The background features several overlapping organic shapes in shades of pink, blue, and brown. Some shapes are filled with patterns of small white dots or dashes. A thin orange horizontal line is positioned above the title. A light blue dotted pattern is visible behind the title text.

Thinking 'upstream' about the health of family/friend carers

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Overview of presentation

- 1) Caregiving context in Canada
- 2) Research on health of family/friend carers
- 3) Thinking 'upstream' about carers' health
- 4) Promising directions

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Research on health and family/friend care

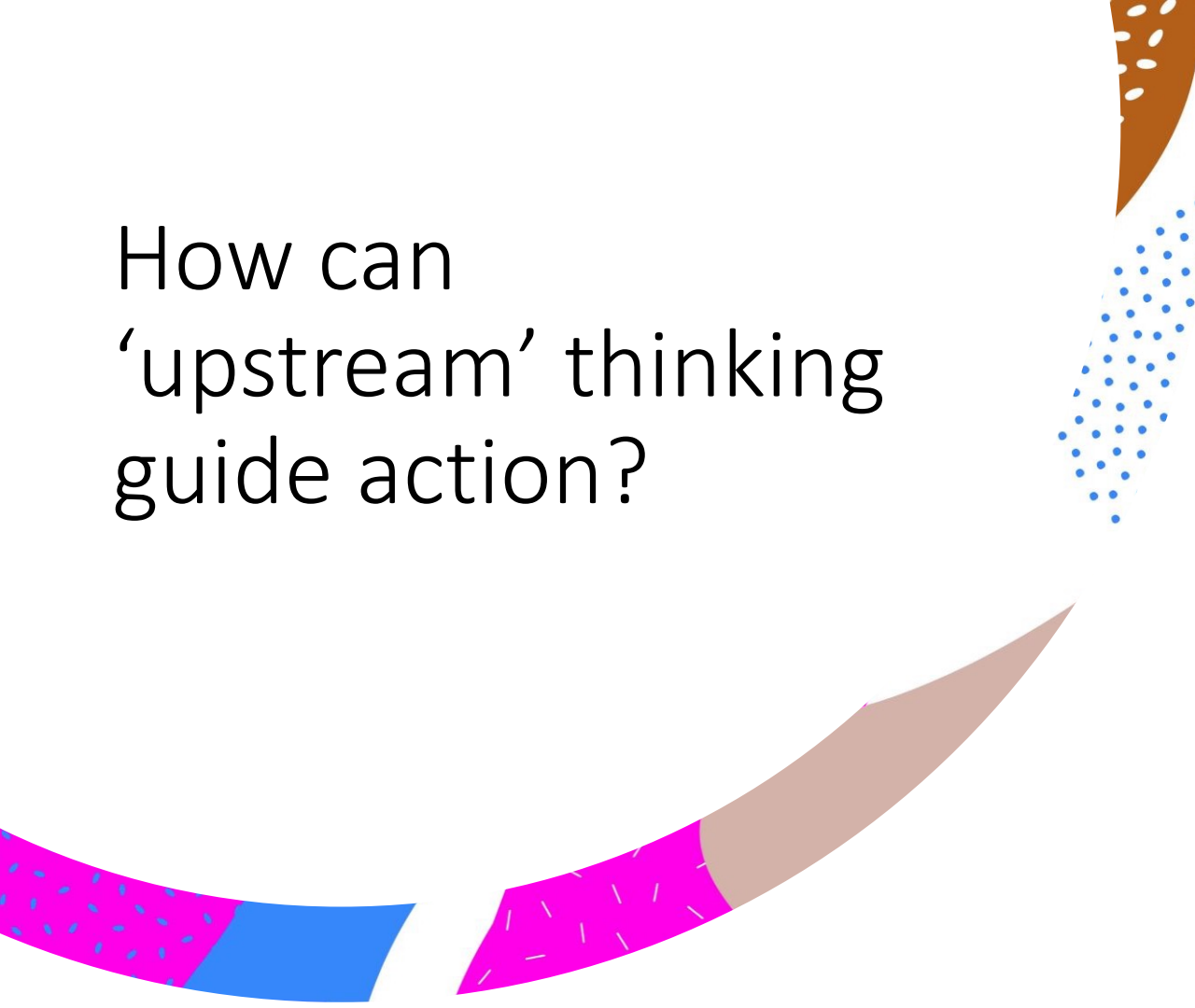
- Methodological, definitional challenges
 - Broad definitions of carers
 - Self-identification and representation
- Providing care under certain conditions can generate chronic stress and ill-health
- More research, attention needed to inequities, macro-level contexts

Thinking “upstream” about carers’ health

- Contextual forces shape circumstances of unpaid caring over peoples’ lives as well as carers’ capacities, experiences, health
- Beyond individualized, clinical and short-term solutions
- Rights-based approach: beyond approaches that orient to people solely in their role as carers/to sustaining the role
- Consider health impacts of a) being unable to help AND b) being unable to set limits (Covid-19 example)

Contexts shaping health of unpaid carers

- Dominant expectations and assumptions about care and aging – gendered, moralized, embedded in practice/policy
- Availability, affordability of options for carers and older adults – alternatives and supports (formal care, caring communities). Globalization (Chappell & Penning, 2005)
- Design, policies shaping structure of our daily lives: policies related to workplaces, housing, cities, bureaucracies, formal health and social care systems (make providing care, OR setting limits, easier)



How can 'upstream' thinking guide action?

- From caregiver assessments... to policy assessments (CGPL)
- From financial tax credits/allowances... to carer leave legislation (e.g., CCB)... to UBI
- From system navigation... to integrated care
- From patchwork supports for a few caregivers... to strong publicly funded services for care recipients (CCCE)
- From 'activating' families ... to supporting choice and independence through services
- From carers' health... to social citizenship: politicizing and mobilizing around care as public, social justice issue

Further reading/references

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