

April 27, 2020 Meeting - Key Highlights

Prepared By: Tushar Sood (Undergraduate RA)

General

- New partners are coming on board, such as Pallium Canada on project four
- Training opportunities and successes:
 - Eva Jewell has transitioned from post-doctoral fellow to co-investigator, allowing for more trainee supervision
 - New PhD students are contributing to the PG with new studies, like Project 8
- The PG's project timeline now consists of eight total projects
- PG funding is key for this project (35% in cash or in-kind)
- Growing focus on knowledge translation and mobilization, including to organizations and home care associations, to support double-duty carers among others:
 - Quick-Study guide is in the works; many graphics have already been done but now Carers Canada and CHCA are going to take the lead on finishing it
 - There are tools and curriculum on the PG website, ghw.mcmaster.ca, including checklists adapted from the Standard
 - There is an opportunity to translate these tools into French as we have with our other messages
 - Social media focus on Twitter, LinkedIn, and Facebook is starting to grow
 - Sent out messages to all partners and project teams about disseminating the Standard in the context of COVID-19, including both English/French translations and a greater focus on the business case (as supported by conducted research)

Project 1

- ISO TC 314 Working Group 3 (Allison Williams – Convenor, Jeanne Bank – Secretary)
- Working on track with the ISO project schedule, publication slated for Jan 2022
- 26 committee members from around the world, two liaison organizations, eight document monitors; this working group membership is growing including an invitation to the International Association of Carer Organizations (IACO)
- Canadian champions task group members include the Canadian Centre for Occupational Health and Safety (CCOHS) and Vanier Institute of the Family
- Knowledge Mobilization – two conferences (International Medical Geography Symposium, Canadian Association of Geographers Ontario Division Meeting) and one co-authored book chapter (submitted)

Project 2

- Year One
 - Knowledge audit and production, especially a baseline knowledge assessment to identify HR managers' perceptions and explore the presence and usage of HR support policies at their organization
 - Carers Canada + CHCA created educational briefs for dissemination
- Year Two
 - Builds on year one, specifically through knowledge dissemination
 - Includes building a user-friendly info webpage on carerscanada.ca (1200 avg. monthly visits with a 7.8% click-through rate, 3.7x above target)
- Campaign impact targets exceeded, communication and awareness growing, often reaching national health HR professionals
- Facilitating virtual awareness and engagement, especially on high-impact days like National Caregiver Day; this supports the further spread and scale of the Standard
- Support from the CCOHS, CHPCA, and Vanier Institute of the Family
- KM strategy going forward: use digital communication/outreach to maximize awareness + uptake of the Standard through knowledge adaptation, production, and dissemination
- Digital and trifold versions of the Standard for dissemination, alongside Quick Study guide – tools have potential to be translated to French
- Internationalization of B701 Carer-inclusive and accommodating organizations (CSA)
 - Partnership progress and timelines are on track
 - Working groups have been established
 - Total downloads till date (likely due to marketing campaign):
 - 57 English standard, 51 English guide, 4 French standard, 5 French guide, 49 packages of both standard/guide together)
 - More info regarding the marketing campaign coming soon
 - Stakeholders transcend job functions, provinces, and industries
 - Member composition of WG3 is very international (31 members so far)
 - Discussions on appropriate terminology also underway (like proches-aidants)

Project 3

- Why Canadian companies want to support carer-employees and barriers to policy implementation
- Used the Delphi study approach and Lewin's force field analysis
- Recruited HR executives from both the private and public sector to conduct a series of interviews
- Few organizations have policies specific to balancing work and caregiving, but many are considering it; some are part of existing programs

- The vast majority of programs offered include flexible hours, work from home, etc.; not standard but 70% had something
- Many only have legislated leave or only personal days, some have additional top ups; EAPs are popular
- Delphi round one - identified factors that encourage change and those that act as barriers to change (26 forces for change, 33 barriers against)
- Delphi round two – questionnaire to determine the extent to which each force or barrier would drive/inhibit change; spread of private/public/NFP sector
- Delphi round three – after identifying these changes, do you agree?
- Drivers of change vary by industry sector, but “support for eldercare is consistent with our company’s focus on employee well-being” was a top driver; maintaining competitive edge, recruitment/retention, etc. are other drivers (private sector doesn’t care much about the Standard)
- Barriers to change are mostly about the business case not being made – was surprising; barriers vary more by sector than drivers
- Drivers are value-based, for competitive reasons, and demographic imperative; we need to make a business, not necessarily moral, case for change
- Barriers are because eldercare support isn’t seen as a priority; most only see costs with not addressing
- Follow-up after Delphi rounds, about reducing barriers within each sector (not yet finished); will be presenting data/disseminating in work and family conferences
- We need to address each sector different (barriers may outweigh drivers in force-field diagrams), potentially look at Quebec’s unique context (with Tremblay’s work suggesting telework is appreciated in this province)
- A lot of employees/employers want to head back into the office; we need to adapt research accordingly
- A lot of employers only want to help those that they want to retain/recruit
- Gender came up in the sense that “we have women, so we need to consider this” and vice versa; a lot of this is manager dependent, unfortunately
- Employees want a compressed workweek for eldercare, employers are providing flexitime/flex-work instead

Project 4

- Regina focused more on methodological overview, changed proposal due to COVID-19; partners: Habanero Consulting, Pallium Canada
- Evaluating Standard and how It can be used in the workplace (identify, develop, implement, assess, determine feasibility/how worthwhile it is)

- Mixed-methods study design – quantitative (like sociodemographic variables), qualitative, and economic evaluation approaches for the pre-post test
- Timeline – over one year for longitudinal results, ideally done by Dec 2020 (but now only 8-10 months of recruitment, not 12)
- Completed ethics approval, soft recruitment, and established partnerships; comprehensive exams are done
- Compassionate workplace campaign (Pallium) – resources for workplaces that they're supposed to roll out for culture change
- Intervention tools are being developed (QuickStart guide, checklist tools for employers and unions and employees, and campaign)
- COVID-19 – interested workplaces have declined or communication has slowed, timeline pushed back, study now more on impact of pandemic on employers' perception of workplace accommodations/supports, and changes to the carer-employee experience from the perspective of the carer-employee)

Project 5

- Original timeline by year: 1 - ethics approval/advisory committee, 2- indigenous carer-employees, 3 - visible minority carer-employees (moved up one year), 4 - European immigrant carer-employees, 5 - KT/dissemination
- Progress – collected data from Visible Minorities (VM) (18 interviews, male + female), Indigenous (4 interviewed)
- VM have broad range of backgrounds but expressed similar sentiments:
 - Caregiving is often an obligation/burden in many collectivist cultures
 - Gender was not necessarily a determinant of caregiving but women tended to provide more moral support whereas men provided more monetary support
 - Guilt and a feeling of being sheltered by overseas family (i.e. through money being sent from abroad); participants had feelings of helplessness
 - Immigration status changed their perceptions on workplace rights; refugees and many new immigrants thought of income as more important and were grateful to be here, so they were reluctant to request accommodations due to potential impacts on job security
 - Caregiving was seen as a personal/private duty without an employer-role, thus many didn't bring it up and the employer did not force them to choose between caregiving and employment
 - Few participants were aware of workplace policies, despite interest
- Significance of arts-based object; cultural sensitivity of the workplace Standard (including language barriers)

- Recommendations (VM) – flexible working schedules for time difference, lighter workload for challenges/emergencies, overtime for extra income, extended vacation or allocating travel days
- Trainee development (MSW, BSW, internationally trained professionals)
- Next steps: finishing VM transnational carer-employees data collection, greater Indigenous focus, literature review, European immigrant studies

Project 6

- Timeline – mid 2020 mostly involves data analysis and writing and partnerships have largely already been built; should be presented by Summer 2021
- Theories and methods – literature review, focus groups/sharing circles, methodologies with Indigenous, feminist, and ecological epistemologies, data analysis
- Goal of exploring caregiving from an Indigenous perspective (specifically Fort Erie)
- Data collection 2019 – two focus groups, identified key themes (gendered nature of caregiving, work-care balance, nuances between different Indigenous cultures, moral responsibilities)
- Next steps – group data (virtual) analysis, writing up results and methodologies, share results with FENFC and get feedback, present 1-2 conference papers by Summer 2021
- Carer-worker is more dynamic of a term than caregiver-employee (some use carer-employees); carer-employee might be stronger to connect to the paid labour force; in the Standard as well

Project 7

- Discussions with Quebec organizations + dissemination
- June meetings, but now moved to later in the year
- 120 respondents as preliminary responses
- Conferences are planned but now moved (both languages)
- 90% offer some sort of option, 20% have caregiver-specific, 80% gave financial support, 50% offer as a favour not as an organizational strategy, 25% have discussion with them; often not a top priority, but on the radar; 30% have increased caregiver demand within employees within the last twelve months (often discussed in context of labour shortage)
- Employers are hesitant to “set a precedent” of accommodations; some perceive a decrease in productivity with telework; some think it’s not a huge issue because many employees don’t bring this issue to light within their own organizations

Project 8

- Unique needs due to non-traditional caregiving group

- i.e. 2SLGBTQ+ carer-employees are not very gendered; more likely to provide care (40+%) to non-biological relations which excludes them from many laws; cultural-competency and community experiences vs. access to caregiving help; many aren't out in the workplace and there is reluctance to support those (that would give it up)
- Community-level and workplace-level barriers
- Timeline. Early 2021 – focus groups and pre-intervention surveys, late 2021 – work with employers/HR, most of 2022 – monitor implementation, end of 2022 – post-intervention surveys; 2023 – data analysis, dissertation writing, KT activities
- KT – labour union partnerships (more likely to be in unionized public sector), a lot of LGBT rights come from collective bargaining/labour movements
- A lot of LGBT older adults are traumatized by institutions, likely to be cared for by slightly younger LGBT adults who've also long been vulnerable in the workforce

Trainee Network

- Led by Regina Ding
- Foster collaborations, knowledge, and opportunities between undergrad/grad students and early career researchers
- Way for trainees on the PG to connect and provide support/guidance through both formal and informal avenues, to work around existing power dynamics
- Potentially through email lists, LinkedIn groups, and Twitter groups

Knowledge Mobilization

- Downloads of the standard and implementation guide were low from the CSA website, so a knowledge mobilization campaign was conducted a few months ago with partners at the Canadian Centre for Occupational Health and Safety (CCOHS), Canadian Hospice and Palliative Care Association (CHPCA), and Vanier Institute of the Family
- Millions of impressions with our paid advertising, with tens of thousands of clicks and engagements (via Twitter, LinkedIn, and FB)
- Overall, we noticed that the standard was more disseminated when we worked closely with our partners. So, we are hoping more of you are interested in helping us disseminate the standard and implementation guide.
- The website can be accessed at ghw.mcmaster.ca and is also a platform for all partners; a Google Form was sent out so that if they want to submit something to upload onto our website and/or our social media platforms, they can request this through this form
- This website is regularly updated and also has a newsletters tab under Stream B (ideally 2-3 per year); last page of recent newsletter has info as to how you can all be a part of our knowledge mobilization campaign, specifically through social media

- Hashtags will be updated from #workercarer to #careremployee and #CarerStandard in accordance with partners
- We have uploaded a bunch of material for use here, but most recently we have uploaded some PG tools (total of four checklists for employees, employers, and unions)
- Free, accessible downloads (including the Quick Study guide) will be key moving forward