Panel participants discussed challenges related to improving care and support for unpaid caregivers in Ontario. During the deliberations, the following four challenges were consistently raised: 1) caregivers’ heavy burden can cause anxiety about its impact on their own and other’s health; 2) financial and employment impacts of caregiving are substantial; 3) many caregivers don’t know about available services or how to access them; and 4) caregivers’ roles are not fully recognized or supported.
Discussing the options

Participants reflected on three options (among many) for improving care and support for unpaid caregivers in Ontario: addressing the economic security of unpaid caregivers (option 1); engaging and supporting unpaid caregivers (option 2); and providing tailored training and supports to unpaid caregivers who care for older adults with complex conditions (e.g., dementia) (option 3).

Several values-related themes emerged during the discussion about these options, with two emerging with some consistency: 1) competence (i.e., educating and training unpaid caregivers to provide optimal care, but also to clearly define the scope of duties of unpaid caregivers versus other healthcare providers); and 2) empowerment (i.e., supporting unpaid caregivers to become strong advocates for their loved ones and for themselves, and equipping them with practical tools to manage the complex care needs of their loved ones).

Discussing the implementation considerations

When turning to potential barriers to improve care and support for unpaid caregivers in Ontario, participants focused on five key barriers: 1) a universal and equitable system to financially support unpaid caregivers may not be sustainable; 2) new tax measures to increase financial assistance will most likely face resistance from taxpayers; 3) deteriorating community cohesiveness; 4) many unpaid caregivers are already stretched too thin to be engaged meaningfully in decision-making processes; and 5) many unpaid caregivers lack access to family doctors. Participants then turned to two key factors that could facilitate efforts to bring about change: 1) advocacy activities targeting health system-leaders and elected officials to implement the necessary policies, programs and services; and 2) activities to promote public dialogue and support experiential learning to build sensitivity to the needs of older adults and their unpaid caregivers.

Panel deliverables

To learn more about this topic, consult the citizen brief that was presented to participants before the panel and the summary of the panel. For an electronic copy of the citizen brief or panel summary, visit our website www.mcmasterhealthforum.com and click on ‘Products’ along the sidebar.