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Achieving a caregiver-friendly workplace standard for Canadian carer-employees:

A partnership approach

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ABSTRACT

Roughly 35% of employed Canadians are currently informal caregivers. These carer-employees are mostly women and often experience negative impacts on their physical, mental, emotional, social, and economic well-being. The impact on employers is also detrimental, with productivity losses due to absenteeism, presenteeism, loss of employees, and other related issues. With the number of seniors requiring care expected to double by 2031, this is a growing issue internationally. With the assistance of a Technical Committee of experts, McMaster University partnered with the Canadian Standards Association (CSA) to develop the *Caregiver Inclusive and Accommodating Organizations Standard (B701-17)*, which is now being considered for internationalization via the International Standards Association. Essentially, the *Standard* provides a set of guidelines for the workplace to better accommodate carer-employees. A public review of the *Standard* was implemented in the spring/summer of 2017, through the completion of qualitative interviews with key stakeholders (n=17) across Canada. Following transcription, interviews were coded using thematic analysis. Four major themes emerged.

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The first theme recognizes that the *Standard* is necessary given the growing population of seniors needing care (1). The second theme focuses on the impact of employer size on potential uptake (2). The third theme revolves around the factors that may motivate employers to adopt the *Standard* (3). The fourth theme recognizes that although the *Standard* may not be implemented widely due to the barriers in doing so, it is still very useful as an educational tool for many organizations in a wide variety of sectors (4).

This paper provides an assessment of the *Standard*'s utility and likelihood of widespread implementation. It also provides a more detailed context for the challenges of carer-employees, particular to the size of the workplace for which they are employed. We conclude that although there are many barriers to implementation, the *Standard* is a useful and timely tool for organizations to use in order to better support their carer-employees.

Introduction

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As with many countries internationally, Canadian demographics are shifting with an aging population; consequently, values around the ill and elderly are also shifting. Given fiscal forces and the costs of institutional care, more and more Canadians are remaining in their homes in community. This requires support from family and/or friends via informal unpaid caregiving. In Canada, more than 8.1 million people are acting as caregivers to adults, and most of these people (~6.1 million) are also employed (Sinha, 2012), working to financially support themselves, their children, and in some cases, their care recipient (Schroeder, MacDonald, & Shamian, 2012). This dual role takes a toll on physical and mental health over the long-term, reducing quality of life and productivity in the workplace (Stone & Clements, 2009; Wadhwa et al., 2013; Dembe & Partridge, 2011). Consequently, it is important for carer-employees, care recipients, and employers that we find ways to balance these competing needs to the satisfaction of everyone involved. Although some employers have already put policies into place to support carer-employees, awareness is not widespread and is inconsistent from one organization to another, with certain sectors being more or less accommodating (Mains, Fairchild, & Rene, 2006; Vuksan, Williams, & Crooks, 2012a, 2012b). Recognizing the need for workplaces to be more accommodating to this new reality, McMaster University, in partnership with the Canadian Standards Association (CSA), has developed the B701-17 *Carer-Inclusive and Accommodating Organizations Standard* (2017), herein called the *Standard.* This is a voluntary employment *Standard* designed to assist employers in creating policies that balance supporting carer-employees with the needs of the organization in a way that is beneficial to all parties. The *Standard* is

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available for free download, together with an Implementation Guide, on the CSA online Shop (https://www.csagroup.org/article/b701-17/.

   The research conducted for this paper seeks to assess the readiness of Canadian organizations for implementing this *Standard,* and in so doing, inform the development of strategies to promote knowledge of the *Standard* across Canada. Carer-employees are quickly becoming a topic of concern among human resources professionals in Canada and elsewhere. It is important for organizations to prepare for the inevitable, in order to: reduce absenteeism and presenteeism; increase productivity, and; operate in an ethically and socially responsible manner. This paper will seek to assess the readiness of organizations across Canada to implement a voluntary *Standard,*

   This paper begins with a review of the literature, followed by a discussion of the methods used for this research. Next, the major themes that were determined via thematic analysis are presented. A discussion of these themes, as they relate to the literature, is then provided.

Literature Review

   This literature review covers three subjects: first, the need for support for carer-employees; second, the effectiveness of developing and implementing workplace *Standard*s such as the *Standard*, and; third, the impact of employer size in motivating employers to adopt the Standard. .

   With our rapidly aging population, increasing numbers of people with chronic health conditions, and a growing number of the aging population living in community, these numbers are likely to surge over the next 15 to 25 years (Schroeder, MacDonald,

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& Shamian, 2012). Carer-employees face a series of stressful challenges and emotional strains resulting from "sociocultural pressures, role ambiguity, familial conflicts, and physical and mental exhaustion" (Stone & Clements, 2009). Long-term caregiving especially takes a toll on physical and mental health (Stone & Clements, 2009). Carer-employees are also impacted economically, as taking time off work and paying for healthcare 'extras' drains their wallets (Stone & Clements, 2009; Fast, Lero, DeMarco, Ferreira & Eales, 2014).

Having recognized this need for decades, most of the literature on carer-employees supports the idea that this population needs more support in their lives and in their caregiving roles (Lechner, 1992). It is especially difficult for people in their fifties and sixties to maintain paid employment while fulfilling their care responsibilities, even when care recipients have been placed in a nursing home (Dembe & Partridge, 2011; Stone & Clements, 2009). This needed support ranges from: better provision of information, to formal and community care, to employer-provided support (Gerdner, Tripp-Reimer, & Simpson, 2007; van den Heuvel, de Witte, Schure, Sanderman, & Meyboom-de Jong, 2001). Flexible work arrangements are the most commonly requested accommodation asked for by carer employees, as reflected in the Canadian General Social Survey (Pyper, 2006). While providing support ensures that employers are meeting their social and ethical obligations to their employees, it also prevents "job absences, productivity losses, and premature exit from the workforce" – all of which impacts organizational success (Dembe & Partridge, 2011).

Some employers are already providing support to employees who are engaged in end of life care (Mains, Fairchild, & Rene, 2006; Vuksan, Williams, & Crooks, 2012a,

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2012b). This support varies in type, and depends on multiple factors, such as: the size of the organization and the length of time the employee has been with the employer (Vuksan, Williams, & Crooks, 2012a, 2012b). Dembe, Partridge, Dugan, & Piktialis (2011) found that these supportive programs were perceived positively by employees who responded to a 2010 survey regarding work productivity, leaves of absence, and work-life balance. There has been a call for more research and policies around workplace interventions for carers-employees (White & Wills, 2016). Many organizations provide accommodations informally, using existing family leave policies or addressing the issue on a case-by-case basis; unfortunately, this makes it more difficult for carer-employees to access help and accommodations that would be made clear by the implementation of policies specific to carer-employees (Ramesh, Ireson, & Williams, 2017).

Dembe & Partridge (2011) completed a case study of corporate benefit programs that include services designed to help carer-employees. They assessed the programs at three organizations characterized as having the highest rated effectiveness determined through site visits and face-to-face interviews with managers. They found that women were far more likely than men to use the services provided by their employer at these organizations (Dembe & Partridge, 2011). Services provided by these employers included: employee assistance plan elder care counseling; elder care resource and referral services; eldercare management services; dependent care flexible spending accounts; dependent care reimbursement programs; long-term care insurance for elderly dependents; flexible work scheduling and leave programs; emergency short-term elder care, and; on-site adult day care (Dembe & Partridge, 2011). None of the

three organizations offered all of these services, but each did offer some combination of most of the listed services, as well as unique offerings such as a web-based support group for carer-employees within the organization (Dembe & Partridge, 2011). The authors of this study specifically recommend the creation of programs and/or policies for carer-employees (Dembe & Partridge, 2011).

Ireson, Sethi, & Williams (2016) found that the development of such programs and policies helps to counteract the gender imbalance of care and caring, given that women are more likely to care. An example provided was that of *T-Mobile Austria,* where the organization specifically encouraged men to step up and take time off or work part-time to assist with caring responsibilities in their families. They also identified that making a business case for accommodating carer-employees is essential to increasing rates of adoption of such policies (Ireson, Sethi, & Williams, 2016).

The goal of the *Standard* is to increase the accessibility of workplaces to people who have caregiving responsibilities while allowing them to maintain a work-life balance that is beneficial to their health. Highlights of the *Standard* are outlined in Figure 1.

Place Figure 1 here

Statistics Canada (2005) classifies employers by size, depending on the number of workers they employ; small businesses have 1 to 99 employees, medium-sized businesses have 100 to 499 employees, and large businesses employ at least 500 people. For the purposes of this paper, the definitions of employer size were more lax, in that participants spoke more generally about the impact of employer size. In the

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Vuksan, Williams & Crooks (2009a) made a distinction regarding the impact of employer

size on the introduction of Canada's Federal program for end-of-life carer-employees,

named the Compassionate Care Benefit. Some of the findings from this research are

applicable to this study. One such finding is the increased ability of small workplaces,

when compared to medium and large workplaces, to accommodate carer-employees

via policies such as flexible start/end times, and allowing employees to work from home

(Vuksan, Williams & Crooks, 2009a). On the other hand, large employers were more

likely to be able to offer financial support in the form of: paid leave, time off, and

extended health benefits, but less likely to have the flexibility to tailor their policies to

individual situations due to stricter policies put in place to ensure fairness. Large

employers also have more non-financial resources to draw upon, such as human

resource departments and other employees capable of temporarily filling the roles of a

carer-employee taking a leave (Vuksan, Williams & Crooks, 2009a).

Similar observations were made regarding the challenges and opportunities for

employers of various sizes when considering and/or implementing other voluntary

employment *Standard*s, such as the Canadian *Standard* Association's *Psychological

Health and Safety in the Workplace* (2013). This particular *Standard* focuses on

promoting mental health and accommodating mental illness in a variety of workplaces

and is structured in much the same way as the *Carer-Inclusive and Accommodating

Organizations Standard*. The Mental Health Commission of Canada studied the

implementation of this *Standard* across Canada over three years, from 2014-2017

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(Mental Health Commission of Canada, 2017). This implementation research identified that the resources of larger organizations allowed more formal policies and procedures, which may not be accessible to smaller organizations due to constraints on time and funding (Mental Health Commission of Canada, 2017). At the same time, small organizations were found to be generally more cognisant of the needs and struggles of individual employees because those in management build personal relationships with their employees (Mental Health Commission of Canada, 2017). Despite these differences due to employee size, there are barriers and opportunities that are common across employers of any size when implementing a *Standard*. These include: the commitment of organizational leadership; types of policies and procedures already in place; level of cultural awareness of the issue being addressed, and; access to other organizations that have worked or are currently working to implement the *Standard* for the sharing of ideas and resources (Mental Health Commission of Canada, 2017). While these two *Standard*s are different, they both are related to creating healthier and more inclusive workplaces; consequently, it is important to look at the successes and challenges of the *Psychological Health and Safety in the Workplace Standard* when promoting and developing employer supports for the *Carer-Inclusive and Accommodating Organizations Standard.*

Research from many fields, including: geography, nursing, medicine, gerontology, health and aging, and social work, have outlined examples of the types of accommodations that would be useful for carer-employees balancing paid employment and caregiving responsibilities. This body of literature – much of which is referenced throughout this paper -- was consulted when developing the *Standard,* informing

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decisions on what should be included. Some suggested guidelines include: assess the needs of the organization and workers; address and ensure confidentiality for workers; provide training to management; create awareness campaigns for management and workers; develop a 'carer culture'; offer accommodations, such as flexible work hours and locations, cell-phone use at work, providing leave from work; monitor and measure results of these policies and efforts, and; conduct an annual internal audit of these policies and efforts. This is not an exhaustive list, nor indeed is the *Standard* itself exhaustive, as it is important to consider the unique situation of each worker-carer. The *Standard* does, however, provide a base from which to start in the creation of a culture of care and inclusivity.

Methods

This analysis contributes to a larger study that was designed to the *Standard.* The particular project of concern herein provided an enhanced public review of the *Standard.* The purpose of the review was to ensure that the *Standard* met the hopes of a wide variety of stakeholders. It involved seeking feedback from stakeholders in various types of organizations after they had read the draft *Standard.* Ethics approval was obtained from the McMaster Research Ethics Board prior to recruitment of participants (Certificate Number 2016-139). Each participant was emailed a letter of information and consent form that they signed and returned via email reply. We also answered any questions they had at the beginning of the interview and obtained verbal consent for the recording of the conversation. The interview questions asked are noted in Figure 2.

Place Figure 2 here

Recruiting participants for this research was challenging due to the inaccessibility of contact information for senior executives (i.e. Directors and CEOs) and human resources professionals targeted organizations, as well as the very busy schedules these people often keep. The number of employees for each organization was mined via the internet. Each participant was asked to read the draft *Standard* prior to the interview. All but two interviews were conducted by telephone and audio recorded. Two of the interviews were conducted in person, with one of these declined to be recorded. Interviews ranged from 20 minutes to 45 minutes in length; the briefest interviews were with very busy participants who managed to shoehorn this research into their schedules because they felt it was important. These interviews focused more so on the potential impacts and challenges of the *Standard* as a whole, rather than discussing specific clauses of the document. Following the interviews, all interviews were transcribed and coded thematically using NVivo. The two co-authors met regularly to discuss the emerging themes of this paper.

The themes of this paper were developed while considering the relevance of organizational theory. Specifically, this research addresses the ideas of Cyert & March (1992) who suggested that organizations operate on multiple and sometimes conflicting values. When working to implement the *Standard*, employers may be dealing with the conflicting values of: making the most profit possible; being a healthy and/or compassionate place to work, and; adhering to human rights legislation, among others. Further, Connell's (2003) gender relations theory provides a backdrop to understand the gendered nature of caregiving, as it recognizes the hegemony of masculinity as

powerful in the determination of roles that are perceived as appropriate for individuals based on their gender. This is absolutely reflected in the world of caregiving. Within the Canadian context, the latest Statistics Canada figures suggest 46% of all carers are men, reflecting that men may be catching up to the female majority (Sinha, 2012). The quantity and quality of care provided differs by gender, as women caregivers spend as much as 50% more time providing personal care than men, who are more likely to carry out care management; this is essential to understanding the problem, as well as solutions (Institute on Aging, 2016). Williams et al. (2011) also found in their research on the implementation of the Compassionate Care Benefit that caregiving is a highly gendered activity, where men often do not feel competent or responsible for caring for their loved ones at end-of-life.

Findings

We were able to reach 76 individuals in these positions at a wide variety of organizations across Canada, many of whom expressed interest but were ultimately unable to fit participation in this research into their calendars. In total we interviewed 17 representatives from unions, non-profit organizations — including those working with the chronically ill, carers, and in human rights — government, academia, and major employers (Figure 3). These representatives were CEOs, VPs, and managers of human resources, and held other senior positions within their organizations. Those participants who work in academia are leading researchers in the areas of business, labour studies, healthcare, and human rights. The participants were mostly women (n=13), although we were able to recruit a few men (n=4). The size of the organization participants

represented is also noted in Figure 3 in order to give their responses more context (Statistics Canada, 2005).

Place Figure 3 here

Four themes were determined. The first theme recognizes that the *Standard* is necessary given the growing population of seniors needing care (1). The second theme focuses on the impact of employer size on potential uptake (2). The third theme revolves around the factors that may motivate employers to adopt the *Standard* (3). The fourth theme recognizes that although the *Standard* may not be implemented widely due to the barriers in doing so, it is still very useful as an educational tool for many organizations in a wide variety of sectors (4).

1. The Necessity of the Standard

The need for workplace support for caregivers is well documented. Williams et al. (2011) discussed at length the need for accommodations in workplaces to promote not only the health of the person receiving care but also the physical and mental health of the employee providing care to their loved one. Confirming this, nearly all of the participants in this research saw the *Standard* as something that was very necessary. The primary reason given for this is that it was seen as bringing attention to the issue within the workplace. As one participant in academia said:

"I think what's interesting is that of course it will put the issue on the agenda. It
gives ideas, solutions that can be used in different types of organizations. So, I
think that's really the positive aspect to - it gives firms and even organizations

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> *that work with caregivers, it gives them ideas of what they could eventually be*
>
> *doing or could eventually ask for. And in companies, I think that's the positive*
>
> *aspect." -- (Participant H)*

Another participant engaged in mental health advocacy, who was working at an organization that had implemented the aforementioned *Psychological Health and Safety Standard* said:

> "*Well, I like, I mean, the fact that there is, that it brings awareness to the family,*
>
> *to the caregiver need. I think that's something that we've tried to incorporate in*
>
> *our policies and our way of doing things. I think it's just, the visibility of it I think*
>
> *is an important piece." - (Participant D)*

Others talked about their own experiences as caregivers: *"But the other part is that I myself am a caregiver, supporter for my mother. So, I'm one of those that in terms of sort of a personal benefit to this approach, really believe in."* - (Participant J)

Even participants who did not think the *Standard* was perfect in its current iteration believed that this was an issue that needs addressing at an organizational level. They talked about changing Canadian demographics, with many participants citing the rapidly aging population as one of the reasons the *Standard* is so necessary. In 2012, Statistics Canada published a profile of caregivers in Canada, outlining the particular challenges carer-employees face. While this is an important issue right now, it will only grow in importance as the Baby Boomer generation ages and people delay having children (if they choose to have children), leading to a sandwich generation where workers are balancing

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their jobs with both child-rearing and caregiving for elderly parents (Sinha, 2012).
Another CEO participant recognize the future challenges given our changing
population demographics:

> *"Well, it's an issue that needs to be addressed because the aging*
> *population is doubling in the next fifteen years and we need to be ready to*
> *ensure that there are supports in the workplace for individuals that need to*
> *provide increasing demands for care." – (Participant J)*

Related to this is the issue of the type of society we wish to live. One of the participants
who leads a major union discussed the standard as an innovation that adds to the
cohesiveness of Canadian society:

> *"I think that this is a great movement by Canada after the other Standard*
> *that was developed on psychological health and safety in the workplace.*
> *I think Canada is leading the way on some of these innovative societal*
> *fabric evolutionary Standards and this is again a great example of that." -*
> *- (Participant G)*

The participants from human rights organizations were especially excited
about the development of the *Standard* and its possible implementation across
organizations:

> *"This Standard is a step in the right direction. It would be more valuable*
> *if it were a mandatory requirement but it's still a step. Caregiver rights*
> *are human rights and it's something that affects a lot of people so uh, it*
> *really needs to be addressed." -- (Participant P)*

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The Canadian Human Rights Commission has published *A Guide to Balancing Work and Caregiving Obligations* (2014), which outlines the responsibilities of both employers and employees. Specifically, they say that discrimination based on family status is not allowed under Canadian Law and that this includes caring not only for children, but for the ill and elderly.

Participants recognized pressing demographic situation which is only going to grow direr with time, noting the necessity of the *Standard*. That said, they were unsure that organizations were ready to implement the *Standard*, given the range of barriers to overcome, one being employer size.

2. Impact of Employer Size

Unlike large organizations, which likely have an HR Department, small and medium-sized organizations were perceived to be unlikely to implement the *Standard* given their concern about their ability to implement. They discussed this at length, with one researcher participant referring back to her own work around work/family issue and, in particular, a workshop with small business owners that was conducted as part of that work:

> *"In terms of time, yes, I mean, obviously, small organizations that don't have HR people, that's a big challenge for them. I was just recently in a meeting on work/family issues and we had a little workshop on that and a lot of people, yeah, from small/medium sized businesses and what they're saying is "Yeah, we don't necessarily know how to go about it". So probably what is needed, is um, kind of an accompaniment of*

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organizations and then the issue is where does that money come from?"

– (Participant E)

Another researcher (Participant I) involved in caregiver research was concerned about the language of the *Standard*, *"Well, I'm questioning if it's written in language that will be appealing to HR professionals who I think are the primary audience for this. At times I think it's a bit researcher and it doesn't talk about the importance."* She also talked about the barriers that small business owners may perceive, and how to overcome those barriers:

"Well, I think, again, for small employers, we know that many of them are operating at very slim profit margins in a competitive marketplace and see that they have the resources, the financial resources, for example, to cover employees on leave. And they may not appreciate that they can implement a number of these accommodations without having an HR department. So, I think that identifying the fact that small businesses do have more opportunity for flexibility and know their employees well could be helpful here. As well as any reference to a success among small businesses in implementing work-life initiatives." – (Participant I)

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The CEO of an organization dedicated to serving caregivers and care recipients looked at the *Standard* from the perspective of implementing it within her own organization, noting the necessary time investment:

> *"And I just don't know whether there's a simpler, when I read it I found it really overwhelming. It kind of assumes as you progress through that you probably have HR function and that you're, you know, an outcomes, output based organization and that you have metrics in place to be able to measure, if you follow it through in its entirety." – (Participant J)*

Yet another researcher (Participant F) commented on the struggles small businesses may face in attempting to implement this *Standard*, especially in light of the boom of small start-up companies that employ mostly younger people who are likely to engage in caregiving activities in the future:

> *"So, when I read this I can see organizations that are huge and have the resources and the manpower and the time, um, taking this up and implementing it. But at the same time, I'm thinking about like, other organizations, like small businesses or even start-ups which I think are relevant especially to young carers right now because a lot of people are moving to sort of those smaller start-up*

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> *companies and digital and things like that. So, for them who may*
>
> *not have the resources to actually implement something like this*
>
> *on a grand scale, I don't know how widely you know, adopted it*
>
> *would be."*

Participant B was concerned about the existing pressures on local small businesses and their ability to cope with yet another set of requirements for their business operations. At the same time, she said that she supports the initiative because it is important to the future of our population and their quality of life in and beyond the workplace.

While participants were concerned that smaller companies would not have the labor in place to implement the *Standard*, their worries about larger companies focused on the possibility that they may already have internal policies in place to address this issue. Many thought these larger companies' policies would likely be cobbled together from mandatory programs and initiatives to attract and retain employees. They were particularly concerned that due to these policies already being in place, employers may not see the need to even consider the *Standard*, despite the fact that it is more robust in its requirements than what the majority of workplaces are currently providing to carer-employees. One participant who works in human resources made the following observation:

> *"And particularly when you have the Employment Standards Act (ESA) in*
>
> *Ontario. You've gotten EL (Emergency Leave) days. You've got Family*

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Medical Leave of eight weeks. You've got Family Caregiver Leave up to eight weeks. You know, companies have, we have for example sick leave and paid time off that allows employees to care give; that counts, you don't have to be sick." – (Participant A)

Participant B specifically talked about the issue of overlap with existing policies at larger organizations, referring to the amount of work involved in assessing what they have already covered under the requirements of the *Standard*, and what more needs to be done. She discussed her own workplace, a municipal government, as an example of an organization that has already put policies in place for work-life balance that apply to carer-employees, but that they might be willing to pursue implementing the entire *Standard* if there was funding available in the form of grants, or employer awards attached to doing so.

Another participant who worked in human resources for a large company was concerned about how other particular groups of employees might view the implementation of this *Standard* as an opportunity to gain additional accommodations for their needs.

"And I also find, I also found it difficult in terms of like, there's the caregiver and then it's talking about the accommodation piece but I already have accommodation policies so I'm wondering why this is set apart from other, from the accommodation policy, and what would happen if I had other, let's say interest groups, saying "Well, if you're

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doing something special for caregivers, why aren't you doing something

special for this group, that group and the other group?" – (Participant K)

Certainly, the results suggest that small and medium organizations, and

particularly small employers, are less likely to implement the *Standard*, with

large organizations concerned with the issue of replicability.

3: Motivating Factors for Implementing the Standard

Although the participants each recognized the challenges and barriers to

implementing the *Standard* for organizations of various sizes and industries, all

but one of the participants were also able to identify factors that would motivate

employers to engage with the *Standard*. These motivators included, personnel

recruitment and retention, engendering an inclusive and compassionate

workplace, award and merit/tax-break opportunities. Participants also noted that

media campaigns and evidence of cost-effectiveness would be useful for uptake.

A participant involved in human resources said that the primary motivating factor

would be attracting and retaining 'good' talent:

"So, I think for companies who want to keep talent and keep people

productive and to be competitive, they're going to have to find a way to

incorporate this new challenge into their work, into their work

environment. So, I think in terms of, I think the end result is that if I

really want to keep my good people, I'm going to have to recognize

that this is a need and how can I best balance the need of the

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employer and the need of the employee so that we can work together."

– (Participant K)

One of our researcher participants addressed the issue of lack of awareness around worker-carer concerns and how initiatives such as awards for inclusive workplaces might help build a stronger culture of inclusivity and accommodation in other workplaces:

"Organizations are starting to be conscious about the parental dimension in terms of childcare and, you know, taking care of children, or work/family in relation to children. But they're not yet very, very conscious of the carers aspect. And also, the interviews that we have done here with carers, showed that these people hesitate to talk about it at all because of fear of impacts on their career. So, I think that makes it a little bit complex. But government support and maybe awards and media coverage would certainly help." – (Participant E)

Another researcher engaged in caregiver research talked about the importance of motivators like tax breaks, certifications, and awards:

"So, I think tax breaks are always an essential. I think that's something that organizations always look for. The other thing I thought of was certification or getting licensed, if you will, as being a carer-friendly organization. Because, you know, down the road as our population continues to age, I think whether organizations realize

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> *it now or not, they will have no choice but to be aware of the fact that*
>
> *caregivers are pervasive in our society and that they need support,*
>
> *so I think being able to demonstrate that you are a caregiver*
>
> *inclusive organization um, you know, might be something that*
>
> *motivates them." – (Participant I)*

Another issue that participants discussed was what was needed for employers to make a decision specific to uptake. A healthcare worker we interviewed said that promoting the *Standard* needed to focus on two factors that business owners take into consideration, money and compassion:

> *"I think sort of two sides. I think money always talks for workplaces. I*
>
> *think you know, putting some sort of a dollar amount of the*
>
> *absenteeism or the presenteeism and what that cost is to the*
>
> *organization um, and sort of looking at the cost benefit of a program*
>
> *like this I think could be really you know, interesting for an*
>
> *organization. I also think that sort of empathy, compassion, you know,*
>
> *doing the right thing for our teams for some sectors could be a big*
>
> *motivator." – (Participant C)*

The major union president we spoke to related the implementation goals for the *Standard* to her experiences with crafting union agreements with employers, and said that the key is to appeal to their sense of humanity. This would involve a general awareness campaign and representation of caregivers in media, if possible, to create a cultural shift:

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> *"…it's personal experience someone has had that they're able to relate to it. So, you have to find those allies in workplaces that have had personal experiences of dealing with as a caregiver. And I think at this stage with baby boomers we're in a, a really good generational .position. So, I don't think it would take long but I think the conversation needs to be more wide stream. And media needs to attach to it as well so that it becomes a normal conversation instead of "someone has something more than I do", the envy factor coming into play." – (Participant G)*

Overall, participants were not particularly enthusiastic about the likelihood of the *Standard* being implemented without these motivating factors being present. They recommended making certification and awards available, creating tax incentives and grants for implementation, as well as awareness campaigns about the growing issue of carer-employees and how to retain them in paid employment.

4. The Standard as an Educational Tool

Although participants recognized the *Standard* as necessary and well-timed, the vast majority did not predict that it would be implemented widely due to its voluntary nature. How strongly participants felt about this varied. Overwhelmingly, however, participants did see that it could be used as a valuable tool in education and may be used in parts, if not fully implemented. For example, a union representative was unsure of how quickly the *Standard* might be implemented and talked about the need for 'champions' and industry leaders to get the ball rolling:

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> *"I'm not quite sure if widely would be quite the right terminology to use. Eventually I think it will be adopted into expectations in society. I think initially you will need to have some innovative employers who will be looking at adopting this Standard and uh, and then it becomes sort of uh widely accepted practices."* – (Participant G)

She also said that the specific language of the *Standard* and the way it involves people from all levels of the organization was important to the adoption of the *Standard*:

> *"The template um, gives um, the validity of engaging all the stakeholders in the workplace so this is not a top-down driven that it takes into account the workers in the workplace who need to um, would benefit from taking um, adopting the Standard into the workplace. So, I really appreciate it highlighting um, the necessity of engaging the workers into the workplace and also that this is not a wellness issue, this is systemic. And um, so I appreciated that and also the recognition that the um, caregivers it's not just about giving them time off, they still need to earn a living and provide for their families so it's that economic recognition as well."* -- (Participant G)

One CEO of an organization did not believe that the *Standard* would be widely implemented, but did say that its availability would be recognized as a resource or reference tool.

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> *"Um, you know when I used to do corporate consulting, I would use these kinds of tools to inspire, to provide insight, to inform and even if they didn't apply or comply whether it was an award application … Standards, I would use it as an education tool. And so, a committee could go through the process and not necessarily and not necessarily commit, but they could use it as a way of framing their own priorities and objectives, to set aside their own metrics, and then at some point in the future if they do decide to apply they're in alignment .... it will be a good tool for planning or for guiding individuals that might not yet be ready to comply … used for building or for planning." – (Participant E)*

The use of the *Standard* as an educational tool by human resources professionals and business leaders is still a valuable outcome, though it is more difficult to track how organizations are engaging with the material. This is something to be addressed in future research projects after some time has passed, in order to determine how effective the *Standard* been in changing workplace culture and accommodations, even where it has used as a guiding document and not implemented, either fully or partially.

Given the fact that many employment sectors are gendered, the impact of gender may also be implicated in the uptake of the Standard. The difference in the impact of the *Standard* being dependent on gender became obvious to us even before we began interviews, in the recruitment stage. As we reached out to organizations involved in the caregiving field, it was apparent that the vast majority of them were women. In addition

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to this, the men we did contact were less likely to express interest in participating, if they responded to us at all.

At the interview stage, men were less likely than female participants to see the necessity of the *Standard* and more likely to pick apart the different clauses as the interview progressed. One male participant involved in human resources said:

> *"I question the need for such a Standard given all the other materials, laws, regulations, practices, processes that are out there. Um, and you know, maybe the ones that are weak in terms of processes and practices are small business organizations, particularly mom and pop's and those, the ones that are currently having issues following employment Standards and you see articles in the newspaper about that. But the larger organizations, 50+ or more, they have, we already have stuff in place." – (Participant A)*

This points to the gendered nature of caregiving as identified in previous research. Men are less likely to have engaged in caregiving activities in their own lives to the level that women have, and are consequently less directly aware of the impacts that maintaining that dual role has on quality of life and personal productivity.

Discussion

From the perspective of most of the stakeholders interviewed, the *Standard* is a timely and necessary step toward accommodating carer-employees in a rapidly changing demographic. However, they largely agreed that it will be difficult to make the case to employers who will see this as a mostly social and ethical issue rather than an economic one. In order to encourage implementation or even use of this *Standard* as an

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educational tool, we must appeal to the business case for supporting carer-employees. This includes highlighting, for example, how the *Standard* has the capacity to reduce absenteeism and presenteeism. How to accomplish this goal will vary depending on many factors, including sector, type of employee, level of unionization, and the gender composition of the workforce. Some sectors can offer greater flexibility than others (e.g. marketing vs emergency services). Many white-collar employees already enjoy more benefits and the ability to work flexible hours in flexible locations than blue-collar workers or service workers who must be at their workplace for specific shifts with limited breaks. As seen in these interviews, men are less likely to see the value of such accommodations and, consequently, male-dominated workplaces will need to be approached differently than female-dominated workplaces. Offering accommodations to carer-employees will likely increase the number of men engaging in caring responsibilities. Such accommodations will preserve men's status in the workplace, and allow women to continue in paid employment -- reducing the gender wage gap and keeping more women in the workforce.

Despite the challenges faced by organizations of all sizes in implementing the *Carer-Inclusive and Accommodating Organizations Standard*, it is a useful vehicle for ensuring that workplaces are making measurable efforts to adhere to human rights legislation in Canada. The requirement to not discriminate based on 'family status' was established in 2010:

> *"In the absence of such incentives, the Canadian Human Rights Tribunal*
> *in 2010 ruled in favour of an employee who was discriminated against*
> *due to her 'family status' and parental responsibilities. While the ruling*

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> *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
> 2010).

At the same time, we must consider the rights and responsibilities of the employer as they pertain to 'undue hardship', which is defined as "*If the financial costs of the accommodation would be so high that it would alter the essential nature of the organization or significantly affect the viability of the enterprise."* (Public Service Alliance of Canada, 2013). It is difficult to balance these competing interests, especially when it comes to small businesses, which can rightfully claim undue hardship for much smaller accommodations, though larger organizations have also successfully claimed undue hardship when dealing with accommodations such as extended paid leave. Thus, it is important for workplaces adopting the *Standard* to customize their policies to fit their unique organization and employees profile to ensure that the needs of both are considered.

    While the *Standard* is currently entirely voluntary for organizations to implement, it presents a solid foundation for new legislation to be created to support carer-employees. This will not necessarily involve enforcing specific accommodations, but could include some of the motivating factors detailed in the third theme of this paper, such as tax incentives or government grant

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funding. These motivating factors – and others, such as awards and awareness campaigns – will need to be tailored to organizations depending on their size. As our participants identified, small organizations will be more likely to face the barrier of lack of resources and, consequently, financial incentives to participate may be helpful. Large organizations might be in a position of needing to update and expand their existing policies to attract and retain talented employees. Organizations of all sizes could be targeted with awareness campaigns that explain the rights of employees, responsibilities of employers, and the availability of assistance in policy creation through initiatives such as the *Standard* and its accompanying implementation guide. How to accomplish this goal will vary depending on many factors, including sector, type of employee, level of unionization, and the gender composition of the workforce. Some sectors can offer greater flexibility than others (e.g. marketing vs emergency services). Many white-collar employees already enjoy more benefits and the ability to work flexible hours in flexible locations than blue-collar workers or service workers who must be at their workplace for specific shifts with limited breaks. As seen in these interviews, men are less likely to see the value of such accommodations and as such, male-dominated workplaces will need to be approached differently than female-dominated workplaces. Ultimately, while organizations may see this as an optional, add-on responsibility, it is soon going to be necessary given the growing number of carer-employees given our rapidly aging population.

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Conclusion and Implications

The *Standard* is an important step toward keeping our aging workforce in paid employment while allowing them to also maintain their caring role for loved ones. We found through interviews with participants that organizations may be motivated to implement the *Standard* and/or use it as an educational tool in exchange for various incentives. Future research directions include: the need to study of how the *Standard* is being used by organizations; what motivates them to implement or use the *Standard* as an educational tool, and; how the *Standard* acts as an intervention in the face of caring being seen as a 'women's issue'. Internationalizing the *Standard* via the International Standards Organization will make the *Standard* available to workplaces globally.

We need to change the culture of our workplaces to incorporate caregiver inclusive practices both at leadership levels in formal policy and at the level of the day-to-day interactions between co-workers. The former will be easier in large organizations which have the resources to manage their changing workforce through leaves and financial supports/benefits. The latter will come faster in small organizations where the leadership is invested in the personal well-being of their employees beyond their productivity at work. Developing strategies specific to organizational size for implementation of the *Standard* will likely increase uptake and result in greater support of carer-employees across Canada. More research focused on the actual implementation of the *Standard*, featuring case studies from organizations representing various sizes and sectors, would be helpful for the scaling up of the Standard in Canada and elsewhere across the globe.

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Figures

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- Assess the needs of the organization and workers.

- Address and ensure confidentiality for workers.

- Provide training to management.

- Create awareness campaigns for management and workers.

- Develop a 'carer culture'.

- Offer accommodations such as:

    ○ Flexible work hours and locations.

    ○ Cell-phone use at work.

    ○ Providing leave from work.

- Monitor and measure results of these policies and efforts.

- Conduct an annual internal audit of these policies and efforts.

Figure 1

1. What motivated you to provide comments in the Public Review

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process?

2. Did you make edits to the online version of the *Standard*?

3. What do you find worthwhile about the *Standard*?

    a. *What do you like about the Standard?*

4. What do you feel are weaknesses of the *Standard*?

5. Do you see the *Standard* being implemented widely? Why or why not?

6. What do you feel are the challenges for workplaces to implement such

    a *Standard*?

    a. *Time? Resources? Leadership? Readiness?*

7. What do you think would motivate workplaces to implement the

    Standard?

    a. *i.e. insurance breaks, government interest, retention and*

        recruitment, awards

8. What key organizations in the labour force do you feel would be

    beneficial to target for the dissemination of the *Standard*?

9. How does the mandate of your organization align with the *Standard*?

10. Is there anything else you wish to add or comment on?

Figure 2

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Identifier	Gender	Sector	Organization Size	Role
A	Man	Human Resources	Small	Consultant
B	Woman	Municipal Government	Large	Human Resources
C	Woman	Healthcare	Large	Nurse
D	Man	Healthcare	Medium	Human Resources
E	Woman	Academia	Medium	Researcher
F	Woman	Academia	Large	Researcher
G	Woman	Union	Large	President
H	Woman	Academia	Large	Researcher
I	Woman	Academia	Large	Researcher
J	Woman	Caregivers Organization	Small	CEO
K	Man	Financial Industry	Large	Human Resources

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L	Woman	Immigrant Help Centre	Small	CEO
M	Woman	Information Technology	Large	Human Resources
N	Woman	Food Manufacturing	Large	Human Resources
O	Woman	Human Rights	Medium	Senior Policy Advisor
P	Man	Human Rights	Medium	Discrimination Prevention Officer
Q	Woman	Human Rights	Medium	Discrimination Prevention Officer

Figure 3

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Figure Legends

1. Highlights of the *Carer-Inclusive and Accommodating Organizations Standard.*

2. Interview Guide

3. Demographics of interview participants.