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A LITTLE BIT ABOUT ME

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• WORKING IN AREA OF WORK-LIFE BALANCE AND EMPLOYEE WELLBEING

• NATIONAL STUDIES ON WORK-LIFE BALANCE IN:
  • 1991 ➔ FOCUS ON CHILDCARE
  • 2001 ➔ FOCUS ON WHAT EMPLOYERS CAN DO
  • 2011 ➔ FOCUS ON CHILDCARE AND ELDERCARE
  • 2018 ➔ FOCUS CAREGIVING (SANDWICH VERSUS ELDERCARE ONLY)
    • RESULTED IN A BOOK “SOMETHING’S GOTTA GIVE”
  • 2021 ➔ EMPLOYEE WELLBEING IN THE TIMES OF COVID-19
    • 22,000+ EMPLOYEES AND GROWING
CAREGIVING RESEARCH
DELPHI STUDY

• DONE IN PARTNERSHIP WITH CONFERENCE BOARD OF CANADA

• WHAT MOTIVATED THE STUDY

• SAMPLE: SIXTY-SEVEN HR EXECUTIVES WORKING FOR 60 OF CANADA’S LARGEST FIRMS

• THREE ROUNDS OF DATA COLLECTION: INTERVIEW FOLLOWED BY TWO SURVEYS
  • WHAT POLICIES CURRENT IN PLACE IN YOUR ORGANIZATION TO SPECIFICALLY ADDRESS ISSUES ASSOCIATED WITH BALANCING WORK AND ELDERCARE?
    • ALMOST NONE OF THESE COMPANIES HAD SPECIFIC POLICIES TO SUPPORT CAREGIVERS
  • WHAT FACTORS ARE ENCOURAGING YOU TO CONSIDER/DISCOURAGING YOU FROM IMPLEMENTING POLICIES IN THIS AREA?

• ROUND ONE IDENTIFIED 26 FORCES FOR CHANGE AND 33 BARRIERS
CONCLUSIONS:

• THIS STUDY IDENTIFIED THREE IMPORTANT SET OF **DRIVERS** OF CHANGE WITH RESPECT TO THIS ISSUE:
  • SUPPORT FOR ELDERCARE IS CONSISTENT WITH THE VALUES OF THE FIRM (TO CARE FOR EMPLOYEES) AND THE FIRMS FOCUS ON WELLBEING
  • FOR COMPETITIVE REASONS (RESPONDENTS LINK THE ABILITY TO RECRUIT, RETAIN AND ENGAGE TALENT TO THE PROVISION OF PROGRAMS THAT WILL HELP EMPLOYEES BALANCE WORK AND FAMILY)
  • IT IS A DEMOGRAPHIC IMPERATIVE (POPULATION AGING MAKES IT LIKELY THAT THEIR EMPLOYEES WILL NEED TO ENGAGE IN CAREGIVING)

• SO, IF YOU WANT TO MAKE PROGRESS IN THIS AREA, NEED TO MAKE BUSINESS (NOT MORAL) CASE FOR CHANGE
CONCLUSIONS

• STUDY IDENTIFIED THE FOLLOWING KEY BARRIERS TO THE INTRODUCTION OF POLICIES AND PROGRAMS TO ADDRESS ISSUES ASSOCIATED WITH WORK AND ELDERCARE?:
  • ADDRESSING ISSUES ASSOCIATED WITH ELDERCARE ARE NOT SEEN AS A PRIORITY AT THIS TIME, AND
  • FIRMS DO NOT WANT TO INCUR THE FINANCIAL COSTS THAT THEY SEE GO HAND IN HAND WITH ADDRESSING ISSUES ASSOCIATED WITH WORK AND ELDERCARE.

• IMPLICATIONS: NEED TO FOCUS ON THE COSTS OF NOT DEALING WITH THIS ISSUE (ESPECIALLY WITH RESPECT TO RECRUITMENT, RETENTION, AGING)
  • COVID-19 SHOULD HELP!
  • STANDARD WILL NOT HELP IF BUSINESS LEADERS DO NOT THINK IT IS AN ISSUE
Feasibility and Cost-Benefit Analysis of the Carer Accommodating Workplace Standard

Regina Ding, PhD Candidate
Allison Williams, PhD
Timeline

**PRE-TEST**
Online survey
Key informant interviews with HR, managers, and carer-employees

**INTERVENTION: PHASE 1**
Create carer steering committee
Update language on internal documents
Creation of workplace tools

**INTERVENTION: PHASE 2**
Promotional posters
Discuss carer issues and supports at department/town hall meetings, and occupational health and safety meetings

**INTERVENTION: PHASE 3**
Standardized training of team leaders to be more carer-supportive
Educational webinar for all employees

**POST-TEST**
Online survey
Retrospective interviews with key stakeholders

Timeline:
- **June 2020**
- **Oct-Dec 2020**
- **Jan-Mar 2021**
- **Mar-Apr 2021**
- **May 2021**
Time 1 Results: Pretest/Baseline Environmental Scan

- Carers are providing more hours of weekly care during COVID-19 than before (N=13)
- 46% of surveyed carers provide more than 15 hours of care weekly
- 50% of carers have a high carer burden
- Carers report significantly less co-worker support than non-carers
- Extreme variation in family supportive supervisor behavior
- Low visibility of workplace supports
# The Intervention

## Tips for Managers in Helping Carer-Employees

These guidelines for how to navigate discussions with carer-employees are only useful if your employees feel comfortable enough with you. Building a supportive work environment takes time and is determined by the attitudes, language, and priorities of one’s immediate supervisors, more so than upper management.

The language you unconsciously use conveys messages to your employees on how they should behave, and which struggles, or "acceptable" to show at work. Employees who perceive an unsupportive supervisor or work environment are more likely to be their job and leave. To promote a supportive work environment, where work-life balance is seen as a positive thing, consider the following approaches:

**What to do if an employee approaches you with family care issues:**

- Thank them for coming forward and sharing
- Ask them the type of support that would be most useful to them in their situation
- Suggest accommodations based on their situation (e.g., flexible, compressed work week, short-term leave, reduced hours)
- Suggest counselling, support services or other services offered through EAP if necessary
- Refer to P&O for additional resources
- Refer to We Care Network
- Suggest other services from the community or organizations to check in with
- Use personal examples where appropriate (e.g., "my aunt used X service when her father was palliative, and she found it to be very helpful")
- Follow up conversation with email with resources linked, using compassionate language

## Build

- Resources for Carers
- Recognizing Burnout
- Check your Knowledge Quiz

## Enhance

- Advertise existing supports
- Promotional posters/flyers
- Discuss carer issues and supports at department, town hall meetings, and occupational health and safety meetings

## Educate

- Standardized training of managers
- Educational seminar series/lunch and learn
Coming out to Care

An Inclusivity Study of the Carer-Inclusive and Accommodating Workplace Organizations Standard

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Two-spirit, lesbian, gay, bisexual, transgender, and queer (2SLGBTQ+) older adults are a growing population with unique care needs, life histories, and vulnerabilities.

Many lack access to the typical sources of informal care, such as spouses or adult children.

Care dynamics in the 2SLGBTQ+ community prioritize community care and fictive kin / chosen family relationships, but these dynamics are rarely recognized by the state or other institutions.
The typical carer for a 2SLGBTQ+ older adult is also a member of the 2SLGBTQ+ community, in their 50s or 60s, who does not have a legal or biological kin tie to their care recipient.

Carers without biological or legal ties to their care recipients are often excluded from state supports.

Workplace-level interventions such as the *Carer-Inclusive and Accommodating Workplace Organizations Standard* are vital for these carers.

This project aims to ensure that the *Standard* is culturally competent and appropriate for 2SLGBTQ+ carers.
Study Design and Next Steps

Phase 1: National Quantitative Survey and Community Co-Design

As data on 2SLGBTQ+ caregivers is extremely limited, it is important to assess the experiences of 2SLGBTQ+ caregivers on a national scale. A quantitative national survey is currently in progress. Online focus groups are planned across Canada. Focus groups will engage in community co-design of modifications to *The Standard*, such that it will be made culturally competent for this population.

Phase 2: Intervention and Monitoring

Partner worksites in four sites across Canada will agree to implement the modified *Standard* for a period of 1 year.

Phase 3: Knowledge Translation and Mobilization

Data collected will be used to develop toolkits to help employers support their 2SLGBTQ carer-employees. A video project highlighting these carers will also be completed and posted on a publicly-available video platform.
What are Canadian Compassionate Companies?

Opportunities & Barriers for Sustainability

Andrea Rishworth, PhD
Allison Williams, PhD
CARE Conference
McMaster University
April 12, 2021
The Canadian Context

Canadian Hospice & Palliative Care Association (CHPCA) – Canada’s Compassionate Companies (CCC)

The Challenge:

- 7.8 M Canadians provided care for a family member, close friend
- 6.1 M juggling work & care responsibilities
- Impacts: ↑ absenteeism & turnover, reduced engagement, delayed career advancement, poorer health and wellbeing

A Palliative care approach:

- Accessible, integrated, patient-family centered
- Benefits: reduce burden & burnout, improve retention, shrink intensive care, improve QOL

The Solution:

CHPCA Canadian Compassionate Company Program (2016)
Companies with formal policies that accommodate care-employees & meet 3/5 criteria:

- Job projected Companionate Care Leave Benefit (CCLB) (26 weeks).
- Job protection while on care leave
- Care leave provides top-ups beyond gov. support
- Flexible caregiver accommodation policies
- Promote Advanced Care Planning (ACP)

What are the motivations, benefits and challenges of being a CCC?

https://www.chpca.ca/campaigns/ccc/
Emerging Results - Care Employers and Care Employees

**Motivations – Ease and Affirmation**
We already promoted compassion internally and we had all of these supports, so the CCC designation **solidified our purpose** and **highlighted our care**. But the CHPCA criteria isn’t tough, it’s kind of an **insult to people**. Like we do all these things, but other companies don’t.

**Benefits - Intrinsic vs Extrinsic**
It’s not so much the extrinsic benefits, but the **intrinsic benefits**. It’s **meaningful** to people, it gives them a sense of **comfort** to know if they need a leave of absence, we support them. I don’t see the benefits in terms of the CCC status but what the support does for the staff. We have a highly **engaged team**.

**Challenges – “We were already stretching thin”**
With the CCC designations, there are **limitations** in how we can expand **financially**. We’re growing at the same time we’re applying care policy so it’s very challenging. **Resources were tight**. And now with COVID, the compassionate companies has **gone flat**. But it’s a really good example of why we need this approach right now cause people and companies are struggling to do the best they can.
Opportunities for Sustainability?

**CCC Criteria Tensions**
- Tighten criteria, potentially limit CCC pool but attract organizations with good quality care
- Same criteria, potentially attract more CCCs but lead to little change for care

**CCC Benefits and Drawbacks**
- CCC status necessary to support standard of organizational care
- But insufficient to enact long terms organizational change (pre-existing desire for care)

**CCC care services threatened in COVID-19**
- CCCs strained to sustain/expand care policies as no $ support associated with CCC status
- COVID 19 is exacerbating capability of both careers and companies to care creating ambiguous care environments

**Next steps:** Interviews (employers, care employees) and webinars to mobilize knowledge and address gaps to sustain care friendly work environments