receive appropriate and expert care when a person needs it; be able to assume the responsibility to give care when a person seeks to do so; and, have the opportunities and ability to care for themselves and to take charge of their own autonomy as far as possible requires clarity about the direct and indirect support systems neither of which are simple, equitable or dependable.

The face and form of family and the role of family in ‘caring’ is changing in an unsystematic, irregular and relatively unpredictable manner. The manner of change is due to a number of interrelated factors for which research and evidence based practice is sparse. These factors include: the impact of global upheavals (population ageing, globalization, urbanization); immigration and migration patterns; a lack of understanding of the impact of ageing in a foreign land; labour market changes; an unpredictable economic climate; inflexible and inadequate systems of health and social care; an expectation that carers will continue to balance, juggle and managing increasingly complex clinical and practical care demands.

Governments and industry must grasp these difficult and thorny issues through legitimate and meaningful consultation with carers and civil society. Countries such as the United Kingdom, New Zealand and Australia who are among the leaders in understanding and supporting citizens in their caring role consider the financial and social investment part of a long term strategy across many portfolios including labour market and health and social services. While lessons can be learned from these leaders it is clear that the notion of ‘quick wins’ is just that ‘a notion’.

The pathway to supporting and enabling citizens to manage multiple care and work roles and responsibilities lies in a tripartite (government–industry–civil society) investment to develop a blueprint for action; actions that all parties commit to pursuing across sectors and disciplines.

Through the symposium entitled Older Workers and Caregiving: Can we be two places at the same time?, it is clear that a considered thoughtful plan of action based on the lessons learned from other countries is not only a valuable direction to pursue but an essential path.
References


COMMISSIONED PAPERS
Sustaining Employment and Caregiving

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Abstract

Care is essential for social life but it no longer fits into contemporary life as it did in the past. This paper provides an international overview of the current impasse concerning those who are employed and seek to provide care, canvassing current and future possibilities for finding a way through the existing conflicts. With a particular focus on the issues that emerge regarding support of older (aged) care recipients, the paper first considers the demographic, economic and democratic and governmental policy causes of the current problems. It then examines the emerging care gap expressed through the joint crisis of informal and formal care. The final section considers the solutions proposed to help re-embed care in the societies of the 21st century. These include developments related to the workplace and employment, as well as solutions concerned with providing extra services, expanding the care workforce, paying family caregivers and using technology.
Sustaining Employment and Caregiving

1. Introduction

Care is essential for life, but it no longer fits into contemporary social life as it did in the past[1]. Until quite recent times, gender segregation in the home and in public life ensured that there was a large unpaid informal care workforce of (married and unmarried) women ready to assume the duties of household caregiving – for their children, their parents and parents-in-law, and for their partners. Now we need to search for new solutions that can no longer be based on a split between employment and care.

The need for new understanding and new solutions to the dilemmas posed by the dislocation of care in modern life is increasingly urgent. Following on from what may be thought of as the politics of the ethics of care, to ensure that those who need care, as well as those who give it are treated inclusively, we need to find solutions that ensure that every person will:

i. have the right to receive appropriate and expert care when they need it;

ii. be able to assume the responsibility to give care when they seek to do so;

and,

iii. have the opportunities and ability to care for themselves and to take charge of their own autonomy as far as possible, at all times [2-4].

This paper is intended to provide an overview of the current impasse and to canvas future possibilities. While the general topic concerns caregiving, there is a particular focus on the issues that emerge regarding support of older (aged) care recipients. Discussion moves from a (brief) consideration of the causes of the current dilemmas, to consider the nature of the current predicament in which we find ourselves – in which caregiving from both the public and private spheres appears to be under strain.

2. Behind the Personal Dilemmas. A collision of apparently unstoppable forces and global trajectories.

The dilemmas facing families and individuals today are often understood in personal terms – but for those who seek to understand the larger structural pressures that lie behind the personal choices we face, it is not hard to identify the transformation brought about as social change by forces that are historically unprecedented.

First, the demography of the 21st century is one of ageing societies. These are no longer just the relatively affluent group of advanced countries in Western Europe, North America and the S.W. Pacific Rim. Ageing is now a worldwide phenomenon, affecting every continent. The extent of change since 1950, and further changes projected until 2050, is evident in the figures presented in Table 1. The phenomenon
of population is the product of both the extension of life expectancy and the reduced birth rate – longer lives and few children. As Peter Laslett, the historian of ageing and champion of what has come to be known as the ‘third age’ pointed out, this development is an historic transformation to be celebrated [5]. Certainly ageing societies are those with the highest standards of living overall, as the features that enable the population to age (which include good public health measures such as clean water, decent housing, good sanitation; accessible and effective health services; decent education for all and many others) are social goods with extensive benefits for people at all stages of their life – not just old age.

Through the prevention of unnecessary and miserable early deaths, more and more of us have been enabled to achieve the age long dream of longer life. The reduction in the birth rate too signals positive choice, providing opportunities for women as mothers as well as for the smaller numbers of children who in turn have been able to benefit from the great level of support and the social investment available to them.

But the changing mix of generations has other consequences. Just as smaller numbers of children mean smaller family sizes, the chance that any of those children will be required to care for their elders increases[6, 7]. The population of working age, similarly, is proportionally smaller, with implications for taxation and financing of public programs as well as for the staffing of paid care services [8-10].

| Table 1. Proportion of Total Population aged 60 or over, 1950-2050 |
|------------------------|--------------------|--------------------|-----------------|-----------------|
|                       | 1950   | 2010   | 2030   | 2050   |
| Africa                |        |        |        |        |
| Population (m)        | 12.1   | 55.4   | 104.9  | 212.8  |
| % of total population | 5.3    | 5.4    | 6.9    | 10.6   |
| Asia                  |        |        |        |        |
| Population (m)        | 94.5   | 413.6  | 821.2  | 1236.1 |
| %                     | 6.7    | 9.9    | 16.7   | 23.7   |
| Europe                |        |        |        |        |
| Population (m)        | 66.3   | 160.9  | 211.7  | 236.4  |
| %                     | 12.1   | 22.0   | 29.3   | 34.2   |
| Northern America      |        |        |        |        |
| Population (m)        | 21.3   | 64.6   | 105.1  | 124.7  |
| %                     | 12.4   | 18.4   | 25.6   | 27.8   |
| Oceania               |        |        |        |        |
| Population (m)        | 1.4    | 5.5    | 9.3    | 12.2   |
| %                     | 11.1   | 15.4   | 21.0   | 23.9   |
| South America         |        |        |        |        |
| Population (m)        | 6.3    | 40.4   | 80.3   | 125.3  |
| %                     | 5.6    | 10.3   | 17.5   | 26.0   |
| World                 |        |        |        |        |
| Population (m)        | 204.9  | 759.1  | 1370.4 | 2008.2 |
| %                     | 8.1    | 11.0   | 16.5   | 21.9   |

While in many countries these demographic changes have been gradual, spread over more than a century, in others, particularly in Japan, Korea and increasingly in other Asian countries, they are taking place in a much shortened period of time. Over the past three to four decades these changes have become manifest in the context of the second set of global changes concerned with increasingly globalised economic and financial systems, and drastic changes in the labour market [11]. At one level these changes have been in response to, and have provided the opportunities for the increasing proportion of women in the workplace. As the numbers of women in paid employment, especially women with children, have increased in recent decades, there has been a shift away from unpaid domestic commitments (described by feminists as a form of liberation from the burden of familial duty) which has led to the expansion of demand for child care and for other forms of adult support and care services, including support for people with a disability and for aged care [12, 13]. The globalization of finance and production, however, has had other impacts. Increasingly employment is becoming internationally competitive and intensified, with work hours extending and great demands being made on employees. For those in many occupations, including many of those in the field of paid care, work is increasingly casualised and insecure. Yet at the same time there are increasing calls to extend the working life by raising, indeed in many cases abolishing the age of retirement. National economies, faced with these international pressures, also face strong limits on their capacity to expand public services and other forms of social support [14]. Just as the new global economy is increasingly a service economy in which more and more of the employment is in services, such as care, rather than in the production of goods, the economic pressures create the conditions in which employment is increasingly insecure and often only sustained by sequestered but exploitative measures such as the conditions experienced by many careworkers, especially migrant careworkers [15].

Despite predictions of its demise in the twentieth century, it is clear that family continues to be the main provider of care for older people in all advanced countries [10, 16], as it is in developing and more traditional societies. As an illustration, figures on the need for care and caregiving patterns from Australia (see Table 2) show that the number of people aged 60 of over who received assistance provided by informal caregivers well exceeded that of those who received help from formal services – despite the availability of an extensive national program of home and community care, and the widespread use of private services at home. Personal care is more likely to be provided by a partner who is likely, although not always, out of the workforce, assistance given by daughters, many of who are employed, is extensive. In providing assistance with other tasks, such as those associated with mobility and housework, as
well as in many other tasks not included in this table, assistance by daughters in particular, but other younger family members as well, exceeds that of both partners and services.

While it is important to point out that family care has not been replaced by services, it would be wrong to give the impression that family-based care can continue to be taken for granted. There is also considerable cultural as well as regional and national variation in the availability of such care [17]. Services complement and help sustain, rather than replace, family care, as the work of Neena Chappell and others have shown over many years [18, 19]. Yet even here there is a discounting process at work. Figures based on national surveys of disability and the need for support also do not attempt to count other forms of everyday care and support. I have argued elsewhere, much of what most of us would consider to be care is omitted from such studies [20]. Of particular importance in this context is what we might call short-term, episodic or crisis care. By this I mean the sort of assistance that is provided in an emergency or family crisis, such as when an older parent is admitted to or discharged from hospital, or when they need help for a few days or weeks, but subsequently recover. Short periods of time are also needed to accompany an older relative to the specialist for a one-off or a series of visits. Here what is needed is not an ongoing commitment to full-time care, necessitating that the family member forgo employment altogether – but a period of workplace leave or some other form of opportunity to attend to both sets of commitments – that as a caring family member and that as a paid worker, employee or professional – as well as the time, recognition and opportunity for the caregiver to nurture her or himself.

<table>
<thead>
<tr>
<th>Source of care</th>
<th>Personal-Care</th>
<th>Mobility</th>
<th>Housework</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female partner</td>
<td>72.6</td>
<td>77.6</td>
<td>88.1</td>
</tr>
<tr>
<td>Male partner</td>
<td>54.6</td>
<td>74.0</td>
<td>114.5</td>
</tr>
<tr>
<td>Daughter</td>
<td>48.9</td>
<td>106.5</td>
<td>109.0</td>
</tr>
<tr>
<td>Son</td>
<td>19.4</td>
<td>64.6</td>
<td>50.4</td>
</tr>
<tr>
<td>Other female relative</td>
<td>12.4</td>
<td>35.6</td>
<td>32.9</td>
</tr>
<tr>
<td>Other male relative</td>
<td>8.9</td>
<td>33.9</td>
<td>20.0</td>
</tr>
<tr>
<td>Female friend or neighbour</td>
<td>*4.4</td>
<td>22.0</td>
<td>14.4</td>
</tr>
<tr>
<td>Male friend or neighbour</td>
<td>*2.2</td>
<td>10.8</td>
<td>7.1</td>
</tr>
<tr>
<td>All informal care</td>
<td>200.0</td>
<td>341.4</td>
<td>383.5</td>
</tr>
<tr>
<td>Formal Services</td>
<td>58.5</td>
<td>90.1</td>
<td>243.1</td>
</tr>
<tr>
<td>All Needing Care</td>
<td>245.8</td>
<td>392.8</td>
<td>550.3</td>
</tr>
</tbody>
</table>

Source: ABS (2004), Disability, Ageing and Carers 2003, 4430.0: 43-44, Notes: * High margin of error
3. The Gap and Crisis in Care

The effects of demographic and economic changes are evident in the shifting care mix for older people as families, governments and the community search for new and effective ways to meet the competing demands projected onto them. Carers face a constant struggle in their own lives, just as governments and the community confront the tensions at the macro level. For employed carers and would-be carers, the clash between demographic and economic pressures is manifest as a personal problem. At the level of nations the same demographic equations apply, leading some writers to identify an existing or impending ‘care gap’ [21, 22]. Others, focused on the restructuring of services or the failings of public support raise questions about a crisis in care [23, 24]. The frequency with which both family or informal care and formal care are seen as in crisis is indicative of the contemporary dilemmas that care presents and of the way that care can no longer be understood as simply a private or personal responsibility. It is a public issue requiring public solutions.

With the extension of life expectancy, the duration of caregiving for an older person has also lengthened, while the demands on carers are often far more complex than was considered acceptable in the past. At the extreme, many tasks now routinely assigned to the family carers - such as undertaking chemotherapy in the home [25], providing endoscopic feeding [26] and the now routine changing of colostomy bags - were until recently considered to require admission to hospital and the skills of personnel with a highly specialised professional education. In relatively fortunate cases, services are available to assist, but these too take organisation, time and commitment, and often bring with them considerable managerial responsibilities. The personal consequences of caring are well documented – and those who find themselves in the so called ‘sandwich generation’ [16], especially those who Elaine Brody named ‘women in the middle’ [27] are particularly vulnerable.

As a number of studies have shown, family caregivers are commonly forced to leave work to provide care [28, 29], and are more likely than non-carers to reduce their hours of work and earn lower levels of income if they do not. Perhaps the most important study published in this field comes from Toronto [30], and was undertaken by Meredith B Lilly, Auderey LaPorte and Peter C Coyte of the Department of HPME in the Faculty of Medicine, University of Toronto. This is a landmark review and meta-analysis of labour force participation rates, withdrawal from the labour market and the hours of work by family caregivers who are also employed, based on a systematic analysis of fifty-eight detailed studies, of which thirty-five met the rigorous research criteria for inclusion in the final review. The research identified a self-selection process, by which many family carers were simply unable to accept employment. For technical reasons, the study subsequently focussed only on those
who were employed and sought to remain so when they commenced care for a family member. Still, the results were striking. Overall, family caregiving was associated with reduced rates of labour market participation – both in terms of the ability to retain a job and in terms of the hours worked. There were, however, considerable differences between the USA, where the employment penalties for care were more severe, and the UK, where they were more likely to be softened by services and employment policies. The penalties were greater from women and than men in each country, and there were fewer men who attempted to balance the unpaid work of care at home with paid work outside it. Also striking was the income penalty paid by caregivers. They simply earned less than others with whom they were compared. A number of other effects, related to social class and cultural background, were also evident in many of the studies included.

This gold standard review should be conclusive – but it is worth noting that another methodological approach to the research has emerged. The research studies included in the Toronto meta-analysis were all snapshot pictures of the relationship between unpaid caregiving and employment based on surveys reflecting the respondents’ experience at a single point in time. But caring changes and is frequently limited in time – especially so in the care for an older person. The alternative methodology involves the use of longitudinal data to track the impact of giving care on employment over time. A recently published study which used longitudinal data for the period 2001–2007 from the large HILDA study in Australia, found that caregiving did have a negative impact on labour force participation, but that the impact was only one-quarter to one-sixth as large in the longitudinal panel as it appeared in the cross-sectional panels (the annual data snapshot)[31]. These, and other results show that individual and other socio-economic factors – such as the level of qualification, type of job, personality, location, socio-economic status, as well as gender and policy options, complicate the picture. Optimistically, they also suggest that, just as many mothers chose to support their young children at home for months or even years before resuming their employment, there is no inherent reason why we cannot find ways to support family members to provide care for an older family member in the home for a period and then re-engage in their employment.

As I have already suggested, government underwriting of formal services faces its own crisis. While there was only a small older population, transferring incremental increases of tax-based funding from the proportionally much larger population of working age was not too difficult for benevolent and democratically responsive governments to achieve. The new population equation makes such a task increasingly difficult. Private-for-profit solutions remain similarly inappropriate and unsuitable as without public funding they are inaccessible to most as a long-term solution. Responding on the one hand to the economic constraints arising from the fiscal
limitations and the financial pressures of the market, and on the other to the pressures of population, nearly every imaginable sort of manoeuvre has been tried by governments of different hues to find a way through \[32, 33\]. The past twenty years have seen what are often identified as neo-liberal solutions to these dilemmas, which involve the state reducing its role in direct provision, increasingly pushing back responsibility for the provision of care to the family and the market. These are the same institutions whose shortcomings public intervention was initially intended to remedy through the development of the welfare state. Although there has been an impressive expansion in provision when taken over a longer period, the approach over recent decades have so often involved cutbacks and restructuring in order to grapple with problems of finance, workforce and demand for access, that uncertainty and insecurity is the impression that lasts.

Yet it would be wrong to be either despondent or cynical. The processes of innovation and restricting in recent years have shown that it is possible to do things differently, and that viable solutions to many of the dilemmas of employed caregivers can be found. In the final section of this paper I want to briefly point to a number of the most effective and most promising approaches.

4. Sustaining Employment and Care in 21st Century Societies

The solutions to the problems of care in past centuries saw responsibility for care in dichotomous, either/or terms. It was either undertaken within the family, where it was typically seen as women’s duty and gender roles divided accordingly, or the task in its entirety was taken over by another institution. When family failed and where lack of wealth meant that those who needed care could not simply purchase care or appoint domestic staff to undertake the work on their behalf, it usually meant that the person needing support was placed in the hands of a care institution. Whether this was a workhouse, a nursing home, or a hospital nursing service, the transfer of responsibility was total.

The core innovation of successful new approaches to care has been to invert, to transcend, this dichotomy. No longer either/or, what works best is both together. Shared responsibility. Formal and informal need no longer be alternatives. They have become complimentary. The intimate personal meanings of lives intertwined by kinship, marriage and love need no longer be drained by requiring total self-sacrifice. Instead of being displaced, informal support is supplemented by the professional, specialised and expert support available from formal services \[17\]. For working mothers, placing a child in child care no longer requires the mother to relinquish care. Child care services help sustain familial care by releasing the mother, like the father, to pursue a career, to earn income through employment or to undertake education, while at the same time enabling her, like the father, to remain responsible for care.
In the same way as community care services no longer need require family members to choose to provide unpaid care in the home or to pursue paid employment outside the home, but share the care between formal and informal sources, so too can we already identify new approaches that can enable family caregivers of older people to sustain employment and career. In this final section of the paper I’d like to identify six areas for initiatives that hold the possibility of helping to re-embed care into social life and to briefly some of the questions we need to ask if we are to see them adopted, extended or further developed.

4.1 Care Leave: Paid leave, unpaid leave, flexible work patterns.

Many countries already have provisions in collective labour agreements for care leave, with the USA standing out amongst the member states of the OECD for not requiring this [34]. Paid as well as unpaid care leave has been shown to be of considerable value in enabling caregivers to provide care at home while sustaining employment [35]. However it is clear that where care demands at home are intense and sustained over a long period of time care leave alone is insufficient [36, 37]. There is also strong evidence of wage and career penalties for existing family carers. Questions need to be raised about the possibilities of extending and developing existing leave provisions those responsible for adult care recipients. How might carer support and re-entry programs be further developed? What approaches are there to encourage males as well as females to adopt part-time work patterns for a possibly extended period of worklife with the prospect of later resuming a career on a full-time basis?

4.2 Care friendly workplace

Research into workplace cultures has found that some workplaces are described by their employees as care friendly, while others in the same industry undertaking essentially the same work are regarded as hostile [38]. Flexibility is extremely important but is not the only workplace quality valued [28]. What might the care friendly workplace of the future be like? What demands should employees be making to enable family members to better link work and care in the home?

4.3 Increased access to services

A consistent finding of research is that support services do not replace informal caregivers, they support and sustain them. This link is particularly strong for caregivers who seek to maintain their employment [39]. However age care services are often predicated on a model of chronic or routine long-term care and can be slow to respond to demands for assistance [40]. How might services be developed that could provide short-term or episodic support for a few day or for a particular episode of care?
4.4 Care payments

The adoption of cash for care schemes for paid employment of family carers [41] (as in a number of European countries), as well as the use of a number of ‘consumer-directed care’ (CDC) programs in North America [42] have been shown to be popular with caregivers as well as many care recipients. Yet questions have also been raised about their potential abuse in some settings, with poorly regulated in-home care payments being linked to exploitative and abusive forms of substitute employment [43]. The challenge lies in seeking ways in which earned wages for employees outside the home may be linked to care payments to support those who need assistance to remain at home.

4.5 The potential of technology

To date care has been labour intensive – but is there also a potential for technology to help? How might existing technology, such as mobile telephony, and innovative technology be employed to assist employed caregivers [44, 45]?

4.6 Expanding the care workforce

Finally, as I have emphasised throughout this paper, it is important to link care in the home with the paid workforce. Yet as numerous studies have shown, there is already a staff shortage affecting recruitment into aged care in many countries [46-49]. Projections of the paid care workforce necessary to support ageing populations are pessimistic. What will it take to draw in new paid caregivers? What will it take to change the relatively minor part that men play in the paid care workforce? Would that be desirable? What part should migration play in the solution?

Conclusion


Care stands alongside the other great challenges, such as climate change, that we must face in our own lives and at the global level. We learn from history that we can meet these challenges – just as slavery is now history, no longer are we facing nuclear extermination or global overpopulation as we did only a few decades ago. We must start by acknowledging the work of carers amongst us, and from their inspiration, move on. Without care we cannot continue. Are we up to the challenge?
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Older Workers with Caregiving Responsibilities:  
A Canadian Perspective on Corporate Caring  
Ms Bonnie Schroeder, Ms Jane MacDonald and Dr Judith Shamian  
Victoria Order of Nurses Canada

Abstract

Increased caregiving responsibilities signal that work-life-care conflict will become a growing reality for workers – one that may impact their health, financial situation, productivity, and ultimately, their decision to stay in the labour market. Older workers (aged 55 and up), in particular, may experience unique challenges related to work-life conflict as they take on caring for an aging parent or relative, with concerns about their own health and finances, their changing family situation and a need to reassess priorities in later life. In turn, the impeding labour shortage brought on by a wave of retiring baby boomers will place significant pressure on employers to engage in recruitment and retention strategies that support the needs of older caregiving employees.

It presents the two converging and competing policy issues - the need to facilitate and extend the participation of older workers in the labour force and society’s growing reliance on family and friends to care for an aging population - as a perfect storm placing the onus on governments, businesses and employers to find creative solutions. It concludes with an overview of solutions that support the needs of older caregiving employees using VON as an example as well as other selected solutions from the field.
Canada is experiencing escalating pressure to contain health care costs, while its aging population increasingly prefers to be cared for at home.

These factors are contributing to a shift towards greater individual responsibility for Canadians to provide care in the home to family members and friends with chronic health conditions or disabilities. This discussion paper examines the emerging concern surrounding Canadian workers’ elder care and adult care responsibilities, with a particular focus on older workers, aged 55 and up.

Increased caregiving responsibilities signal that work-life-care conflict will become a growing reality for workers – one that may impact their health, financial situation, productivity and, ultimately, their decision to stay in the labour market (Lilly MB, Laporte A, & Coyte P, 2007). Many caregiving employees are struggling to juggle work, family, and caregiving responsibilities. Older workers, in particular, may experience unique challenges related to work-life conflict as they take on caring for an aging parent or relative. They have concerns about their own health and finances, their changing family situation and a need to reassess priorities in later life (Uriarte-Landa J & Hébert B-P, 2009). In turn, the impending labour shortage brought on by a wave of retiring baby boomers will place significant pressure on employers to engage in recruitment and retention strategies that support the needs of caregiving employees.

The need to facilitate and extend the participation of older workers in the labour force comes to some extent into conflict with society’s growing reliance on family and friends to care for an aging population. As two competing policy issues converge, the onus is placed on governments, businesses and employers to find creative solutions. The outcome will have a marked impact on the economy, communities, productivity levels, labour supply, the health system and, of course, caregiving employees themselves.

Governments have an important role to play in creating conditions that will promote workplace, family and community responses to the changing social and economic fabric of our society. Yet, the traditional assumption persists that work-life issues related to family caregiving are the sole responsibility of individuals and their employer. While we have seen some promising developments in Canada (such as the introduction of the Compassionate Care Benefits in 2004), governments, businesses, and employers generally have a poor track record on caregiving policies. They do not yet fully recognize as a business imperative the need to support caregiving employees. In order to drive economic growth in the face of changing demographics, governments, businesses and employers will need to work in tandem to address work-life conflict issues related to caregiving.
This discussion paper provides an overview of current research on older workers with caregiving responsibilities. The first section presents relevant demographic and policy trends. The second section outlines impacts of these trends on caregiving employees, communities, employers, businesses and governments. The third section identifies potential policy responses and program solutions that support the needs of older workers with caregiving responsibilities. The paper concludes with a recommended plan of action to move forward in addressing the emerging challenges associated with this issue.

The perfect storm: The convergence of economic, social and demographic trends affecting older caregiving employees in Canada

Although the Canadian economy has to date weathered the global economic downturn better than many countries in The Organisation for Economic Co-Operation and Development (OECD), Canada is experiencing lagging labour productivity relative to other OECD countries (OECD, 2007). Unemployment rates in Canada are low, at 7.7 percent. Sixteen percent of the workforce is over the age of 55, up from ten percent in 2000. As the trend continues, this figure is projected to reach 18.7 per cent by 2036. Employment growth over the past 12 months has increased 4.9% and 6.6% respectively among men and women 55 and over (Statistics Canada, 2011).

The first wave of the baby boomer generation, born between 1946 and 1964, turned 65 in 2011. While the average age of retirement is currently 62, the trend towards early retirement is changing (Schellenberg G & Ostrovsky Y, 2008). Canadian households are increasingly in debt, children are staying at home longer, and people have a longer life expectancy. Delayed retirement is linked to a family’s financial needs (retirement income and pensions), the changing nature of work (a shift to work that is less physically demanding), and the need to support family members through life transitions (child rearing, elder care and supporting children with their education) (Public Policy Forum, 2011). Higher labour market participation by older workers may have a positive economic impact, but it needs to be supported by policies and programs that address their caregiving responsibilities (Page A et al., 2009).

Over three million Canadians provide care to a family member or friend because of a chronic health condition or disability. The vast majority of caregivers – more than 2.3 million – are employed, and a quarter are over the age of 45 (Cranswick K & Dosman D, 2008). In Canada, 25.7 per cent of older workers now provide adult and elder care (Uriarte-Landa J & Hébert B-P, 2009). These figures are expected to increase dramatically over the next 25 years in response to an aging population, the growing prevalence of chronic disease and the changing nature of health care. It
should be noted that older workers with caregiving responsibilities are a heterogeneous group. Age and employment status are just two of the many characteristics that can define older caregiving employees. As a diverse group, older caregiver employees come from different cultures, geography (urban, rural, and proximity to the care recipient), and are caring for individuals with different health conditions. We do know that we live in a caring society where caregiving is valued and culture can play a significant role in shaping the experience, based on our understanding of reciprocity, filial obligations and responsibility (Lam TY, 2005).

Seniors are Canada’s fastest-growing demographic group. Fifty years ago, one in thirteen Canadians was a senior. Today, it’s one in eight. By 2015, it is estimated that there will be more seniors than children. By 2031, the number of seniors will almost double to nine million – representing close to a quarter of Canada’s population (Schellenberg G & Turcotte M, 2007). With the aging population, the rate of seniors needing assistance is growing with few available caregivers to provide the care (Keefe J, Légaré J, & Carrière Y, 2007). Lower birth rates, smaller families and increased life expectancy will see increased demands for family caregivers – many of whom will be caring for more than one person. Currently, a caregiving employee is responsible for an average of 1.7 care recipients (Fast J et al., 2011).

The increased prevalence of chronic health conditions, such as dementia, diabetes and arthritis, will drive the need for caregivers. Approximately 40 per cent of Canadians report having one or more chronic health conditions (Health Council of Canada, 2010). The World Health Organization estimates that chronic diseases accounted for 89 per cent of all deaths in Canada (WHO, 2005). Over the next 25 years, the impact of chronic disease on society and the health system is expected to grow significantly. Today, approximately 500,000 Canadians have dementia. If nothing can be done to slow current trends, this number is expected to double by 2038. The economic burden of the disease will escalate to $153 billion (Alzheimer Society of Canada, 2009). By 2020, one in ten Canadians will have diabetes, costing the country almost $17 billion (Canadian Diabetes Association, 2009). It is estimated that by 2031, approximately seven million Canadians will have arthritis. In 2000, http://www.phac-aspc.gc.ca/cd-mc/arthritis-arthrite/lwaic-vaaac-10/3-eng.php - note2 the economic burden of arthritis in Canada was estimated at $6.4 billion, a number expected to rise with the increasing prevalence (Public Health Agency of Canada, 2010).

In Canada, $192 billion per year is spent on health care. Approximately 70% is government-funded ($134.4B), with the remaining 30% covered by private health insurers and individuals ($57.6B). Canada was in the top five highest per-capita spenders on health care, along with other OECD countries (US, Austria, Germany, and France). In 2009, Canada spent 11.9 per cent of gross domestic product (GDP)
on health. Although Canadians over the age of 65 account for less than 14 per cent of the population, they consume 44 per cent of the health care dollars (Canadian Institute for Health Information, 2010a).

These factors challenge government, business and employers to adopt policy levers and human resource strategies that will maintain a talented, productive and viable – and aging – workforce into the future.

Weathering the storm: The impact on employees, communities, employers, businesses, and governments

Caregiving employees: The jugglers

When Canadians provide care to elderly dependents, their juggling of multiple roles can come at a price. The price includes impacts on how they use their time between paid work and caregiving; impact on work; impact on their health and well being, impact on their financial health, and impact on their family.

Impact on use of time: In 2005, Canadian workers spent an average of 45 minutes less per day with their family than they had two decades earlier (Turcotte M, 2007). Recent research on older workers in Canada found that 20.5 percent are involved in elder care and another 5.2 percent are involved in adult care (for people under 65 years of age). On average, older workers provide 5.8 hours of elder care and 14.9 hours of adult care a week. If older workers live with the care recipient, this figure increases to 17.9 hours of elder care per week – adding up to two more days in an already busy schedule (Uriarte-Landa J & Hébert B-P, 2009). Collectively, caregiving employees provide 893 million hours of care annually in Canada (Fast J et al., 2011).

Caregiving employees’ decisions on how they use their time to care can have a negative impact on their employment status. There is evidence that caregivers have lower rates of employment. However, it is not clear if caregiving employees withdraw from employment because of their caregiving responsibilities or if their tenuous connection to the labour market pushes them to assume caregiving responsibilities in the absence of community and employer supports (Lilly MB, Laporte A, & Coyte P, 2007).

Impact on work: Despite uncertainty as to why and how caregiving employees assume their responsibilities, research shows that individuals who provide four hours or more of care per week are more likely to reduce their work hours, change their work patterns, or turn down job offers and promotions as a way of managing their dual roles (Pyper W, 2006).

“There is just not enough time in the day – I worry about how I will do everything.”
~ Caregiving employee study participant (Duxbury L, Higgins C, and Schroeder B, 2009)
workers who provide four or more hours of care per week are more likely to report work-life conflict (Uriarte-Landa J & Hébert B-P, 2009). Twenty percent of women and 13 percent of men caregivers aged 45-54 reduced their hours of work in order to cope with conflicting responsibilities. About 10 per cent of 55-to-64-year-olds reported cutting down on the amount of time they spent on paid work (12% of women, 8% of men) (Pyper W, 2006).

Interestingly, six percent of retirees would have continued to work if appropriate care in the community had been available (Morrissette R, Schellenberg G, & Silver C, 2004). Sixteen percent of retired caregiving employees identify their care responsibilities as one of the reasons they retired (Humble A, Keefe J & Auton G, 2009). For older workers, the timing and circumstances of their retirement is critical to their economic well-being (Park J, 2011). Long-distance caregivers face unique job-related consequences. While they tend to provide the same amount of care time, the impacts are different. They are more likely to use vacation to provide care and have increased costs associated with travelling to care (Vezina M & Turcotte M, 2010).

**Impact on health and wellbeing:** Assuming the dual role of worker and caregiver can have a negative impact on an employee’s health and well-being. While most caregivers provide direct hands-on care, it is their additional role in care management that creates stress for women caregiving employees and work interference for men (Rosenthal C, Martin-Matthews A, & Keefe J, 2007). While over a quarter of Canadian employees report experiencing high levels of caregiver strain, the nature of the care and work need to be considered in evaluating individual impacts. Caregivers providing end-of-life care or those assisting someone with dementia report higher levels of strain (The Change Foundation, 2011; Canadian Institute for Health Information, 2010b; CIHI, 2010c).

Older workers with or without caregiving responsibilities are also concerned about their own health. For employed men over the age of 55, the most prevalent chronic condition is high blood pressure (33%). For employed women over 55, arthritis is the most prevalent (34%) chronic condition. Other common conditions reported by older workers include back problems, diabetes, heart disease, thyroid conditions, osteoporosis, migraines, cataracts and asthma (Park J, 2011). It can be concluded that older workers with caregiving responsibilities are also concerned about their own health.

Research found one in three employed Canadians report moderate-to-high levels of physical strain and one in four report emotional strain associated with their caregiving responsibilities. Caregiver strain is associated with poorer physical and mental health, increased work-life conflict, increased absenteeism, lower job
satisfaction and higher job stress. Emotional caregiver strain has the added dimension of emotional fatigue and lower levels of family well-being (Duxbury L, Higgins C, and Schroeder B, 2009). While we know that older workers in management positions and older workers in the social sciences, education, and health sectors are more likely to report work-life conflict, much less is known about the coping abilities of or the economic impact on older caregiving employees in different occupations (Uriarte-Landa J & Hébert B-P, 2009).

**Impact on financial well being:** There is limited Canadian data on the employment costs associated with caring. While financial strain is not considered a significant issue for caregiving employees in Canada, it can come at a personal cost. A 1999 US study found that people caring for a chronically or terminally ill family member experienced more than $1 million each in financial losses, aggregated over their lifetimes (MetLife Mature Market Institute, 1999). Reduced work hours, quitting a job or retiring early to accommodate care can have significant long-term impacts on overall financial well-being, career advancement, and pensionable earnings (Lilly MB, Laporte A, & Coyte P. 2007). In Canada, 36 percent of older caregiving employees report extra costs, while 13.7 percent reduce their hours of work and 18.7 percent change their work patterns (Habtu R & Popovic A, 2006).

**Impact on family:** The higher their demands outside of work, the more likely caregiving employees experience role overload and role interference – work interfering with family or family interfering with work. Caregiving employees in the sandwich group (caring for both children and an older relative) are more likely to experience high levels of role overload. Caregiving employees in the sandwich group, and those who report living with their care receiver, are more likely to report high family interference with work (15%). High levels of work interference with family (39%) is reported by caregiving workers, especially if the person they care for does not live with them (Duxbury L, Higgins C, & Schroeder B, 2009). Many workers end up bringing work home to compensate for the lost time at work (Higgins C & Duxbury L, 2002).

Approximately 589,000 Canadians, almost one in five employees, are part of the ‘sandwich generation.’ Research shows that caregivers from this group continue to work and maintain – and even increase – their caregiving over time (Cranswick K & Thomas D, 2005). These individuals are more likely to be older, a single mother and report that money is tight. One in three is on the lower end of the personal income scale ($39,000 or less) (Duxbury L, Higgins C, & Schroeder B, 2009). It is unclear how many caregivers will find themselves in the ‘sandwich generation’ in the future and what will be the impact on their children.
The changing nature of health care in Canada, with its shift from institutional care to community care, is putting added pressure on families and caregivers to provide care (VON Canada, 2008). The lack of available elder care services, coupled with the challenges of adapting their work schedule, represent a significant barrier to work for caregivers (Gray M, Edwards B, & Zmijewski N, 2008).

**Communities: The Acrobats**

With increased participation of older workers in the labour market and increased reliance on family caregivers, communities have been challenged to respond with different supports and services to help people living with chronic health conditions and their caregivers. However, the assumption that family is the care provider of first choice is embedded in health and social care policy. Therefore the general sense in the community is that only when the caregiver is unable to provide the care will the system augment care (Caron CD, & Bowers BJ, 2003). While Canadians have a long history of providing care and assistance to family members and friends, their contributions are not always understood in terms of risk factors or as a determinant to health. Yet, when caregiving is viewed as a social determinant of health, we see issues of income security, social support networks, employment and working conditions, social and physical environments, personal health practices and coping skills, access to health services, gender, and culture all play a role in the lives of family caregivers (Mikkonen J & Raphael D, [http://jasper.yorku.ca/QuickPlace/draphael/Main.nsf/h_Toc/646c5d8ae8fb2ce68525710e00733dce/?OpenDocument](http://jasper.yorku.ca/QuickPlace/draphael/Main.nsf/h_Toc/646c5d8ae8fb2ce68525710e00733dce/?OpenDocument) 2010). In particular, the community sector has a role to play in support caregivers manage their role, access supports and services, and augment their social support networks.

**Helping caregiver care for themselves:** Many caregivers feel their needs as a caregiver are peripheral to the care situation, yet, we know a diagnosis impacts not only the person but also the family unit (Davidson J, 2009). While the majority of caregivers maintain that caregiving is a rewarding experience and that they are coping well (Health Canada, 2002), when the demands of caregiving exceed their capacity to cope, the result is stress, declining health, financial loss and mental anguish. Research shows that decline in a caregiver’s health status can contribute to increased spending on home and community care or result in unnecessary institutionalization (Wilkins K & Beaudet MP, 2000).

Therefore, including caregivers as a part of the health care team and recognizing their needs as both a caregiver and an employee need to be addressed in the overall plan working with people with

“Continued focus on the family to meet the needs of elderly Canadians is not sustainable.”
~ J Keefe, J Légaré & Y Carrière, 2007
chronic health conditions and their families. The most vulnerable caregivers are those who experience multiple risk factors at the same time, such as lack of support from family and friends, lack of access to health services, limited financial resources, high costs, stigma associated with diseases such as dementia and long-term caregiving with an unpredictable trajectory. Other risk factors included exclusion or only marginal attachment to the labour force, personal health problems, limited financial resources and high caregiving demands (Lero DS et al., 2007).

Helping caregivers access supports and services: Canada’s fragmented health care system is particularly challenging for people with ongoing care needs, such as those with complex chronic health conditions and the frail elderly who rely on comprehensive care and support to properly manage their health and social needs (VON Canada, 2008). Research has shown integrated delivery systems designed to meet the needs of particular populations are more care efficient and cost effective (Hollander M et al., 2007). While home and community care is seen as a cost-saving alternative to institutional care, it assumes family members are available and willing to provide care. It also transfers the costs from the system to the family.

Therefore, access to community supports and services such as home care, respite programs, transportation, meal programs, and information to navigate the health care system help caregivers cope with their responsibilities (Social Development Canada, 1999).

Yet, the community care sector has seen a decrease in funding and an increased demand for services over the last decade (Imagine Canada, 2011). Fewer community resources for more clients has translated to increased social isolation and smaller social support networks for older Canadians who need help due to a chronic health condition or disability (Keating N et al., 2003).

Helping caregivers build their social support networks: The size, quality, and proximity of social networks of aging relatives and caregiving employees will determine who provides the care required for families to flourish. While individuals may be able to adjust their social networks and living arrangements to receive and provide care, not all caregiving employees can or want to make the required changes (Cranswick K & Thomas D, 2005). Withdrawing from the labour market shrinks the social support network of caregiving employees. With

“Eldercare is one of the most urgent issues facing the Canadian workforce today … making corporate [support for caregivers] a priority as an opportunity to increase workforce productivity, reduce absenteeism and attract top talent.”
~ Annette Verschuren, former President and CEO, The Home Depot Canada, 2010
potentially smaller social support networks and financial resources, the impact is a heavier reliance on the public health care system. The aging population and the changing nature of social support networks will have a significant impact on the health care system (Keefe J, Légaré J, & Carrière Y, 2007).

**Employers: The balancers**

From an employer’s perspective, caregiving responsibilities for older workers have a direct impact on usage of labour supply, recruitment and retention costs and benefit programs (Lilly M, 2010). While many older workers plan on continuing to work after retirement, access to flexible arrangements that accommodate their caregiving responsibilities will have an impact on their decision. The effect on labour supply is mixed: caregiving employees who need to continue to work in order to pay for additional care costs increase the labour supply, while conversely, caregiving employees who reduce hours or retire early to meet care obligations decrease the labour supply (Carmichael F & Charles S, 2003).

**Costs of recruitment and retention:** When employees reduce hours or retire to care, employers incur additional costs associated with recruitment and staffing. According to a study conducted in the US, employers collectively spent $6.6 billion annually to replace employees who left to care, representing an average of $413 per employee. Total costs for employers per caregiving employee are $2110 annually (Metlife Mature Market Institute & National Alliance for Caregiving, 2006). Once caregiving employees leave the labour force to care, relatively few of them return to work – even if they are no longer providing care.

**Costs of benefits:** As noted earlier, caregiving employees experience higher levels of poor physical and mental health. Use of employer-sponsored benefits such as leave options, health benefits, drug coverage and long-term disability benefits can add up for employers (Higgins C, Duxbury L, & Johnson K, 2004). Unpaid leave is estimated at $212 per caregiving employee, per year. In addition, the time required for managers to supervise caregiving employees can spell cost increases of as much as $113 per caregiving employee (Metlife Mature Market Institute & National Alliance for Caregiving, 2006).

**Businesses: The tightrope walkers**

While some Canadian businesses have taken measures to address the impact of chronic disease on the retention of older workers, they have not necessarily acknowledged the impact that caregiving will have on this group.

**Costs of lost productivity:** Recent research on mental health in the workplace estimated the costs to businesses at $51 billion annually in lost productivity (Lim KL
The potential impacts of an aging workforce include labour and skills shortages, particularly in high-skilled occupations (management and in the health sector) as well as lost corporate memory and leadership capacity (National Seniors Council, 2011). If Canada’s largest talent pool – older workers – continues to dwindle, future productivity may be threatened (Expert Panel on Older Workers, 2008).

All employers are affected by the caregiving responsibilities assumed by their staff, including a potential for lost productivity, increased absenteeism, and/or the loss of the human capital. Research has concluded that caregiver strain is positively correlated with absenteeism due to eldercare problems and emotional, physical and mental fatigue (Duxbury L, Higgins C, & Schroeder B, 2009). Since 1999, Canada has seen a rising trend in the incidence and number of days lost for personal reasons (illness or disability and personal or family responsibilities). Contributing factors include an aging workforce, increased participation of women in the workforce, higher levels of work-related stress and more generous benefits for illness and family-related leave (Statistics Canada, 2010).

Collectively, caregiving employees in Canada reduce their work hours by 2.2 million hours per week and miss nearly 1.5 million work days per month due to caregiving responsibilities. This is equivalent to 157,000 full time employees in lost productivity (Fast J et al., 2011).

**Costs to businesses:** While there is limited research on lost productivity costs to the business sector as a whole, a conservative estimate of the cost of absenteeism to employers is estimated to be $10 billion (CDN) annually (McKenna B, 2010). Research from the US estimates lost productivity costs at $33.6 billion for all full-time caregiving employees (Metlife Mature Market Institute & National Alliance for Caregiving, 2006). While these losses can be significant, they can be minimized through supportive HR policies. Since the mid 1990s, BT Group (formerly British Telecom), has recognized that in order to meet the challenge of maintaining a stable, skilled workforce, the company would need to do more to accommodate the caregiving requirements for its 160,000 employees in 61 countries. Today, 81 percent of their employees work flex-time and 18,000 are home-based workers. BT Group implemented a variety of flex policies (e.g., emergency leave) and eldercare benefits (e.g., access to counsellors) across the company. The net result of these policies has been a 20 percent increase in production and annual savings of approximately $375 million (CDN) (Carers UK).

“Supporting our ‘carers’ isn’t difficult, disruptive or expensive; it's plain business sense.”
~ Caroline Waters, Director, People Networks, BT Group, 2009
Governments: The ringmasters

In Canada, governments are starting to recognize their role in supporting older workers and caregiving employees. The Targeted Initiative for Older Workers, a federal government partnership with provinces and territories, and the introduction of Compassionate Care Benefits through the Employment Insurance program, are an acknowledgement of the need to maintain older workers and caregiving employees’ connection to the labour market. Provincial governments are also getting on board. Recently, the Ontario government acknowledged that “without protection and support, caregiving may represent a significant leakage of skills and talent from the labour market – a labour pool that is projected to decrease in the coming decades” (Ontario Ministry of Health and Long-Term Care, 2009). As an employer, governments would be wise to lead the implementation of such programs to ensure an adequate workforce is in place to deliver key government services into the future.

Costs to governments: As a major contributor to income security and health care funding, governments have an obligation to curtail the increasing costs associated with the aging population and increased prevalence of chronic disease. A much smaller workforce, as a result of the rising tide of retirees, slow the growth of tax revenue and increase demands for health-care spending and old-age benefits.

Contributions of caregivers: However, governments also need to recognize the significant contribution of caregivers who provide $25 billion of unpaid labour annually to the health-care system (Hollander M, Liu G, & Chappell N, 2009). Without this, the Canadian health system would be unable to cope with increasing demands for care.

As the various levels of government attempt to balance economic, health-care and employment priorities, they increasingly seem to be acknowledging the need to support the vital social contribution of caregiving employees. In the face of the demographic clout of baby boomers and historically high levels of voter turnout among older Canadians, governments would do well to move forward in providing adequate supports to this group.

Getting our act together: Solutions to support older workers with caregiving responsibilities

Given the staggering statistics, it is puzzling that more has not been done by governments, businesses and employers to address issues faced by caregiving employees, in particular, older caregiving employees. Some groups have, however,
astutely recognized the cost of caregiving to their bottom line and have responded with strategies to mitigate losses. Some of the solutions currently in practice in both Canada and internationally are outlined below.

**Government-driven solutions: Mastering the ring**

Governments have a significant role to play in supporting businesses, employers and employees in addressing issues related to older workers as caregivers. Potential government supports for older caregiving employees include home and community care policies; workplace policies; income and pension security policies; and research.

**Home and community care policies:** Suggested changes to current practices include providing better access to caregiver assessments and increasing access to information, support, education, and respite programs (Keefe J, Légaré J, & Carrière Y, 2007; VON Canada, 2008; Canadian Caregiver Coalition, 2008). Alternately, the federal government could support caregivers in their communities through earmarked increases to the Canada Social Transfer (CST).

**Workplace policies:** A variety of strategies have been employed to encourage people to join the labour force or to keep working for as long as possible. These include increasing flexible work options; providing subsidies for child and eldercare for individuals to return to or remain in the workforce; and providing benefits for employment leave due to caregiving responsibilities (Keefe J, Légaré J, & Carrière Y, 2007; Hegewisch A, 2009; Human Resources and Skills Development Canada, 2011).

In Canada, the *Compassionate Care Benefit*, delivered through the Employment Insurance program, provides eligible Canadians caring for a dying relative up to eight weeks of job protection and six weeks of income replacement benefits. The most recent figures (for 2006-07) indicate that 5,680 caregiving employees accessed these benefits, for a total of $9.1 million (Human Resources and Skills Development Canada, 2007). Although this program has seen increased participation every year since its inception, it has been recommended that the federal government develop and implement a campaign to better promote this benefit, remove the term ‘significant risk of death’ from the eligibility criteria, and provide options for a longer leave period, up to 26 weeks (Canadian Caregiver Coalition, 2008; Carstairs S & Keon WJ, 2009).

It has also been suggested that government modify the *Canada Labour Code* to strengthen provisions for leaves of absence due to family responsibilities. Governments could also provide incentives for employers who expand their policies on family leave to include caregiving responsibilities (Keefe J, Légaré J, & Carrière Y, 2007). In the absence of such incentives, the Canadian Human Rights Tribunal in 2010 ruled in favour of an employee who was discriminated against due her ‘family
status' and parental responsibilities. While the ruling did not explicitly mention elder care, it does set a precedent for employers to accommodate parents and caregivers with scheduling conflicts rather than placing the entire onus on employees (Bernstein D, 2010). Increased work flexibility would enable a greater number of older workers to remain connected to the labour market.

Income and pension security policies: Recommendations include financial support for caregivers in the form of tax credits, allowances (such as the Nova Scotia Caregiver Benefit) (Government of Nova Scotia, 2009), or an expansion of the Canada Pension Plan to include drop-out clauses for elder care (Canadian Centre for Elder Law, 2010).

Research: Governments have a responsibility to encourage and fund research to inform policy and practice. In 2013, Statistics Canada will be releasing results from the General Social Survey, updating the 1996 survey dedicated to caregiving within all age groups.

Business-driven solutions: Walking the line

Support for caregiving employees can contribute significantly to business objectives. These include strategic human resource policies and partnering with health and social service organizations.

Strategic human resource policies: Businesses that support employees’ work-life balance have higher rates of employee retention and job satisfaction. In the climate of increased competition for talent in a diminishing labour pool, businesses can give themselves an edge by becoming ‘employers of choice’ that offer flexible work arrangements, good working conditions and demonstrate their support of work-life balance through a menu of policies, programs and practices (Higgins C & Duxbury L, 2002).

Partnering with health and social service organizations: Employers partner with health and social service agencies to develop and promote employee support services. For example, Bell Canada recently announcement a workplace campaign to raise awareness of solutions to address the stigma of mental health issues and reduce their impact in the workplace (Marlow I & Picard A, 2010). In 2010, VON Canada partnered with Home Depot to convene senior leaders, governments, sector partners and researchers in a dialogue designed to increase the awareness of issues confronting caregiving employees and their impact on the bottom line (Lilly M, 2010).

BT Group exemplifies a business leader that has embraced both solutions. The company has successfully dispelled the myth that addressing the needs of their caregiving employees is a corporate expense. Instead it continues to produce hard evidence that such actions represent an investment in the company’s productivity and earnings. In partnership with UK government and Carers UK, BT Group has now
assumed a leadership role in initiating a change process across the UK business community. This includes the development of supportive legislation and policies such as the *Employers for Carers* initiative, which is supported by Carers UK.

**Employer-driven solutions: Finding the balance**

The majority of research and programs tend to look at the older worker and caregiving employee separately. While most employers identify the aging of their workforce as a concern, few have adopted comprehensive measures to accommodate the needs of caregiving employees. A survey of employers in the US found that those who were more likely to provide eldercare assistance tended to be larger, not for profit organizations with more women and minorities in senior management positions, and those with a higher proportion of employees expected to retire in the next five years (*Galinsky E et al.*, 2008).

While older workers and employee caregivers do not necessarily have the same needs, both groups are looking for similar supports from their employers to address issues of work-life balance. Older workers are looking for flexibility, rewarding experiences and workplace accommodation (*Public Policy Forum*, 2011). They also place more importance on work-life balance, benefits and job satisfaction (a sense of pride and accomplishment) (*Lowe, G*, 2007). Caregiving employees are looking for tangible workplace supports (not just sympathy), access to community supports, and work flexibility (*Duxbury L, Higgins C, & Schroeder B*, 2009). Where their needs overlap is access to supports and flexibility.

**Tangible supports:** These include income and job protection, as well as access to health and wellness benefits. Some employers ‘top up’ federal Compassionate Care Benefits to enhance income protection and maintain employee retention. Employer-sponsored health care benefits can represent as much as 30% of total health-care costs (*CIHI, 2010a*). Having a supportive supervisor is a predictor of reduced stress and work-life conflict (*Higgins C, Duxbury L, & Lyons L*, 2008); therefore, targeted training and resources for managers and supervisors can be beneficial in this regard. It has also been recommended that health benefits be extended to retired employees (*National Seniors Council*, 2011). In 2001, Glaxo-Smith-Kline Canada was the first to offer up to 13 weeks for compassionate care, five more weeks than the federal compassionate care benefit (*Baxter S*, 2011). Other employers, like KPMG and Ernst and Young (both on Canada’s Top 100 Employers list for 2011), have offered employees emergency eldercare services.

**Access to community supports:** While some employers go as far as to offer on-site adult day programs for employees, not all employers can provide this level of support. Facilitating access to community supports through information and referral programs, however, is comparatively inexpensive. *Family Navigator*, a website for Canadian
Forces families with caregiving responsibilities, is an example of such an employer-sponsored information and referral service (Esquimalt Military Family Resource Centre).

**Workplace flexibility:** Other workplace accommodations include flexible work schedules, compressed workweeks, working part-time or fewer hours, and teleworking from home. Expanding options for both paid and unpaid leave also enables employers to support their employees in times of crisis, improve employee loyalty, and help reduce the risk that caregivers will leave their jobs altogether. In Canada, Home Depot and TELUS are on the list of the 2011 Canada’s Top Employers in part for their flexible work arrangements.

**Community-driven solutions — Swinging into action**

Communities also have a role to play in supporting caregiving employees and care recipients alike. Community-level programs need to be accessible and flexible in order to accommodate caregiving employees’ work schedules. In VON’s experience, caregivers need to be acknowledged as ‘partners in care’ and this orientation has been embedded in the VON Care and Service Model (VON Canada, 2006). In addition, VON’s experience delivering care in the community suggests that solutions need to consider access to information, support, education, and respite; integrated and coordinated to health, community, and social services; and community partnerships to strengthen social support networks.

**Caregiver information, support, education, and respite programs:** As part of the ‘unit of care,’ caregivers need access to a range of services and supports to manage their own health, cope with care demands, and find a balance at work (Canadian Caregiver Coalition, 2008). There is a growing body of evidence that support interventions can reduce caregiver psychological distress, increase caregiver knowledge, and delayed nursing home admission (Brodaty H, Green A, & Koschera A, 2003). As the reliance on caregivers continues to grow, we need to invest in supporting caregivers. We need to include them in care planning and ensure access to information, support, education and respite they need.

While few caregiver programs offer the full range of services, the CSSS Cavendish Caregiver Support Centre is one such ‘cutting-edge’ program that provides flexible and easy to access services including a Drop-In Program for respite; an In-Home Stimulation Program providing in-home physical and recreational activities on a one-to-one basis; a Foyer Program offers support groups, workshops, information sessions, as well as access to a resource centre; a Short Term Counselling Program; and Caring Voice, a free, bilingual program that connects caregivers and families to information and support through teleconference services.
**Integrated and coordinated to health, community, and social services:** Michael Rachlis notes Canada’s health system is ‘poorly designed’ to help individuals and their caregivers manage chronic illness and frailty; however, he suggests we can fix the problems with innovation (Rachlis M, 2004). Two examples are the patient navigator role and SMILE (Seniors Maintaining Independent Living Everywhere).

With the introduction of the ‘system navigator’ role in cancer care, the focus is on helping patients and families navigate the maze of health services to not only treat the cancer, but to improve the patient’s quality of life and wellbeing. Called ‘the air traffic controllers in health care’ (Fayerman P, 2011), the impact of the nurse navigators as part of the patient’s health care team include higher patient satisfaction, shorter stays in hospital, fewer cancer-related symptoms, and feeling more informed and better prepared for appointments (Fillion L et al., 2009).

VON Canada has been working with the South East Local Health Integration Network (LHIN) to deliver SMILE as another innovative solution. SMILE offers seniors options in managing their own care – they can choose the community services they need, when they need them, and who will provide them. VON Canada has found the SMILE program can delay long-term placement and provide cost-effective care. In the first year, 240 SMILE clients were on long-term care waiting lists. One year later, 163 SMILE clients are still at home by choice. The difference is between $62 week with SMILE vs. $1,000 a day for a hospital and long-term care bed (VON Canada, 2010; South East LIHN, 2010).

**Community partnerships to strengthen social support networks:** A community response has emerged as providers, organizations, and policy-makers work together to identify gaps and find solutions to the unmet care needs of both the person who requires care and their caregivers. It recognizes the collective social responsibility to ensure that programs and services are responsive to both their needs and to help build capacity and strengthen social support networks. These community partnerships have been known to create strong relationships among community partners to advocate for changes within the system (Maheu P & Guberman N, 2000).

VON Canada’s *Community Respite through Neighbours Helping Neighbours* program, the equivalent of ‘Neighbourhood Watch’ for caregivers, is a good model. The program allows neighbours to support others, building on existing relationships within the community and increasing the community’s ability to respond to the unmet needs of people who require care and their caregivers. The program also provides an education component to develop awareness, skills and knowledge needed to offer support and care. Another example is the Seniors Resource Centre of Newfoundland and Labrador *Regional Caregiver Networks*. Each network
membership (a blend of caregivers, health professionals and other interested individuals) works together to bring caregivers ‘out of isolation.’

**Employee-driven solutions: Juggling to opportunities**

When older workers suddenly find themselves in a caregiving role, they need to quickly find supports to help them manage caring and working responsibilities. They need to access their support network, including family members, friends and other community resources. They should research what workplace supports are available to them and initiate conversations with their employer to establish the right work-life balance for them now and into the future. They also need to pay careful attention to their own health and well-being (Duxbury L, Higgins C, & Schroeder B, 2009).

**Conclusion**

While this paper seeks to establish why we should all care about older caregiving employees, the authors recognize that there are some significant gaps in our knowledge of the intersection of employment, caregiving, health and economic policies. More research, particularly on the socio-economic impacts of various approaches, would be helpful in developing a coordinated response by governments and employers to this growing social phenomenon.

Governments need to take a leadership role in reducing the economic burden of caregiving for caregiving employees and employers alike. They should strive to enable community-based solutions that support family caregivers as a valued resource within the health care system. They also need to enable workplace policies and practices that support older caregiving employees in their role. Businesses and employers, for their part, need to implement strategic human resource measures that recognize and support the varied and evolving needs of caregiving employees – thus retaining valuable expertise in the face of a shrinking labour pool. Communities, in turn, have a responsibility to facilitate wider adoption of successful support programs and enable greater access to services. Similar to *Employers for Carers*, we recommend a pan-Canadian partnership among government, employers and citizen groups to develop shared strategies and champion innovative approaches.
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Keeping older workers in the labour force and caring for a family member - can we be in two places at once?

Ms Imelda Redmond
Chief Executive Officer, Carers UK

Introduction

The simple answer to the question is no, we cannot be in two places at once. We can, however, manage two tasks at once i.e. being engaged in paid employment and also ensuring that the person or people we look after are safe and comfortable.

In this paper I will explore the demographic and social imperative of helping families to manage both work and care. I will briefly explore the changing demographics of the United Kingdom’s (UK) population and the UK’s carer population. In recent years there has been a raft of initiatives to support carers; I will explore what we know about the impact, if any, these initiatives have had.

I will explore the role that employers play and the initiatives they have taken to support carers in their organisations. There are of course other ways of ensuring carers can both work and care, including the role of technology and emerging volunteer schemes.

Demographic changes and the changing role of women in society

The dialogue about the shifting demographics of the developed world towards an older population is well rehearsed. In the UK we have an aging population; in a ten year period we have seen an increase of 1.7 million people over 65 years. The fastest increase has been in the “oldest old” group, those 85 years and over. In the last 25 years this cohort has doubled, reaching 1.4 million in 2009. Over the same period, the percentage of the population aged under 16 years has decreased from 21% to 19%. This trend is likely to continue.

So, in a nutshell, we have a population that is living longer, with some evidence of living for more years in poor health, and a shrinking younger population.

The stark message from these statistics is:

a. We need to ensure that people remain in work for as long as possible

b. We need to reconfigure and invest in flexible, high quality care and support for the sick, frail, elderly and disabled in our countries.

c. We must bring technological advances more centrally to the solution

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1 Office of National Statistics
2 Office of National Statistics
Over the last 20 - 30 years, the UK, and other developed nations have seen an unprecedented change in the role of women in the labour market. In the UK 68% of women with dependent children are in the work place\textsuperscript{3}. Women are having children later and, in a generation, family size has fallen significantly. Geographic mobility and changed family structure are common place, often with step-parents and complex arrangements in place. Unfortunately in the UK the development of care and support services has not kept pace with societal changes. The health and social care system seems to be stuck in a time warp; there often seems to be an underlying assumption that there is a woman at home to pick up the care. It is not uncommon for people to get that call from the hospital that says “Your mum’s ready to go home now, please come and collect her” showing little regard for the fact that the daughter might live 200 miles away, work full time and have a young family. Carers UK has worked hard at a national and local level to bring about radical transformation of services so that they are better equipped to deliver a 21\textsuperscript{st} century offer. It goes without saying there is much to do!

\textbf{The Demographics of the UK’s carer population}

The UK gathers data in the Census on caring. The most recent Census was carried out in March 2011, but the results will not be published for another two years. The statistics we are currently relying on come from the 2001 Census. We expect there to be some changes in the new Census, including an increase in the number of people providing care, and an increase in the number of hours of care provided.

Based on the 2001 statistics there are almost six million carers in the UK, 12\% of the adult population. The Census shows they are more likely to be women (58\%) than men (42\%)\textsuperscript{4}  Women have a 50:50 chance of becoming a carer by the time they are 59 years, compared to men who have the same chance by the time they are 75 years\textsuperscript{5}. Women are more likely to give up work to care. Caring varies between ethnic groups; Bangladeshi and Pakistani men and women are three times more likely than their white British counterpart to provide care \textsuperscript{6}

Children providing care remains a significant issue with around 175,000 children providing some care, of which over 13,000 provide 50 hours or more of care each week.

\textsuperscript{3} Office of National Statistics
\textsuperscript{4} 2001 UK Census
\textsuperscript{5} It could be you, Carers UK, 2000
\textsuperscript{6} Who cares wins, Carers UK, 2001
Within the carer population, over 2.5 million provide care for over 20 hours a week with around 1.5 million providing 50 hours a week or more. Every year 2.3 million people become involved in caring.\(^7\)

These figures are significant because we know that once people provide more than 20 hours a week of care they are more likely to have negative health impacts.\(^8\) The length of time spent caring also has an impact. We know that carers' physical and mental health declines after one year of caring. To state the obvious, people who care for a loved one and are in poor health will find it difficult to retain their employment. The 2001 Census found that three million people combine work and care, roughly one in eight workers in the UK; of these, two million work full-time and one million part-time. Male carers are more likely to be in employment, 90% of them full-time. However, for this group they are more likely to have significant health problems.\(^9\)

In the UK we have seen a 50% increase of the numbers of carers providing 50 hours a week or more. Carers UK’s survey “Real Change Not Short Change” found that 54% of the respondents had given up employment because of caring responsibilities, with many retiring an average of eight years early. Carers UK’s survey tends to attract carers at the heavy end of caring so this figure is high. The Equal Opportunities Commission showed that one in five carers gave up work or turned down a job because of their caring responsibilities.

**Carers' perspective on combining employment and care**

In a survey of 812 working carers carried out by the University of Leeds, *Carers, Employers and Services Report (CES)*\(^10\), carers identified a number of conditions that made it possible for them to work. They are:

- Three quarters of those surveyed had help from family and friends
- Two thirds (but only half of those working in the private sector) said their employer was supportive and “carer friendly”
- Flexible, good quality services that look after the person were one of the main contributory factors; however, only about a quarter of carers felt they had adequate support
- 42% of carers said they were paying privately for care.

In this survey working carers were asked about their views of services. Between 40% and 50% of working carers said that a lack of flexibility and sensitivity in services

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\(^7\) It could be you, Carers UK, 2000
\(^8\) In poor health, Carers UK, 2001
\(^9\) Hirst M (2004) Hearts and Minds, Carers UK
\(^10\) Yeandle S et al University of Leeds 2007
hampered them from obtaining support. Many said they felt poorly informed about what services were available.

The survey also looked at 400 carers who had given up work to care and found that, not surprisingly, compared with working carers they were more likely to be struggling financially and to be in poor health.

These findings highlight not only the human rights aspects of carers leading fulfilling lives of their own, including a right to participate in the world of paid employment, but the knock-on effect this has on the cost to the health and welfare spend. When you add this to the loss of revenue through taxation, we are talking about a considerable cost to the public purse. In the *Case for Social Care Reform, the Wider Economic and Social Benefits* published by the University of Birmingham they identified the lost opportunity for families to earn incomes of between £750 million - £1.5 billion per annum. The researchers suggested that if government invested more funds in public care services that enable carers to work, then families would be financially better off but there would also be benefits to the Treasury with increased receipts from taxation and a reduction in welfare benefit payments.

In the CES report we found that the carers most likely to have difficulty working had been providing care for five years or more, with a significant number caring for sick or disabled children, many of whom had now reached adulthood.

A number of carers surveyed in the CES report said that they wanted to work, with 40% of them saying they wanted to be in paid employment but could not return to work because either the services were too poor or the person they cared for refused all outside help.

A clear message has come through from carers: many of those out of work wish to work. The majority in paid employment were keen to remain in work and the majority of those working part-time said they only did so because of their caring responsibilities and would rather work full-time.

**Policy and legislative framework to support carers to work and care**

Policy and legislation in the UK is complicated. We have devolved administrations in Scotland, Wales and Northern Ireland and so carers’ rights are different in different parts of the UK.

**Work and Family Act 2006 – England, Scotland and Wales**

This Act gave the right for carers to ask their employer to change their working pattern. An employer can only refuse if they demonstrate it will damage the business or have a negative impact on other employees. Early research showed that over 90%
of requests were granted. However, there is very low awareness of the right by both employers and employees.

What was useful about the legislation initially was that it raised the profile of people with caring responsibilities; most employers were aware of the need of working parents, but not of people with other caring responsibilities. Shortly after the right became law, Carers UK, in partnership with ACAs (arbitration service), the British Chamber of Commerce and the Federation of Small Businesses ran a government sponsored awareness campaign. Unfortunately since then there has been very little publicity.

We also have the Carers (Equal Opportunities Act 2004) – England and Wales.

Amongst the new rights for carers that flowed from this legislation was the requirement on Local Authorities to consider the carers’ desire to remain in work, or return to work, when they carry out an assessment of need. Again there has been no assessment of the impact of this measure. Anecdotally we know that in some areas this requirement is completely ignored. However, there are some Local Authorities which have significant programmes for focusing on carers and paid employment.

In 2008 a mother of a disabled child, Sharon Coleman took her employer to court claiming that she had been treated less favourably than her colleagues because she was the parent/carer of a disabled child. The case went all the way to the European Courts of Justice, where they ruled that it was illegal to discriminate against carers. The ruling has been incorporated into UK law as part of the Equalities and Human Rights Act 2010. It is now illegal to discriminate against someone by reason of association with anyone who has so-called ‘protected characteristics’, which includes disability.

The UK government, as well as governments in Scotland and Wales, have produced detailed 10 year Strategies to take forward their programmes on carers. In England, the Coalition Government recently carried out, what they called a “refresh” of the strategy. The refreshed Carers Strategy “Recognized, Valued and Supported” has a strong emphasis on supporting cares in employment.

Other Important non-legislative drives

There is no doubt that, because of the scale of the issue we are facing, a range of measures will have to be put in place to ensure that carers get the support they need. If we fail on this, we will see increasing numbers of people in their 50s falling out of work. This fall out from the work force cannot be filled by young people entering the labour market as there is already an expected two million gap between numbers of people retiring and new workers coming into the labour market. Many companies are aware of this and are looking at all aspects of retaining their staff for longer.
Responding to the increasing issues and imperatives, Carers UK established a membership organisation called Employers for Carers. There are currently 55 organisations in membership and we intend to grow this significantly over the next few years.

The purpose of Employers for Carers is to:-

- Raise awareness of the issues.
- Help companies/organisation to make adjustments to their policies and practice to help their employees with caring responsibilities.
- Network leaders of companies so that they can learn from each other.
- Profile good practice in the media and with key politicians
- Promote information i.e. to carers in the their workplace
- Establish work based support.

The Forum has also established a leadership team that works with us on lobbying government for improvements in public services. The leadership team makes the case that social care support is an important part of our infrastructure just like transport links, health services and utilities; without good infrastructure businesses cannot be profitable.

The membership of the Forum ranges from 24 hour emergency services such as the London Fire Brigade, Metropolitan Police to small to medium enterprises and large global companies such as BT, British Gas, Price Waterhouse Cooper’s. There are also a number of government departments and Local Authorities.

Through Employers for Carers we have been able to make, and realised the benefits of, the business case for supporting cares. Examples include:-

**Staff Retention – Centrica/British Gas (large employer)**

Centrica/British Gas has led on innovative family friendly and flexible working practices and in 2004 was one of the first employers to set up a carers network. It reported quantified business benefits from its innovative flexible working programme, “work:wise” in 2004 and from a subsequent study in 2007 on the impact of flexible working on performance. It has had particular success in retaining engineers, a group identified as leaving the workplace. Now 60% of staff at Centrica/British Gas work flexibly and over half of these are men, including a large number of engineering staff.
“British Gas was one of the first UK companies to develop flexible employment policies to support staff with caring responsibilities. This makes it easier for employees to combine work and care, so they don’t feel forced to choose between one or the other. Recruiting and training new staff can be expensive and unnecessary when a more flexible employment approach should ensure that existing, experienced people are retained.” Phil Bentley, Managing Director.

Productivity and Performance – BT

Of BT’s current 102,000 strong workforce today, 75,000 work flexibly. BT has calculated the average increase in productivity for these workers at 21% - worth at least £5-6 million on the company bottom line. BT’s annual staff turnover is below 4% - when the sector average is 17% - and sickness absence among home workers averages below three days per person per annum.

Just as importantly, BT’s 20 million customers rate quality of service 5% higher than before – and these customers are 7% happier too. These important business gains show that introducing flexible working arrangements has already made business sense for BT in hard economic times.

Staff retention – Listawood (SME)

With a workforce of around 200 people, Listawood are a manufacturer of promotional goods such as ceramic mugs, fridge magnets and mouse pads. The recent recession has resulted in a greater level of scrutiny being placed on the discretionary budgets used by organisations for such items, and this combined with increased competition from emerging low wage economies, has placed enormous strain on their sector.

The company are aware that they do not offer the best salary levels in the area – indeed only 56% of staff surveyed felt their pay was competitive when compared with other employers locally. Their deep rooted culture of flexibility is, on the other hand, well recognised by staff – 97% of staff felt that the company offered better opportunities for work life balance than other employers in the area. Staff turnover at the company is remarkably low – only a fraction of a percent per annum.

Listawood argue that their culture of flexibility and support of those need to balance their home and work lives often at short notice, is a significant driver of staff retention:

“Losing highly trained staff is incredibly disruptive in any business. In the sales environment it fractures customer relationships which can result in reduced levels of

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12 Glasby J et al The case for Social Care Reform, University of Birmingham 2010
business, and in the factory it compromises manufacturing efficiency. On top of this you then have to bear the costs associated with recruitment and training for their replacement. We are in no doubt that our staff retention levels are driven by our attitude to work life balance rather than the generosity of our remuneration packages. This makes it possible for us to remain competitive and profitable in a highly competitive market, even during these unusually difficult trading conditions”.

Alex Turner, Managing Director, Listawood.

Employers for Carers has signed a memorandum of understanding with eight government departments. These Government Departments have committed to considering carers in work when developing policies and have committed to consulting with Employers for Carers on relevant matters. However keeping the intentions of the memorandum alive and meaningful is a difficult task.

Technology

It is Carers UK’s view that technology is a greatly under-utilised source of support. Technology cannot put people in two places at once but, properly utilised, can enable people to be at work and, at the same time, monitoring and keeping an eye on the person needing care. The Department of Health in England is currently running the biggest randomised control trial on assistive technology in the world. There are 6,000 participants, 470 of whom are carers. The findings of this trial are due to be published circa July 2011.

Carers UK’s experience of working closely with a technology company, Tunstall, is that technology care can provide reassurance and relieve stress, freeing carers up from “worrying all the time” to acting as and when necessary. Many carers have told us that it is the worry that their mother might have left the cooker on, the worry that she may wander, the worry that she has forgotten to take her medication that puts them under enormous stress, often leading to them prematurely giving up work. Unfortunately our experience is that it is difficult for people to access this care and telecare technology. You cannot get it on the high street, as it has been over-complicated and ‘medicalised’. We simply must make technology more accessible if we are to face the future need for care. We already have a range of technologies that which in effect allow you to be virtually in two places at once. Once these are further developed we will apply them to care.

Carers UK are working with a company that soon will be able to offer face: face talk through the television, an old technology that many older people already understand and use. There are of course many ethical discussions to be had on the use of technologies, including GPS, but in the near future its use will become more common place.
The might and innovation of the software companies has not yet been utilized to increase carers’ ability to manage care. To fill the gap, Carers UK is working with a company to develop an online management tool to help carers manage busy lives. We will be testing it with employers from BT and The London Fire Brigade in July 2011.

The General Public

At the heart of Carers UK’s key messages is the message that carers are everybody’s business. We see caring and being a carer as a normal part of life that affects every family. We believe that if the general public understands that caring will affect their lives and know the issues they are more likely to understand their work colleagues - and be more prepared and know where to go for assistance when issue of care inevitably arises in their family.

Conclusion

In conclusion, governments must grasp this difficult and thorny issue. We have to find a way of helping families combine work and care. Failure to have a consistent plan that provides support and incentives to families who provide care will lead to:

- Increased demand on public services
- Increased costs of health care
- Increased welfare bills
- Reduced tax revenues
- Reduction in businesses competitiveness

Governments also risk having an older population that is poorer, as they have been unable to earn enough during their lifetimes and, thence, unable to save for their own retirement.

The loss to the individual - the waste of their talent, the loss of their development and satisfaction - is incalculable.

Together with the University of Leeds, Carers UK recently calculated the monetary value of the contribution that carers make by looking after relatives. At £119 billion per year, the figure is staggering\(^{13}\) and more than the total annual spend on the National Health Service.

To make it possible to be in two places at the same time, we need a range of measures in place including:

- High quality advice and information at a local and national level

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\(^{13}\) Valuing carers, Carers UK and University of Leeds, 2011
• High quality and flexible care services
• Affordable care services
• Extensive use of assistive technologies such as telecare and telehealth
• Employers who understand the need for flexibility
• Employers who provide access to good information
• A legislative framework that enshrines rights to:
  ▪ work flexibly.
  ▪ gain access to high quality advice and information
  ▪ gain access to high quality services to the people they look after

Care for adults in the UK is an under-developed market much like childcare was 20 years ago. With investment and a cross-government approach to the issues, action taken in relation to childcare has enabled far more parents, in particular women, to work. The measures taken in the UK have included:

• Investment in good information
• Expansion of private sector suppliers of childcare
• Tax breaks for companies
• Tax breaks for families

A similar approach is needed now for adult social care. I do not want to over-simplify the issue. Caring for an adult has many differences to childcare – for example many carers do not live with the person they care for and often manage care at long distances with all the complications that that brings. However, a strategic approach is needed with the involvement of many players if we are to manage this growing need.
NOTES FROM THE DISCUSSANT

MS CAROLINE DABU
NOTES FROM THE DISCUSSANT, MS CAROLINE DABU

Thank you Michael, Imelda and Jane for your valuable insights and perspectives on older workers and caregiving - you have all effectively illustrated the challenges that lie ahead if we are to successfully address this issue.

All our panellists raised the issue of how the responsibility for caregiving has fallen largely to individuals and their families.

We’ve heard the significant economic impact to individual caregivers over the long term as their responsibilities conflict with the future earning potential and ability to stay connected to their careers and the workforce when they are playing caregiver roles.

Michael, you provided an excellent macro overview of this, now global issue. I was also struck by your suggestion that a new approach is needed to address the caregiving challenge – that it is no longer an either/or approach. That what we need is a hybrid -- a combined approach of formal and informal care. You also talked about how increased globalization and intense competition means balancing work and life has become even more difficult for employees today than ever before.

From Jane McDonald we heard the different roles that the private sector, government and the community need to play in providing support for caregivers in the workplace. She highlighted the critical role of community support and agencies and I wanted to applaud VON’s work in facilitating discussions with the private sector.

Imelda showed us how providing a flexible workplace is not only the right thing to do but that the business case is strong. She provided some impactful examples how flexible policies that help caregivers can actually result in increased productivity and retention. The Employers for Carers as a forum for networking amongst companies to share best practices and working with companies to make adjustments to their policies is a great example of finding ways to uncover new solutions. I must also acknowledge the impressive lobbying efforts of Carers UK. You’ve illustrated the importance and impact of effective caregiving legislation.

Industry too has been looking at the implications of an aging population and in North America, the millions of boomers who are headed into their retirement years.

While it is good news that with health care advances and lifestyle improvements that people are living longer than previous generations, the flipside is that more of us will be playing a caregiving role while we are in retirement.
BMO is focused on this because 80% of the investment assets that we manage are for customers who are headed into retirement. What this means to us as an industry and a Bank such as BMO is two-fold.

The first is ensuring that our own employees have the resources and support around their role as a caregiver both while they are employed at the Bank and when they retire. The second is how we advise our own customers has changed dramatically when it comes to retirement.

Let me first deal with the issue as an employer.

BMO, like most organizations, has seen a rapid increase in the number of our own employees playing caregiving roles. This is not only challenging as our panelists have pointed out from the perspective of balancing work and life/caregiving responsibilities but in continuing to stay connected, being able to re-integrate into work and to continue to build and have a career.

And so at BMO, there are three areas that we are really focused on:

1 – Providing employees with the right resources, information and support to deal with the caregiving role

2 – Utilizing technology to enable our employees to stay connected to their jobs, their careers and the Bank as well as the ability to work from other locations outside of the office

3 – Having policies in place that enable employees to have flexible work arrangements

On the first point of resources - In addition to our employee assistance program and back up child care programs that are available to all employees, we have a program called Lifeworks. This program provides:

1 - Access to support relating to elder care

2 - Searches for inhome care services

3 - Searches for residential care and housing facilities

4 - Research on issues such as Alzheimers’ and dementia

5 - Information on a variety of topics related to caregiving

6 - Access to in person or telephone counseling for caregivers.

We extend the Lifeworks program to our retirees because we see many individuals playing a caregiving role while they are in retirement.

We have utilized technology to help employees work in a variety of ways. Our BMOibility program leverages the technology that we have in place to enable
employees to work anywhere and access their desktop anywhere. We have also invested in mobile stations recognizing that work is done in a variety of places and not necessarily at Bank offices. Our goal is to have 20% of our employees as mobile and not tied to any one location of the Bank. And today we have 50% of our employees who have the ability to work remotely when they need to.

Policies that give our employees the ability to work flexible hours in order to accommodate them caring for someone are essential. We provide both paid and unpaid leaves as well as an extended leave policy designed to help an employee maintain a long term employment relationship with the bank while helping them meet their caregiving needs.

The last point I wanted to talk about is how the caregiving issue has had an impact on how we advise individuals not around retirement planning.

One of the most important offerings as a Bank is to help individuals plan for their retirement. As an industry, that advice has largely centred on the financial aspects.

But issues like caregiving have huge implications to retirement planning now - because the cost and the responsibility of caregiving is the number one expense and responsibility that individuals underestimate. They underestimate the commitment and emotional toll. We’ve heard from customers who tell us “I had no idea that in addition to my own retirement, I would have to factor spending 40k plus a year in medical costs for my mother-in-law/parents..”

We have spent considerable effort training our advisors and planners across the country to prepare their clients for both the financial and non-financial aspects of retirement.

That’s why we hired a gerontologist to start working with our customers as well as our own employees.

We continue to evaluate our policies and our programs as it relates to both employees and the customers who we advise around retirement because caregiving is figuring more prominently than ever before.

While there are resources available to support caregivers through government, through the community and through companies like BMO, the reality is people don’t know where they go to access information and resources nor do they know where they can get support.

We need to collectively do a better job building awareness of the kind of support available across all sectors.

We also need to work together to share best practices not only at large forums but create an ongoing dialogue between companies, the community and government.
And so we would agree with the view that the challenge of caregiving is so great that it cannot possibly be addressed by any one sector. Community, Government and Business all play a role in establishing solutions to meet the challenges of the aging population and the increased caregiver needs of society. Only by working together do we increase the accessibility of services to caregivers.

I’d like to now pose some questions to our panellists:

- How do you see the role of industry, the private sector, in driving solutions around this issue? Do you see industry playing a role in shaping public policy?
- How do we develop a better, stronger and ongoing dialogue and connection between industry, government and the community?
- Are there specific areas of the caregiving issue that you think should be addressed by specific sectors?
Sustaining Employment and Caregiving

Paper presented at the workshop:
Keeping Older Workers in the Labour Force and Caring for a Family Member

FICCDAT Caregiving, 5-8 June 2011, Toronto, Canada

Assoc Prof Michael Fine,
Department of Sociology and
Centre for Research on Social Inclusion,
Macquarie University, Sydney, Australia.

Care is essential for life

... but it no longer fits into contemporary social life as it did in the past.

We need to ensure that every person will:
- have the right to receive care when they need it;
- be able to assume the responsibility to give care when they seek to do so; and
- have the opportunities and ability to care for themselves and their own autonomy.
Behind the Personal Dilemmas.

Collision of unstoppable forces and global trajectories.

1. Demography
2. Economics and Labour Market
3. Shifting care mix - the demands on government policy, families, the community

Demography

Fig 1. People aged 60+ as pct of total population

Source: United Nations Secretariat; World Population Prospects: 2008 Revision
- **Aging** – increasingly large population needing ongoing support
- **Reduced family size** fewer children per family – greater chance of becoming a carer
- **Smaller working/taxpaying population** – reinforces importance of unpaid family care

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**Economics and Labour Market**

- Move of women into employment, away from unpaid domestic duties – created need for child care and adult support services
- Demand for labor increased, reinforcing call for extended working lives
- **Globalization** – international competition in finance, production, keeps economic pressures immediate
- Pressures to sustain strong economies – putting pressures on wages, employment security.
Shifting care mix and Crisis in Care
responsibility shared between families, government, market, community.

Family, market and public systems of care seen as in crisis

1. Informal Care: Continues to be main source
   • Intergenerational perspectives – evidence of importance of spouses/partners, c.f. children
   • Gender emphasis – especially hard for working daughters
2. Public Services: under pressure and constantly in crisis
3. Governments seeking increasing market solutions
4. Community demands:
   Options/choice – sustaining people in their own home; removing barriers in employment, access to services
   Recognition – culturally appropriate, equitable use of resources
   Foster activity, reduce dependency, promote inclusiveness (belonging and participation) and capability.

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<table>
<thead>
<tr>
<th>Source of care</th>
<th>Personal Care</th>
<th>Mobility</th>
<th>Housework</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female partner</td>
<td>72.6</td>
<td>77.6</td>
<td>88.1</td>
</tr>
<tr>
<td>Male partner</td>
<td>54.6</td>
<td>74.0</td>
<td>114.5</td>
</tr>
<tr>
<td>Daughter</td>
<td>48.9</td>
<td>106.5</td>
<td>109.0</td>
</tr>
<tr>
<td>Son</td>
<td>19.4</td>
<td>64.6</td>
<td>50.4</td>
</tr>
<tr>
<td>Other female relative</td>
<td>12.4</td>
<td>35.6</td>
<td>32.9</td>
</tr>
<tr>
<td>Other male relative</td>
<td>8.9</td>
<td>33.9</td>
<td>20.0</td>
</tr>
<tr>
<td>Female friend or neighbour</td>
<td>*4.4</td>
<td>22.0</td>
<td>14.4</td>
</tr>
<tr>
<td>Male friend or neighbour</td>
<td>*2.2</td>
<td>10.8</td>
<td>7.1</td>
</tr>
</tbody>
</table>

All Informal care: 200.0 341.4 383.5

Formal Services: 58.5 90.1 243.1

All Needing Care: 245.8 392.8 550.3

Source: ABS (2004), Disability, Ageing and Carers 2003, 4400.0.43-44, Notes: * High margin of error

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Carers: 80% personal care
Carers: 70% housework
Services also vital
Sustaining Employment and Care in 21stC
The search for new solutions

Old solutions - either family or services; at home or in-care

Need to move beyond the old dichotomy of either/or.

New solutions must seek to build links, combine:
- Strengths of informal and formal care
- Build synergies between formal and informal care at home, and
- Develop links between caregiving and paid employment.
Re-embedding care in 21st Century societies

Paid leave, unpaid leave, flexible work patterns.

Care friendly workplace.

Increased access to services.

Care payments
  cash for care schemes for paid employment of family carers (as in a number of European countries), carer pensions and payments.

The potential of technology

Expanding the care workforce
  What will it take to draw in new caregivers – men? What part should migration play in the solution?

Sustaining Employment and Care-Meeting the Challenge

We know we must and can succeed.

We must start by acknowledging the work of carers amongst us, building on their inspiration to ensure that care is no longer based on self-sacrifice.
MS JANE MCDONALD, VICTORIA ORDER OF NURSES

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Respect
Participation
Responsiveness
Courage

Health Starts at Home
The Perfect Storm

- Demographic shifts of older workers
- Family caregivers altering expectations
- Prevalence and economic burden of chronic disease
- Economic factors

The Perfect Storm - Impacts

- older workers
- economic factors
- chronic disease
- family caregiving

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Governments: Mastering the Ring

- Home and community care policies
- Workplace policies
- Income and pension policies
- Research
Businesses: Walking to line

How Bell is supporting mental health

gsk GlaxoSmithKline

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Employers: Finding the balance

Navigator

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The Home Depot

TELUS

the future is friendly

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Concluding Thoughts

- Caregiving has an economic impact on business and employees
- We all have a role to play in supporting caregiving employees
- Solutions should focus on:
  - Community: integration of services
  - Employer/Business: workplace flexibility
BIOS OF THE PANELLISTS
Caroline Dabu is Head of Retirement and Financial Planning Strategy at BMO Financial Group. In this role she drives an enterprise-wide strategy to provide retirement solutions and financial planning to all of the bank’s customers.

In 2005, Caroline led a comprehensive study on Canadian retirement trends, establishing BMO as the recognized expert on retirement issues. Today, BMO has advanced that leadership position with the BMO Retirement Institute and the successful Take Charge of Your Retirement program and approach to retirement planning.

Caroline began her career in financial services in 1993 at ScotiaMcLeod in communications and marketing roles in the capital markets and full service brokerage businesses. In 2000 she joined BMO as Head of Marketing for BMO Nesbitt Burns and was appointed Vice President, Private Client Group Marketing in 2005. She was just appointed Head of Retirement and Financial Planning Strategy this past February.

Dr. Michael Fine is Associate Professor at Macquarie University, Sydney, Australia, where he is Head of the Department of Sociology and Deputy Director of the Centre for Research on Social Inclusion. He researches, publishes and teaches in the fields of care and human services, social policy and ageing.

His recent book, "A Caring Society? Care and the Dilemmas of Human Service in the Twenty-First Century", was published by Palgrave / MacMillan in 2007. He is editorial advisor to four international journals, and receives regular national and international invitations as a speaker, researcher and advisor. In 2009 he was Invited Visiting Fellow for the New Zealand Institute of Research on Ageing.

Jane McDonald brings to the position of VP of Public Affairs and Community Engagement more than 25 years of experience across the health system from a local to an international perspective.

Prior to joining VON, Jane worked at the Canadian Nurses Association (CNA) as the Primary Health Care Consultant and in the Office of Nursing Policy at Health Canada, advancing the role of community health, health promotion and nursing
nationally. At the CNA Jane co-authored the seminal document, “Toward 2020: Visions for Nursing”.

Jane brings a strong grounding in community health, having spent 10 years at a local community health centre developing and implementing health promotion programs with a wide variety of populations. In that role she built on a previous decade working internationally with CUSO and the International Development Research Centre. While at IDRC she facilitated in the development of culturally sensitive research projects and worked with women to create, build and realize primary health care programs that served the entire community.

Jane is a strong advocate for social justice issues, and in her present role she maintains a deep interest in community building, human health, the social determinants affecting health, women’s and family health, and diversity. It is from this perspective that Jane became an advocate of caregivers and the structural support they give to all health systems.

Jane is also a strong advocate for the critical role that nurses play in creating and supporting change in the health care environment at both the system level and individual/family level.

As Chief Executive of Carers UK Imelda Redmond is responsible for ensuring carers have a voice. With over 6 million people in the UK caring for a relative or friend the need for them to be heard has never been so vital.

Imelda believes passionately that caring is one of the most critical issues facing society in the 21st century and that carers should be recognised for their contribution and listened to for their expertise.

Imelda Redmond has had a lifelong commitment to improving the lives of disabled people and their families. Prior to joining Carers UK she ran family support services for children with disabilities and she is currently vice-chair of disabled children’s charity Contact-a-Family. She is a Non-Executive Director of The Homerton University Hospital NHS Foundation Trust.