

Elder Care as a Policy Priority: Lessons from Around the World

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KEYWORDS: Elder Care; Social Policy; Human Resources

Abstract

By 2030, one in five Americans, or 71 million, will be over 65. As population ages, more demand is placed on caring for the elderly. Unfortunately, the number of caregivers continues to shrink. According to a National Family Caregiver Association survey, in 1997 there were 11 caregivers for each care recipient, but by 2050 that ratio will shrink to four to one.

Corporations will not help. With rare exceptions, the profit motive precludes a social agenda. Indeed, corporations often aggravate matters. People are tools. Use them up, and discard. Consequently, caregiving will fall mainly on the younger people, of which there are fewer numbers.

This paper focuses on the caregiving demand placed on society and family. In this paper, we are chiefly concerned with social policy recommendations to deal with the high level of pressure placed upon informal providers of elder care.

We investigate the topic of elder care by first establishing the significance of the problem. The paper provides an examination of how this problem is addressed in several countries, mostly at the governmental level. This forms the basis of our discussion of social (and enterprise) policy implications in particular for the United States. We recommend a focus on flexible work scheduling

as a viable means to help alleviate the problem. In particular we propose an approach of voluntary compliance to encourage wider acceptance by corporations. Suggestions to promote implementation are offered.

Introduction

Currently 36 million Americans are over the age of 65 (USA Today, December 11, 2005). This is expected to rise to 71 million by 2030, or 20% of the population (Morbidity and Mortality, Feb 14, 2003). Twelve million elders will require care by 2020 (National Council on Aging, 2009). Also by 2025, there will be more people over 65 than in their teens and more people over 85 than under 5 (Lamm & Lamm 2002). The social problem of a rapidly ageing population is not limited to the United States, but affects most of the world. By 2004, 13% of Australians were 65 and older, roughly the same proportion as in the United States (Australian Government, 2006). A similar percentage of Canadians are 65 and older as of 2006 (Statistics Canada, 2006). In 2007, 27.5 million Japanese were age 65 or older, representing 21.5% of the country's population (Statistics Japan, 2009). In Sweden, almost 24% of its population will be 65 and older by 2010 (Ministry of Health and Social Affairs, Sweden, 2005).

Several factors exacerbate the elder care problem. First, our society will experience a decrease in the ratio of caregivers to elders. In 1990 there were 11 potential caregivers for each person needing care. In 2050 that ratio will be 4 to 1 (Chronic Care in America, 1999). By 2010 fifty percent of the workforce will have to care for an elder relative (Brown 2005). Second, people live longer than before. The life expectancy for women is 82 years and for men 77 years by 2020 (U.S. Bureau of Census 2008). This translates into a higher duration of long term care need. Currently, the average duration of elder caregiving is eight years, with roughly a third of caregivers having to provide the care for ten years or more (Brink, 2004). Third, people have children later than before. There is likely a 30-year age difference between the parent and child. Fourth, the geographical distance between parent and children is increasing – as many as 23% live beyond 1,000 km of their parents (Brink 2004). Immigration of boomers make the distance even more pronounced, as caregivers may have their ageing parents living on a different continent.

Fifth, in the past decade, the United States has experienced an increase in the number of dual career families, as more and more women enter the workforce. Employees who juggle the demands of caring for old parents and for children are called “the sandwich generation”. Indeed, a survey finds that 40% of people caring for parents and grandparents had child-care responsibilities as well (Labour Project for Working Families, 2002).

Sixth, caregivers, who belong mostly to generations X and Y, tend to have different needs and goals regarding employment. In particular, generation Y is more interested in work-life balance programs. A study found that more than 25% of workers said that a work/family balance was more important to them than competitive wages or job security (Families and Work Institute, 2002a).

Seventh, the fact that seniors are living longer means more competition for the limited supply of formal care that is available, as well as heavier reliance on informal care (Brink, 2004). According to a study by the U.S. General Accounting Office (1994), 80% of long term care is provided in an informal way, by family and friends. The value of the services family caregivers provide for "free" is estimated to be \$257 billion a year, as opposed to \$32 billion a year for home health care and \$83 billion for nursing-home care (Office of the Actuary, cited in National Council on Aging 2009).

Finally, a more recent factor is related to the increasing number of layoffs, mergers, acquisitions, downsizings and rightsizings that are happening due to the current global financial crisis. The U.S economy lost 1.9 million jobs in 2008, with the 533,900 jobs lost in November representing the largest monthly job loss in 34 years; almost 600,000 jobs were lost in January 2009

(Bureau of Labour Statistics News, 2009). The downsizing phenomenon associated with the global crisis has two major implications for elder care. The negative effect on caregivers who lost their jobs is obvious. However, caregivers who keep their jobs are also victims, as they experience a “layoff survivor syndrome,” which manifests through guilt, anxiety, fear, and stress related to work overload. The symptoms of this syndrome compound the stress associated with caring for an elder relative.

The factors described above imply that a tremendous amount of stress is placed on caregivers who also work outside of home. There is a substantial body of evidence supporting the “spillover hypothesis”, developed by Rosabeth Kanter, according to which family matters spill over into an employee’s work environment (Kanter 1977). In other words, the burden associated with caring for children and parents poses emotional and physical strains on employees and interferes with their motivation and productivity. As a result of this role conflict, employees experience stress, a reduction in the work-family satisfaction and can lead to burnout.

Indeed, a recent study reported that 44% of Canadians say their work has a negative impact on their families. And for those who have to care not only for the elderly, but also for their own children (the so-called sandwich generation), 70% reported very or somewhat stressed about their work-life balance. Indeed, only 27% of people are convinced that work-family balance is even achievable. (Canwest News, 2009).

Gillen and Chung (2005) reported that elder care is strongly correlated with depression. Another study found that almost three-quarters of caregivers indicated that caregiving had a negative impact on their health, with more than 20% reporting significant health problems (Brink, 2004). In particular, caregivers who care for a person with Alzheimer’s disease experience additional stress. Moreover, caregivers who live more than an hour away from elder parents or other relatives experience stress associated with the additional time constraints posed by traveling to the elder’s residence (Brown 2005). As a result, caregivers may themselves use the health system more because of health problems related to their caregiving.

Not only is mental and physical health a problem, there are also financial concerns that affect elder care givers. For example, research showed that 17% of caregiving employees actually turned down promotion offers, and 25% refused transfers as a result of family responsibilities (MacBride-King, 1999). A 2000 survey conducted by the National Family Caregiver Association (NFCA) found that caregiving affected employment in many ways. For example, (a) 84% of caregivers made personal phone calls during work, (b) 69% arrived late or left early, (c) 67% took time off during the workday, (d) 20% turned down special projects or work-related travel, (e) 40% say that caregiving affected their opportunity to advance, (f) 29% passed up a promotion, (g) 25% passed up a relocation, and (h) 22% were not able to acquire new job skills (NFCA, 2000).

There is also evidence of gender imbalance in elder care, as the burden of caring for elder relatives is borne by women, i.e., the daughters, daughters-in-law, stepdaughters, granddaughters, nieces and sisters-in-law of the people they care for. In fact, elder care was cited as an important reason why talented women drop out of promising careers (Hewlett and Luce 2006). This imbalance has historical roots in the traditional division of male-female roles in the American society (Connell 2005).

Caring for an older relative may contribute to a deterioration of relationships with other people in caregivers’ lives. A Genesis Eldercare study found that 65% of caregivers reported that caring for an elder relative has affected their relationships with siblings negatively, while 61% reported a negative impact upon relationship with the significant other (Genesis Eldercare 1999).¹

Given the tremendous economic, social and health impact associated with elder care, it is imperative to focus on initiatives that could alleviate this impact. Our paper has two main objectives. First, it takes a comparative view of the social policies of several developed countries,

such as, the U.K., Spain, Sweden, Luxembourg, Norway, Austria, Japan, New Zealand and the Netherlands. Second, based on lessons from the experience of these countries, it provides recommendations to the policy makers and the business community in the United States.

The next section describes initiatives implemented in other developed countries. The last section discusses recommendations for U.S. policymakers.

What's Happening Around the World

As described above, elder care and its impact on informal caregivers is a global phenomenon. In the United States, the Council of Governors' Policy Advisors conducted a study to see how much preparation and planning was under way at the state level for the ageing of the baby boom generation. In all of these areas except health care, state policy makers and administrators reported that only 10-15 percent of the states had programmes targeted to ageing populations (OECD, 1997). While most countries, such as the United States and Canada, do not yet have comprehensive social policies that specifically address the problem, several countries have either implemented legislation or are moving tangibly in that direction. In some cases, the efforts are part of a holistic campaign to foster work-life balance (or whatever parlance is deemed desirable). In these instances, elder care concerns form a part of the overarching goal to bring about some equilibrium between the demands of one's personal and professional lives. As the New Zealand Department of Labour notes on its website, "work-life balance is about effectively managing the juggling act between paid work and the other activities that are important to people." Countries such as the UK, Australia, and New Zealand, explicitly endorse work-life balance as a policy goal. These countries have embarked on extensive promotional and educational campaigns to induce employers to voluntarily (and in some cases through legislation) implement and comply with work-life balance programs. Where such programs directly pertain to elder care, some kind of flexible work scheduling is normally called for. These countries approach work-life balance using a "soft sale" angle, and various efforts are expended to help employers develop and implement the relevant program initiatives.

Other countries do not necessarily take such a "soft sale" approach, nor do they look at work-life balance in the same comprehensive manner. Instead, the focus may be on piecemeal legislation that seeks to bring about a particular objective. For example, the Netherlands introduced a law specifically to deal with work hour reduction. In the present context, many such policy initiatives emphasize not so much the general idea of work-life balance, but of particular relevance to our topic, they directly address concerns resulting from caregiving.

We feel that some combination of voluntary compliance/implementation and legislation would be the most effective way to bring help to caregivers. Given the less socialistic inclinations of the United States, it is important that elder care policies not be seen as merely another "Big Brother is Watching" kind of project. To some extent, it is arguable that unlike in more socialistic countries such as Sweden or even the UK, elder care programs will remain ineffective and underutilized unless corporations embrace them as a matter of self-interest. In view of this, we believe important lessons from the UK experience can be applicable in the US context. That is why the UK features so prominently in our discussion below.

We should note that while it is useful to look at policies at the national government level, it may also be beneficial to examine policies and programs that may have been implemented at lower levels of government. Particularly in the case of countries with a federal form of government, such as the United States, states may have implemented policies ahead of the national government (as in the case of California's law mandating partial pay for leave, see below).

In Europe

In 2000, the UK government allocated £10.5 million to a “Work-Life Balance Challenge Fund” to help and support employers to develop innovative work-life balance employment practices. The flexibility “soft touch” legislation is a direct result of this campaign (Department of Trade and Industry, UK, 2006a). The “Soft touch” law in the UK enacted in 2003, focused on parents with disabled (under 18) or young children (under 6). It permits the employee to request for change in work schedule (e.g., start and finish time, change to part time, etc), but does not require the employer to agree. Employers in the UK are supportive. As reported by Kornbluh (2005), out of all the requests for flexible time, 86% were either fully (77%) or partially (9%) granted.

The “Work and Families Act of 2006” extends this right to request flexible work schedule to carers of adults by April 2007 (Department of Trade and Industry, UK, 2006b). Under the provisions of this law, it is unlawful for an employer to fire an employee as a result of (1) a request being made; (2) a request was granted; or (3) the employee complains to a tribunal when request is denied. British employees can also take some leave of absence (paid or unpaid, as decided by the employer) under two programs: Carers Leave and Compassionate Leave (Sundström et al., 2008).

No similar law exists in the US, at both the state and federal levels, with the exception of California’s 2004 law that requires companies to give employees 55 percent of weekly pay, up to \$840, for up to six weeks, if the employee has to look after a seriously ill parent, spouse, or child (US News & World Report, Nov 19, 2006). In most other American states, flexibility is extended by employers, usually towards higher income employees (Levin-Epstein, 2005).

The UK offers direct help to elders, through Home Help services, which offer different degrees of help, from household chores, to personal care to medical assistance. However, only about 5% of people aged 65 years or older use them.

The Scandinavian countries follow a welfare state policy of elder care, which locates responsibility for elder care largely with the state and local governments. They fund long term care from general taxation. Sweden pursued the Adel reform in 1992, which devolved responsibility for all long term care and related services to the municipalities. Previously, such responsibilities have been divided between municipalities and counties. However, given the tremendous pressure on the social budget, recently, the Swedish government has tightened means-testing, meaning that care is offered now more based on the means of the agency providing it than in the past. In the past, most of the population that needed long term care received it (OECD 2005).

In comparison with the U.K., an increasing number of elderly persons take advantage of Home Help services. Denmark and Iceland provide help to as many as 15-20% of people aged 65 or older (Sundström et al. 2008). The cost of Home Help services differs from country to country. Fees are proportional to income in most Nordic countries, with the exception of Denmark, where services are free. Most users (80-90%) in Nordic countries are elders who live alone.

In Finland, care for the elderly is largely publicly funded and managed at the municipal level. The central government establishes broad guidelines but leaves operational matters to the municipal units. This applies to both health and non-health related issues, though the latter is sometimes provided by organizations contracted by municipal governments to provide such care. A major emphasis is placed on independence, and Finland reported 93% of those above 65 living in private accommodation and requiring little in the way of additional help. In 1996, for example, only 7.5% of this group received regular home services. Cost issues compelled the government to start looking at cost-cutting measures, including extending the retirement age, cutting back on benefits and so on (OECD, 2001). However, the Finnish government recently institutionalized a program that reimburses caregivers from 300 to 600 euros per month and provides social security and insurance to caregivers. This program is administered by municipalities which can be reimbursed for up to 33% of their expenses from the state (Sundström et al., 2008).

In terms of flexible scheduling arrangements, Sweden is currently developing legislation that will give workers more influence over the scheduling of their work. A government-appointed committee was set up in 2000 to examine the entire system of legislation on working time and to propose reforms. The committee issued its report in 2002, which included proposals to give workers more influence over their own work schedules to suit their individual needs. The committee also recommended that workers receive an additional five days of leave per year. These proposals have yet to be developed and implemented by the government, however (EIRO, 2002).

Denmark, Norway and Sweden give direct help to caregivers, both in terms of financial compensation and by allowing them the right to take paid time off to care for an elder relative. Swedish employees can take up to one month, paid, per family member that they care for. At the same time, no care leave is allowed in Finland (Sundström et al., 2008).

In Germany, government passed the “Part-Time and Fixed Term Employment Law of 2000,” which is more inclusive than the corresponding UK law. Employers are required to allow workers to reduce their hours until there are extraordinary circumstances (Kornbluh, 2005). In Germany, there is a legal obligation for adult children to care for their elder parents, while the state has a supplementary role.

Germany provides little direct support to elderly persons, and more support directly to caregivers through a care insurance scheme, funded through a combination of public and private schemes, introduced in 1995. The public scheme is funded through health insurance funds and the private scheme is funded by private insurers according to federal regulations. The private scheme covers less than 10 million people, while the public scheme covers more than 70 million people. The public scheme is funded through a 1.7% tax on gross income of both retired and working age people. Half of the contribution is paid by the employer and the other half by the employee. By contrast, the private insurance scheme does not tax everyone the same. Tax rates are age related. The policy had the objective of keeping people out of social assistance budgets. The government also intended to keep people in their own homes while receiving care (OECD 2005).

Moreover, in Germany, many caregivers are financially compensated for taking care of an elder relative. The German government gives a choice to caregivers, either to receive cash or services, with most people opting for cash (Sundström et al., 2008). Elderly people also have a choice between receiving cash or have services delivered to them.

The Austrian government has reformed its long term care policy by introducing a tax funded system of long term care allowances in 1993. The system evaluates long term care recipients according to a point system, which establishes the number of care hours and the kind of care they need. The government has also pledged to support more home-based care services (OECD 2005). Austria also has a care insurance policy, which covers about 15% of the population. Austrian caregivers can take one week per year, although at low levels of pay, to care for an elder relative. Like Germany, Austria also offers direct financial help to caregivers. However, while the German caregivers can choose between receiving cash or services, in Austria, they have no choice, as they can only receive cash (Sundström et al. 2008).

Like Germany and Austria, the Netherlands also offers care insurance, which uses needs assessment to determine the level of care and the necessary services. Buyers of insurance have the freedom to decide upon providers of care. However, only a few people buy long term care insurance (Sundström et al., 2008).

In the Netherlands, like in the Scandinavian countries, there is an emphasis on independent living. Older people in the Netherlands strive to live independently from their adult children. Therefore, government gives particular attention to sheltered housing projects, where the elderly can live near a care-home or service center and “purchase” care on an as-needed basis. This policy has been traditionally emphasized in order to preserve the elders’ financial and physical independence

(Egdom 1997). To keep elders out of the state system and in their own homes, the Dutch government provides freedom of choice to dependent seniors: instead of giving them the usual “spot” in a nursing home, to which they would be otherwise entitled to, the government gives them the option of receiving a “care budget” to pay for services that they need (Fuchs 2007). This policy indirectly relieves somewhat the burden on caregivers.

Luxembourg’s long-term care policy is funded with a 1% individual contribution based on salary or pension and a tax on electricity bills. Like the Dutch government, the government of Luxembourg also prefers that elderly persons stay out of the state system. Recipients can receive both cash and in-kind benefits to cover home or institutional care. These benefits are awarded based on need for help with daily activities (OECD 2005).

The Benelux countries vary in terms of their policies regarding leave of absence allowed for caregivers. The Netherlands gives caregivers some unpaid leave through central labour agreements. The “Working Hours Adjustment Act of 2000” gives employees a right to change their working hours via employment contracts. Employers may only refuse under extraordinary circumstances. One of the reasons why such an extension provision is made is that the Netherlands has the highest rate of part-time workers, i.e., 42% of all Dutch held part time positions in 2001. For Dutch women, 71% work part time (Kornbluh, 2005). Luxembourg gives caregivers the right to take three weeks per year, paid through the national health insurance system to care for an elder relative, while Belgium allows a maximum of ten days of unpaid leave (Sundström et al., 2008).

In Spain and other Southern European countries, the locus of responsibility for elder care shifts from state to the family. In France and Spain, legal obligations to care for the elderly exist (Lowenstein, Katz and Gur-Yaish 2008). Southern European countries use Home Help services to a lesser extent than the Nordic countries. Only about 4% of elderly people in Spain use Home Help, while in other countries, the percentage is 1% or less (Sundström et al. 2008).

In terms of direct support to caregivers, Spain gives workers in the private sector three to five days of unpaid leave to care for a sick family member, while public employees are allowed up to one month paid (full salary), reduced working hours, to care for a seriously ill sick member. Italy allows caregivers three days a month of paid leave to take care of an elder relative, and this allowance runs unlimitedly for the duration of their employment (Sundström et al., 2008).

The Spanish government also attempts to alleviate the elder care problem in an indirect manner. Southern Spain is characterized by a warmer climate and low property costs, which makes it attractive to real estate developers of luxury retirement communities. Given the free movement of people among European countries, such luxury retirement communities are expected to attract Northern Europeans, such as British and Scandinavian citizens (Fuchs 2007). Recognizing this potential, the Spanish government has passed tax breaks and other incentives to stimulate development of retirement complexes in this region.

Canada

As most other countries, Canada experiences an ageing trend, which poses a significant burden on employed caregivers. In contrast with the U.S., Canada has a national health insurance, which alleviates somewhat the financial pressures associated with elder care. However, since Canada spends a high percentage of its GDP on health care (9.1%), the federal government had attempted to reduce costs in the past decade, where it reduced the money allocated to the provinces and imposed caps on payments to individual physicians (Martin-Matthews 1999). Although there was an attempt to create a national policy that would be focused on the needs of employed caregivers, it was not enacted into law. However, the federal and provincial governments passed several labour initiatives that allow employees to take time off to care for an elder relative. Typically, time off is unpaid and the duration of leave of absence varies from province to province. Although financial compensation for informal caregivers has been discussed for several decades in Canada, only Nova

Scotia provides such financial compensation to caregivers (Martin-Matthews 1999).

Australia

In Australia, the government passed its Australian Fair Pay and Conditions Standard in 2006, specifying a minimum number of paid absences (ten days a year) for caregiving – though not limited to elder care (Australian Government, 2006). The Australian system is centralized, as long term care is a federal responsibility. In Australia, the 1997 reform was prompted by the high expected growth of people older than 80 years old. Hostels (residential homes with some care provided as needed) were unified with the nursing homes under this reform. The focus of reform was to increase the variety of services provided to people in hostels and also to provide care for people with dementia in particular (OECD 2005).

New Zealand

In 2000, the newly elected government has introduced a series of reforms which brought the cost of care under the management of District Health Boards (DHBs) which are funded by central government from general taxation. To date, a small proportion of long term care is provided by public hospitals, while the bulk of institutional care being provided by licensed private nursing homes. Around two thirds of nursing home residents are eligible for state subsidies. Another measure taken by New Zealand was rising the age of receipt of state pension from 60 to 65 years old (OECD 2005).

Japan

In Japan, there is no single tax rate; rather, the long term care budget is funded 50% from general taxation, 32% from employee contributions and 18% from pensioners' contributions. Like in most Western European countries, the system awards benefits using a point system based on need, with 10% of benefits paid by the user. As a result, the number of home care recipients increased by 97% within a two year window (between 2000 and 2002), while the number of institutional care recipients increased by 37% (OECD 2005).

Discussion

Elder care policies vary from country to country, depending on national culture, traditions and idiosyncrasies of political systems. Levels of care vary considerably among countries. While most governments strive to encourage individuals to stay outside of the public system, socio-cultural contexts are important. Southern European countries have reduced involvement of the state and implicitly allocate elder care responsibility to the family, to the extent that such responsibility is mandated by law (in France and Spain). By contrast, the more individualistic Nordic European countries give the state a stronger role in elder care. In countries where caregiving is less the responsibility of the family members, there is an increased use of Home Help services, while in countries where help is provided mostly by family, this help is supplemented by community services.

Moreover, most governments offer a combination of policies that either benefit the elderly persons directly or their caregivers, or both. Britain, the Netherlands and the Nordic countries provide direct support to elderly persons, while other countries such as Germany, Austria and Spain seem to focus primarily on caregivers.

Do these policies work? Do we have evidence that supports the link between policy adoption and outcomes? Several studies have tried to assess the impact of these policies. Let us summarize some of their results below. The UK government's assessment of the 2004 "soft touch" legislation indicates that 68% of employers believed that the opportunity to work flexibly had a positive effect on employee morale and attitudes (Kornbluh 2005).² The publicly funded formal program of elder care in Denmark reduces private outlays, increases labour participation by women, decreases the reliance on nursing homes, and provides for more elderly people receiving home-help (Stuart and Hansen, 2006). Analyzing data from twelve E.U. countries, Viitanen (2007) studied the

impact of formal elderly care programs (residential and home-help services) on informal care. In the twelve countries studied, a 1,000 Euro increase in government expenditure on formal residential care and home-help services for the elderly decreased the probability of informal care-giving outside of the caregiver's household by 6%, and thus helps to increase labour force participation rate among women between ages of 45-59 years old. In Luxembourg, government's efforts to keep elderly persons out of the state system and in their homes had a positive impact; between 2001 and 2004, the number of recipients receiving care at home rather than in an institution has increased (OECD 2005). The policy instituted by the Dutch government to give elderly persons a choice between a spot in a nursing home and cash for services has saved the government 330 million Euros (Fuchs 2007).

While there is evidence that policies enacted in these countries yield positive outcomes, care should be exercised regarding benchmarking such policies in the United States. Given the tremendously different socio-cultural, political and economic contexts, what works in Sweden or Denmark may not work in the U.S. Some of these countries have decade-long traditions in elder care, and thus cannot simply be copied and implemented overnight in the U.S. The Danish elder care policy, for instance, has been in place for almost three decades (Stuart and Hansen, 2006). Its outcomes are the results of a long process of experimenting and trial-and-error.

With this caveat in mind, the U.S. government could, however, learn from other countries in two main areas related to elder care policy: direct help given to elderly persons (and indirectly alleviating pressures on caregivers) and direct help allocated to caregivers. Let us discuss options awarding direct help to elderly persons. The U.S. government may allow them flexibility in choosing between cash and provision of services, with the stated goal of keeping them out of the state system. It can also offer affordable long term insurance based on need.

Government could also stimulate the establishment of private home care services, which focus on assistance with daily living activities delivered to a senior's home. In Canada, at least, these kinds of services experience a tremendous boom at the moment. They are favoured because of their flexibility, reasonable costs and the possibility of elders to stay in their homes (Proudfoot 2009). The government could help the development of such home care services through tax incentives, grants and loans.

Moreover, one should not disregard the use of household robots and other high-tech gadgets that can help elders live more comfortably in their own homes. Such robots may do housework like washing clothes and dishes and cleaning the floor. Other technical gadgets may help elders with health issues, such as giving daily tests, monitoring medical conditions and well-being, fall detecting sensors and even taking care of personal hygiene (Stoltz 2008). These gadgets may be particularly useful to people confined in wheelchairs. However, these technologies are only at the stage of prototype and it takes some time until they reach the consumer market. Hence, the government can give tax breaks and other incentives to industries that focus on such technological developments. Spain and Norway already show increasing interests in such technologies (Fuchs 2007).

Regarding direct help given to their caregivers, the government may financially compensate caregivers and/or pass legislation allowing workers paid time off to care for an elderly relative or increase flexible work scheduling options. Given the experience of other countries with flexible work arrangements, we agree with Duxbury and Higgins (2003) that the following are viable options to alleviate stress associated with caring for an elder relative: legislation to reduce workload; giving employees the right to time off in lieu of overtime pay; requiring a number of paid personal leaves a year, with specific provisions for absences to care for elderly dependent; and establishing (much like the U.K. experience) a detailed set of procedures that enables employees and employers to work out arrangements for flexible work scheduling. This last part perhaps is the most crucial at this point, as

we have established elsewhere in this paper. We believe a viable flexible work scheduling program must be the backbone of any social policy agenda dealing with the problems of elder care.

Flexible scheduling seems to be the most desirable among options focused on direct help to caregivers (Quijada, 2005). According to the General Social Survey conducted by the Government of Canada in 2002, 46% of the sandwich generation agreed that flexible work arrangement would be a great help. Furthermore, proportionately more caregivers reported that time pressures as opposed to financial pressures were a concern, though both were concerns (Habtu and Popovic 2006). Higgins et al (2004) observed that having control over when work occurs is more important than the sheer number of hours worked. So, employees may be more motivated by their ability to control flexibility than by reducing hours. And Levin-Epstein (2005) noted a recent poll conducted by the Society for Human Resource Management (SHRM 2003) which indicated that flexible work schedule as being #3 (out of 13) most effective strategies for employee retention. Thus, from both the point of view of the employee and the employer, it appears that greater availability of flexible scheduling should be of greatest priority.

However, there are significant barriers associated with adoption of flexible scheduling by the American companies. First, Americans place far more importance on resources for child care than they do for elder care. Second, perhaps due to the greater degree of individualism in the U.S., many caregivers resist seeking help. Part of this resistance could also be because of the fear that the person may be perceived as simply slacking off by taking advantage of the situation (Brantman 2003). As Quijada (2005) has observed, it is not enough for the organization to offer family friendly policies. Employees must feel that they are able to use them. Often the culture of the workplace, such as attitudes of supervisors and coworkers, is hostile to an individual who takes advantage of such policies. Indeed, Ferrer and Gagné (2006) have noted that the use of (family friendly) benefits is not as widespread as it should be. For example, as Comfort, Johnson, and Wallace's (2003) study indicates, only 36% of female workers (and 44% of male workers) make use of flexible time schedules.

At the same time, effort must be made to assuage managers' fear that flexible work scheduling is a white elephant that will do nothing more than to create work for them. Managers are often reluctant to adopt flexible work scheduling, with the assumption that it increases their already heavy workload. However, a study done by the Boston College Center for Work and Family (2000) indicates that managers who actively use flexible scheduling see it as a positive experience, with 75% reporting no change in their workload while enhancing their work group productivity. While flexible scheduling policies are appealing, one should remember that not all jobs are amenable to flexible scheduling and telecommuting, so inevitably, some jobs or professions will benefit more than others (Sundström et al., 2008). To compensate caregivers performing these 'disadvantaged' jobs, perhaps a formula can be designed to provide more financial compensation or direct help to caregivers who cannot take advantage of flexible work arrangements.

Even though the alternatives outlined above seem costly, costs should be weighed against the cost of lost work days, health, stress, absenteeism and turnover associated with caregiving. Moreover, the resulting elder care system must be flexible enough to accommodate different needs; some elder people prefer care only from family members, others are indifferent; some require care when they are very old and their adult children are also retired and suffer from diverse diseases, while others require care when they are relatively young and their dependent children are 'sandwiched' between caring for them and their children; the needs of immigrant elders and their caregivers in the U.S. may be different than the needs of American citizens. The elder care system must be flexible enough to accommodate all these needs.

In this paper, we have approached social policy implications from a governmental perspective. This is not to say that we believe that social change is the exclusive of governments.

Indeed, actions undertaken by unions, special interest groups, and other interested and informed parties all play a role in shaping social policy. We have simply adopted a governmental perspective for ease of comparison, and also because governments remain the only body endowed with the ability to legislate if necessary. Future research, however, would do well to investigate policy initiatives by other groups.

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Notes:

¹ Although the ageing trend is generally gloomy, some of its disadvantages may be turned into advantages. For instance, more baby boomers retiring also means that some of them may be willing to work in part-time jobs. Since the need for elder care is increasing, some of the nonfrail baby boomers could be employed in some positions that require help with daily living activities for the frail elderly. The elder care industry must be creative in tapping such resources.

² This assessment considered only legislation pertaining to caregivers with disabled children under 18 or with very young children (under 6).