NETWORKnews

SHARING IDEAS TO HELP IMPROVE THE WELL-BEING OF CANADIANS

Innovation in Government Workplaces

Is the term "workplace innovation" an oxymoron when applied to the public service? Critics charge that Canada's federal and provincial public services move at a snail's pace, much too slow to adapt to new realities. That could account for why calls for privatization and dismantling have fallen on fertile ground.

But in documenting the impact of extensive downsizing and restructuring of the public service during the 1990s, CPRN's **Human Resources in Government (HRG)** Project has learned that "workplace

innovation" is very much alive in the public sector. The project examined five jurisdictions: the federal government and the provinces of Alberta, Manitoba, Ontario and Nova Scotia. As well, CPRN conducted two surveys. One, in 1998, involved 802 work unit managers. The other, conducted in 1999, was with 530 front-line union representatives.

"Through these surveys we learned a great deal about the changing nature of work in the public service," says Graham Lowe, CPRN's Work Network Director. "One of the most interesting insights revolved around the kinds of innovations being undertaken in how government work is being done."

Lowe says that this workplace innovation takes advantage of a range of new approaches to human resource management, job redesign and work reorganization. The result is that workers are treated as assets worthy of investment, rather than as costs that need to be controlled. This kind of workplace model goes by a variety of names including

CPRN is a national not-for-profit research institute whose mission is to create knowledge and lead public debate on social and economic issues important to the well-being of Canadians, in order to help build a more just, prosperous and caring society.

IN THIS ISSUE

"high performance," "flexible," "high trust-high skill," or "high involvement."
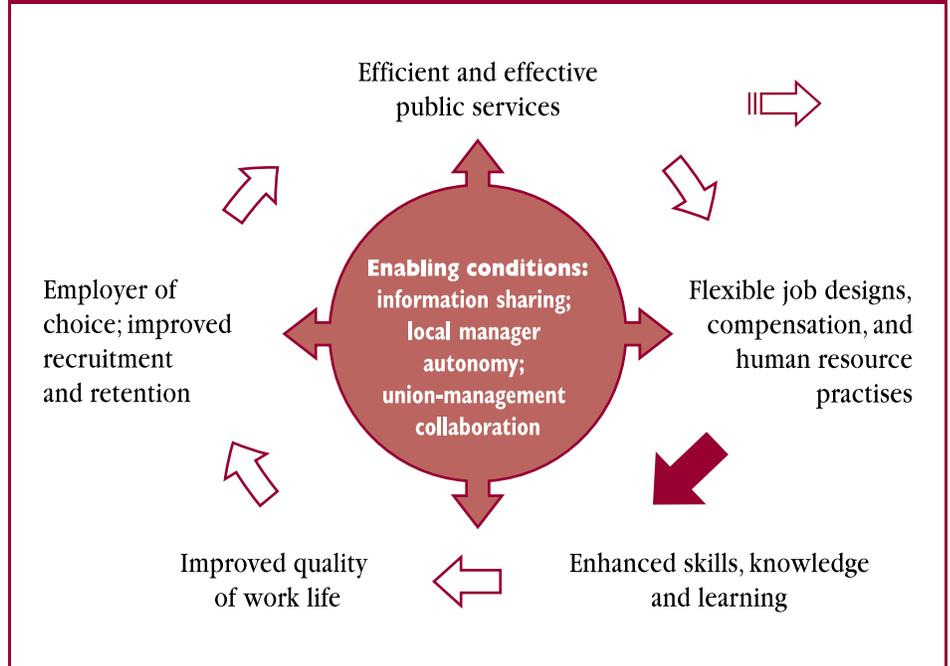
The features of the model include:

- More complex jobs with a wider range of skills and tasks
- Higher employee qualifications
- Ongoing opportunities for workplace training and learning
- More decision-making authority for employees
- More flexible work arrangements
- Greater communication
- Distribution of responsibility across all levels of the organization, and
- Pay incentives for performance and skills acquisition.

Research conducted in the private sector suggests that implementing "bundles" of innovative practices can result in such payoffs as lower rates of employee departures, fewer layoffs, accidents and grievances, higher worker morale, lower absenteeism, less stress, and gains in productivity. However, achieving these gains takes considerable effort on the part of both workers and managers.

"Bringing about innovative workplace practices is not an easy task. It requires cultural shifts in an organization," says Lowe. "This means that workers, managers and unions must share a commitment to putting people first. All parties must accept that change is needed – and then have the mutual trust that's required to launch such a venture."

The virtuous circle of innovative government workplaces

Efficient and effective public services

Enabling conditions: information sharing; local manager autonomy; union-management collaboration

Flexible job designs, compensation, and human resource practises

Employer of choice; improved recruitment and retention

Improved quality of work life

Enhanced skills, knowledge and learning

Building this foundation is particularly important, he adds, because the barriers to workplace change are significant. These include: managers who resist giving up real or symbolic power; a climate of low trust between workers and managers; adversarial labour relations; a one-off approach to change; overlooking other human resource management policies and practices that undercut specific reform initiatives; and instituting reforms in response to a major crisis.

"Without an awareness of these barriers," says Lowe, "it is impossible to work to overcome them."

And just how common are innovative work practices in the public service? Well, 28 percent of government work units participating in the Survey of Workplace Issues in Government were using

combinations of innovative practices – making governments at least as advanced on this front as large, private sector employers.

"Priority must be given to creating a learning environment in which *all* workers can continuously develop and apply their skills and ideas to serve the public," says Lowe. "Skilled work, ongoing learning and service quality are connected in a 'virtuous circle'. The idea that an effective public service depends on how people are treated at work has to become a cornerstone of the renewal agenda for the public service." (See box above.)

These and other findings from the Human Resources in Government project will be published as a CPRN synthesis report, "Employer of Choice? Workplace Innovation in Government," in Winter 2001.

Trust in the Workplace: It's Good for Business!

Downsizing, rightsizing, capsizing are 1990s code words for big changes in the workplace. Along with these changes, a virtual revolution in information technology has blurred the lines between home and workplace and made self-employment and other non-standard employment a reality for many working Canadians. But what have all these changes done to the relationship between employer and employed? Some believe they have undermined the trust or commitment that workers once felt for the companies that employed them.
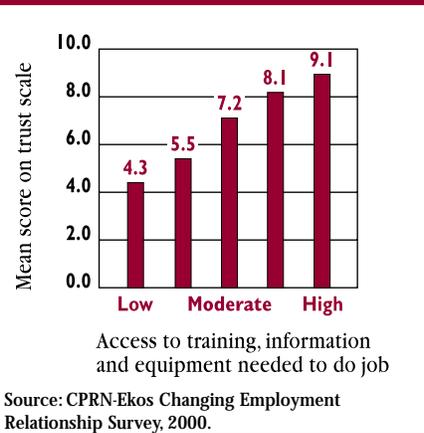
Results from the CPRN-Ekos Changing Employment Relationship Survey offer some interesting insights into trust and what it means in the modern workplace. Participants in the survey were asked how strongly they agreed or disagreed with three statements regarding trust and respect:

- I trust my employer to treat me fairly;

- I trust my employer to keep me informed about matters affecting my future; and

- Your employer treats you with respect.

The wording of the questions was altered slightly to make them relevant to self-employed workers as well. Individual responses were then combined into a single scale where a minimum value of 2 indicated a low level of trust and a maximum value of 10 a high level of trust.

CHART 1

Mean Score of Employees on Trust Scale, by Access to Resources Needed to Do Their Job, Canada 2000

Access to training, information and equipment needed to do job

Source: CPRN-Ekos Changing Employment Relationship Survey, 2000.

Canadian employees, it turns out, have a fairly high degree of trust in their employers – the average rating was 7.6 on the scale of 10. Self-employed individuals trust their main clients even more, giving them an average rating of 7.9. The survey also found that women are slightly more trusting of their employers than men and that young workers tend to be slightly more trusting than their older counterparts.

Employees' trust, the survey also found, is strongly linked to their perception that management is concerned about their well-being. Not surprisingly, employees who have access to the training, information and equipment required to do their job well tend to have more trust in their employer than those who lack these resources (see Chart 1).

Likewise, employees who believe their workplace is healthy, safe and supportive tend to have far higher levels of trust than those who view their workplace in less favourable terms.

But what does all this mean to a CEO or production manager who is preoccupied with the bottom line and competition from others in an increasingly global marketplace? Quite a bit it seems. The survey found that workers who do not trust their employer are more likely to say workplace morale is low. And when it comes to retaining valued employees, those who trust their employers are far less likely to be looking for a job with another firm (see Chart 2).

As "baby boomers" begin to retire over the next decade, issues of recruitment and retention are going to become more pressing human resource issues. Competition to hire new employees and keep valued veterans will likely heat up. Issues of trust may make the difference between a thriving workplace and one that struggles to stay afloat.

CHART 2

Percent of Employees Who Looked for Another Job in Past Year, by Level of Trust, Canada 2000

Score on trust scale

Source: CPRN-Ekos Changing Employment Relationship Survey, 2000.
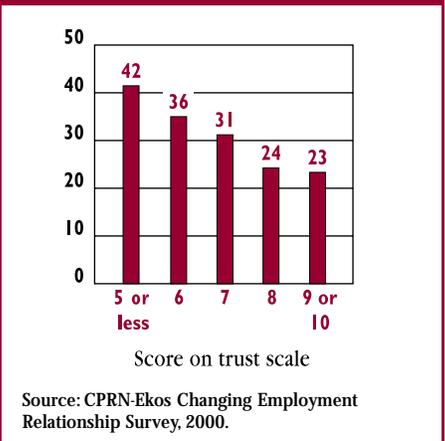
Building Better Workplaces:
The Quality of Employment Web Site

Graham Lowe

For some it's a joy, for others it's a 9 to 5 grind. Yet, how Canadians *feel* about their jobs rarely enters into policy debates about work and its place in this country. Instead, says Graham Lowe, Director of CPRN's Work Network, "research on labour markets and working conditions has focussed on indicators of unemployment, wage rates and hours of work."

To provide a better understanding of the nature of work in Canada, Lowe believes that researchers and policymakers must broaden their focus and take a more holistic perspective on people's work experiences.

That's exactly what Lowe hopes to do with the launch of a Quality of Employment Web site as soon as the Work Network finds the

necessary financial support. The Web site is a follow-up to a workshop held in Ottawa in May. During the workshop, participants discussed indicators to gauge the quality of people's working lives. Workload, perceptions of job security, and access to training and skills development were high on the list they created. The Web site Lowe and his CPRN colleagues hope to develop would present these indicators in ways that are relevant and accessible to several audiences.

For example, user-friendly graphics will allow employees to see quickly which industries or which occupations are high and low on some of the indicators. CEOs visiting the site might choose to download 10 to 15 indicators to assess their own workforce. The assessment could then be used to improve working conditions.

It's this ready-to-use aspect that Lowe hopes will make the site "sticky" – one that people use and revisit. Data from the project's two partners, Statistics Canada and EKOS Research Associates, would help keep the information on the site fresh.

Statistics Canada has recently developed a new Workplace and Employee Survey (WES). "It has a wealth of information that, approached from this quality indicator perspective, would add greatly to understanding the nature of people's working lives in Canada," says Lowe.

> **The quality of a person's work life is a good chunk of the overall quality of his or her life.**

EKOS will help develop an international component to the whole quality of employment project. The company is planning a social survey for Canada and the United States that Lowe says will include key questions from a pan-European survey of working conditions.

From a policy perspective, Lowe says, the Web site and the project would "link into the fairly clear commitment that the federal and the provincial governments have made to improving the overall quality of Canadians' lives. The quality of a person's work life is a good chunk of the overall quality of his or her life."

The Web site will also add valuable support to CPRN's own Quality of Life initiative. "CPRN is striving to find ways of connecting the goals of social policies with the goals of economic policies," says Lowe. "This project meets that objective very nicely. It shows that decisions that employers make about certain policies on the economic side have a huge effect on the social side, and also affect the quality of people's lives. In turn, that affects Canadians' ability to be productive on the job."

CPRN's "peoplescape" has undergone a variety of changes in the last few months. Staff were sorry to say "Good-bye" to **Katie Davidman**, Manager of Changing Employment Relations (CER) of the Work Network, who left for travels in India. Other departures included: **Lang Takahara**, Finance Clerk, **Sara Nassif**, Receptionist, **David Adams**, Accountant, and two students returning to their studies, **Jacob Schiff**, Research Assistant and **Phong Tran**, D/Base-Document, Management.

CPRN staff were pleased to welcome **Monique Strathern**, former Financial Controller at the Canadian Chamber of Commerce, to the position of Accountant/Controller, and **Corey-Ann D'Aoust** who returned full-time to her position as receptionist. **Lindsey McKay** has joined CPRN as a researcher for the Health Network. Lindsey is currently completing her MA at Carleton University's Institute of Political Economy.

Lois Sweet, Editor of *NetworkNews*, has joined the Faculty of Carleton University's School of Journalism. While she will continue to contribute as a member of CPRN's Editorial Team, Ottawa freelance writer **Kevin Conway** takes over as Editor of *NetworkNews* for the Winter edition.

CPRN Welcomes New Board Members

CPRN is pleased to announce the appointment of **Courtney Pratt** and **Robert Greenhill** to CPRN's Board of Directors.

Courtney Pratt

Courtney Pratt is President and CEO of Hydro One Networks Inc. (formerly Ontario Hydro Networks Company). Before joining Hydro One, Mr. Pratt was President of The Caldwell Partners. He also held a number of positions with Noranda Inc., an international natural resources company, and was Senior Vice-President, Human Resources and Administration for Royal Trustco.

Mr. Pratt was recently awarded the Order of Canada. The director of a number of companies, he is also Chair of Imagine, a private sector funded organization whose goal is to promote corporate citizenship and increase private sector contributions to the community.

Robert Greenhill joined Bombardier Inc. in 1995. As President and Chief Executive Officer, Bombardier International, he coordinates Bombardier's response to major issues that cut across a number of businesses. Before joining Bombardier, Mr. Greenhill worked for the strategy consulting firm, McKinsey & Company. He has been very involved in national unity issues, co-founding Le Groupe des cents

Robert Greenhill

in 1994, an important Quebec association of young federalist entrepreneurs, professionals and academics.

Mr. Greenhill is also actively involved in supporting post-secondary education, including a recent contribution by the Bombardier Foundation to support a bilingual Bombardier Chair in entrepreneurship at the University of Alberta. In 1999, he was chosen by Caldwell Partners and *The Globe and Mail* as one of "Canada's Top 40/Under 40."

The Evolution of Federal Health Policy

After universal health insurance was established in Canada in the late 1960s, a small group of policy advisors in the federal Department of National Health and Welfare began to explore what influences the health of Canadians. They delved into "upstream" factors – those things that determine whether someone becomes ill or gets injured.

This idea was considered highly radical in 1974, the year Health Minister Marc Lalonde tabled *A New Perspective on the Health of Canadians*, with its emphasis on non-medical determinants of health. Many health care experts thought the department was trying to divert money away from health care. But with positive results (mandatory seat belts, for example, saved lives and

reduced medical treatment costs), a focus on upstream factors became widely accepted. Nevertheless, investments in prevention often find themselves competing with the pressing financial needs of the health care system.

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CPRN has examined the history of non-medical health policy development within the federal government over a quarter of a century as part of the **Towards a New Perspective**

on Health Policy project directed by Health Network Director Sholom Glouberman. In "Health beyond Health Care: Twenty-five Years of Federal Health Policy Development," consultant Barbara Legowski and CPRN Health Network researcher Lindsey McKay analyze how new policy approaches arose and were put into practice. They provide valuable lessons on the factors enabling and hindering health *beyond* health care.

Legowski and McKay begin their analysis with the 1974 report, *A New Perspective on the Health of Canadians*, followed by the 1986 document *Achieving Health for All*, and *Strategies for Population Health* (released in 1994). Here's a snapshot of each:

SNAPSHOT 1

A New Perspective on the Health of Canadians

The Lalonde Report argued that not only do healthier lifestyles, better nutrition, and a healthier physical environment contribute to better health, but they actually play a larger role in health than medical advances. When the Department of National Health and Welfare ran with the idea by creating community programs and social marketing campaigns during the 1980s, the expression "health promotion" was born.

SNAPSHOT 2

Achieving Health for All

This report broadened health promotion from emphasizing lifestyle to including the role of the social context in shaping individual behaviours. It raised the idea that to influence health status upstream required more than what could be achieved by a health department alone.

SNAPSHOT 3

Strategies for Population Health

In the 1990s, the Canadian Institute for Advanced Research, an external think tank, introduced the idea of population health, which put even more stress on the impact of the social and economic environment on health. As a result, population health began to influence the public policy debate and to compete with health promotion for both attention and resources.

Legowski and McKay draw lessons from the past that are relevant to current health policy development. Among them:

■ New policy thinking requires champions to move new ideas forward within the department;

■ Fiscal restraint often thwarts new policy developments;

■ Jurisdictional issues arising from federal-provincial-territorial relations influence the extent and way in which health policy is realized;

■ Health care continues to dominate the agenda, pushing preventive efforts like health promotion and population health to secondary status;

Above all, the paper raises the issue of the overwhelming influence of the health care system on the distribution of resources – despite evidence that investment in other areas may have a larger health payoff in the long term.

> **Jurisdictional issues arising from federal-provincial-territorial relations influence the extent and way in which health policy is realized.**

Co-author Lindsey McKay says: "Part historical document, part reference, this paper fits well into the larger **Towards a New Perspective on Health Policy** project by explaining

why and how Health Canada arrived at current health policy."

Or, in CPRN President Judith Maxwell's words, "Knowing where we come from enables us to move forward. The tensions between health care and health promotion and prevention are fundamental trade-offs between today and tomorrow; keeping people healthy versus caring for those who are sick today. These battles still take place in the political arena."

A final report, synthesizing the results of the **Towards a New Perspective on Health Policy** project will be released shortly.

Blockages to Successful Acute Care to Home Care Transfer

No discussion of health care services in Canada can take place without recognizing the important role of home care. Home care allows the sick to remain in their homes and communities (a maintenance function). It supports the recovery and care of post-acute patients (a substitution function), and prevents institutionalization and/or hospitalization (a preventative function).

CPRN's Health Network examined one component of home care – the transition from care in the hospital to care in the home in "Substudy 15 – An Analysis of Blockage to the Effective Transfer of Clients from Acute Care to Home Care." The report, written by researcher Caryl Arundel and CPRN Health Network Director Sholom Glouberman, is one of a set of 15 interrelated substudies in the National Evaluation of the Cost-effectiveness of Home Care being funded from the Health Transition Fund, Health Canada.
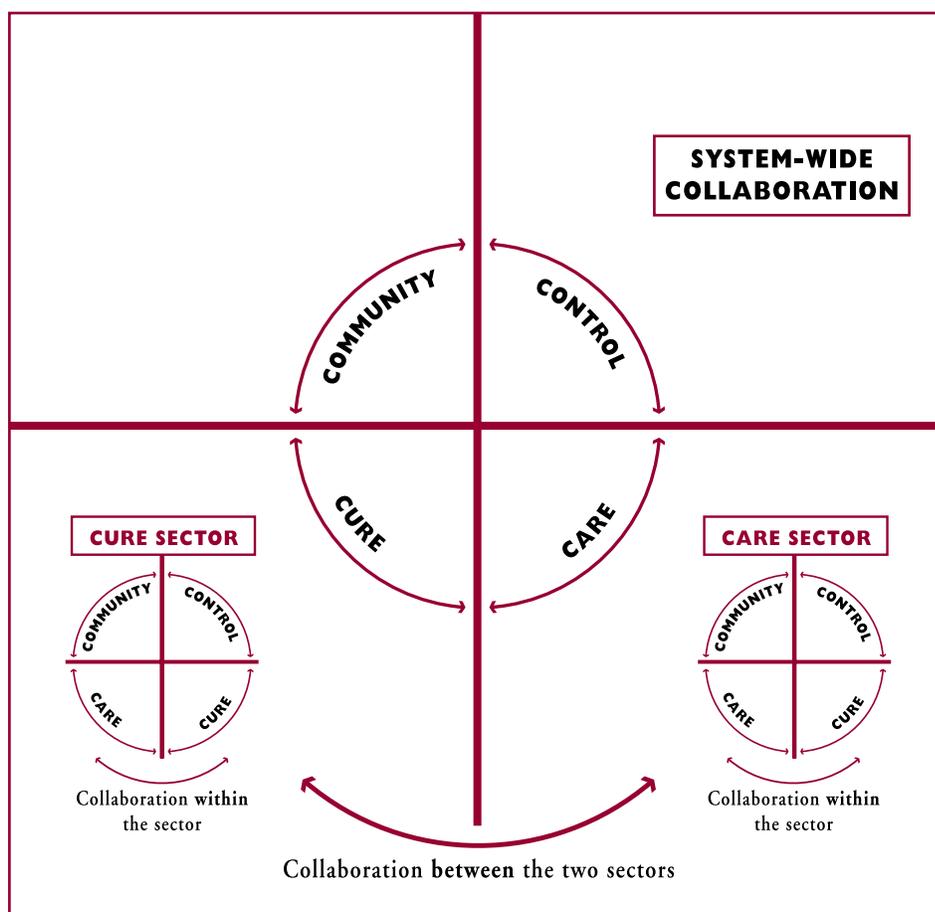
"Over the last few years we have been developing a framework for investigating health care system issues with Henry Mintzberg. We used this framework to look at acute care patient discharge from hospitals to home care and the effectiveness of the discharge process," says Glouberman. "Our framework allowed us to investigate how roles, relationships and structural boundaries between the home care and hospital sectors impact on patient discharge. We drew up 11 factors that could support effective discharge."

Through interviews, site visits, and focus groups, Arundel and Glouberman were able to draw on the experience and insight of hospital- and home-care-based practitioners in seven Canadian jurisdictions. The range was wide; it included caregivers, people responsible for patient care, representatives of the community, as well as those who provide the administration, financial and policy controls on the system. Participating jurisdictions included regions and cities in British Columbia, Saskatchewan, Ontario, Quebec, New Brunswick, and

Prince Edward Island. An expert panel, representing a range of professions, organizations and interests also made a valuable contribution to the findings.

Given the complexity of the discharge process from acute care to in-home care, and its growing frequency, it is not surprising that the authors discovered barriers and that they vary from site to site. However, they can be categorized as process, professional, organizational, program and administrative barriers. (See box below.)

The System View of Best Practices

SYSTEM-WIDE COLLABORATION

COMMUNITY CONTROL

CURE CARE

CURE SECTOR

COMMUNITY CONTROL

CARE CURE

Collaboration within the sector

CARE SECTOR

COMMUNITY CONTROL

CARE CURE

Collaboration within the sector

Collaboration between the two sectors

> **The reality is that different jurisdictions base their practices on such considerations as their organizational structure, policy and funding environments, as well as their organizational culture and history.**

Overcoming these barriers will not happen overnight. In fact, perhaps more than anything, the study highlights the fact that there is no "cookie cutter" approach to effective patient transfer from acute care to home care programs. The reality is that different jurisdictions base their practices on such considerations as their organizational structure, policy and funding environments, as well as their organizational culture and history.

However, says Glouberman, "it is valuable to consider whether there are any elements common to the various jurisdictions that lead to and/or support best practice. We think there are. To that end, we drew up a preliminary definition of factors that support effective discharge."

Arundel and Glouberman organized these best practice factors into three main areas:

Formal Systems

- Legitimizing the relationship between acute care and home care
- Creating access to compatible and/or common information systems
- Using resources flexibly

Relationships and Informal Networks

- Creating formal opportunities for communicating and developing working relationships
- Ensuring the continuity and stability of staff assignments
- Supporting the development of formal and informal relationships across jurisdictions

System Capacity

- Providing adequate program resources
- Developing access to home care through the easy availability of referral and assessment services

- Providing home care supports (equipment, supplies and specialized services)
- Making community supports accessible (Meals on Wheels, transportation supports)
- Ensuring a continuum of care

"The final best practice is outside the scope of our study," says Glouberman. "It is about links apart from the acute/home care ones. Unless participants in both these systems have good relationships and communication with families and informal caregivers things will break down. Best practices must be developed to more actively involve families in the decision making and planning for discharge and to assure them of ongoing formal and informal support."

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Painting a Different Picture: Family Caregiving in Canada

"We live in an era where policy-makers believe strongly that the best place for family members to be cared for is within the family," says Janet Fast, Professor in the Department of Human Ecology at the University of Alberta. That belief and government efforts to control spending have forced family and friends to shoulder more of the responsibility for meeting the needs of Canada's growing numbers of frail, ill and disabled adults.

This is one of the trends that Fast and co-author, Norah Keating, document in "Family Caregiving and Consequences for Carers: Towards a Policy Research Agenda." The report (Discussion Paper No. F|10) is the first in a series by the Family Network to explore issues related to Canada's ageing population.

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Fast and Keating, who is also a Professor in the Department of Human Ecology, paint a picture of family caregiving that includes "what we need to know" if we wish to see informed decision making and "family friendly," eldercare policies. The two authors identify gaps in our current understanding of caregiving. These are the basis for research questions and the research agenda they recommend (see box on page 11).

Fast admits that a lot is known about caregiving already, but the picture is incomplete. Research, for example, has barely touched on *caregiving networks*. "We know that a lot of people who receive care do so from a variety of people," says Fast. "But we do not know much about the whole [caregiver] group; how they work together, or not, and what that means to the way in which the needs of the dependent person are met."

> **… we do not know much about the whole [caregiver] group; how they work together, or not, and what that means to the way in which the needs of the dependent person are met.**

How caregiving networks function has important policy implications. For example, policies geared to only "primary" caregivers could limit others in a caregiving network and reduce its overall effectiveness.

Fast notes that policy analysis was rarely a part of past research on caregiving issues. "Where policy analysis has been carried out, it has focussed on one or two sectors, typically health and continuing care," she says. "As yet, we do not have information about the links between caregiving and employment, or their policy implications."

Researchers intent on examining how the policy environment affects caregiving must, therefore, look beyond the health, continuing care and social security sectors to housing, transportation and other policies that affect care receivers and, consequently, those who provide them care.

> **How caregiving networks function has important policy implications. For example, policies geared to only "primary" caregivers could limit others in a caregiving network and reduce its overall effectiveness.**

The authors also discuss how trends in the family and health environments affect care providers. Families, they note, "are smaller, more diverse, more complex and less stable" than they once were. What this means to a family

member's willingness or sense of obligation to provide care to another family member is unclear. As well, there are policy implications. Should a stepdaughter, for example, be legally obligated to care for her non-biological father?

In some cases, the decision to provide care to a family member may depend on the level of care needed. Canadians are living longer than ever and so too are those with serious illnesses and disabilities.

Progress in medicine gives many frail seniors the option of living at home. Policymakers looking to control the mounting costs of long-term eldercare encourage this option. They buttress their case by pointing to studies that show community and home care is cheaper than institutional care.

According to Fast, most of these studies have looked only at the short-term costs to the health sector. "We argue," she says, "that if you cast your net more broadly and look at costs passed on to other stakeholders in other sectors then, over the long term, the picture may be quite different."

> **In some cases, the decision to provide care to a family member may depend on the level of care needed.**

Areas for Future Research

What are caregiving networks like?

What role does reciprocity play in the provision and receipt of care?

What are the dynamics of caregiving over time?

How does the nature of dependency affect caregiving transactions?

What is the implication of the changing family environment for the nature of family caregiving transactions? How does the nature of the dependency affect caregiving transactions?

What are the implications of trends in health status for care requirements (length of commitment, type of care required)?

How does the nature of informal caregiving vary across population groups and conditions?

What is the ideal mix of formal and informal care provided to adult family members?

What are the advantages and disadvantages of formal and informal care with respect to quality and cost of care?

Care Allowances: Do They Benefit Female Caregivers?

The numbers speak for themselves. In most OECD countries, between 65 and 80 percent of care for frail older people is provided at *home* by *informal caregivers*, most of whom are *women*. Despite 30 years of rising female labour force participation, women continue to provide the bulk of the care to the aged in informal settings. Two trends account for this continued reliance on women caregivers:

- As their populations age, states are attempting to control the mounting costs of long-term care for the elderly by maintaining family responsibility for their care;

- More and more of the elderly want to "age in place" at home and within the community.

In response to these pressures, a number of OECD countries have introduced care allowances for the dependent elderly (for a description of the types of payments introduced, see table on page 13). These are public subsidies to help meet their needs for informal care, home care and other services. In a recent study, CPRN's Family Network

Director, Jane Jenson, and co-author, Stephane Jacobzone of the OECD Social Policy Secretariat, examined the effect that payments for care to frail older persons have on women care providers. (This study was supported in part by Status of Women Canada.)

The study drew on expert contributions from seven member countries that offer some sort of care allowance: Australia, Austria, Canada, Finland, France, Germany, and Japan. Allowances range from quite generous insurance-based payments to token recognition via a tax credit. In some cases, benefits are paid to the care receiver and, in others, to the caregiver.

> **Despite 30 years of rising female labour force participation, women continue to provide the bulk of the care to the aged in informal settings.**

The study found that "although care allowances were designed to expand the pool of family caregivers by inducing women to undertake informal care, most women did not give up paid work." Unless the need for care was particularly demanding, they merely added caregiving to their responsibilities at home and at work.

The study noted that services, especially respite care, that might help caregivers balance the demands of work and caregiving are generally inadequate or not yet

available. Employment options, such as allowing employees who care for frail relatives to reduce their working hours, or take a leave of absence until caregiving ceases, are quite limited as well.

> **More and more of the elderly want to "age in place" at home and within the community.**

The evidence leads the authors of the study to conclude that care payments do not promote gender equality, nor do they adequately compensate women for their unpaid labour, as some policymakers have suggested they would. Indeed, women who give up a paying job to care for a dependent relative risk becoming trapped in long-term poverty.

The authors note that if the policy goal of paying care benefits was to shift the responsibility for caring for the frail elderly in the direction of the family and the market, they are succeeding. The participation of family caregivers is also crucial if seniors are to "age in place." But their labour should not be viewed as a free good. To reduce the burden on families and women caregivers, adequate formal care, whether home care services or institutional care, must be part of an overall elder care package.

> **… women who give up a paying job to care for a dependent relative risk becoming trapped in long-term poverty.**

Description of Payment

	LEGAL LIMITS ON USE OR AVAILABILITY	GOAL OF POLICY, INTENT OF THE BENEFIT
AUSTRALIA		
Carer Payment	May only be received to age 65. Carer may not be in full-time work.	Both are part of a larger policy to encourage community care, which also includes other supports for carers (information, respite, home care, etc.). The Carer Pension was renamed the **Carer Payment** in 1996. After age 65, people have the choice to transfer to the Age Pension.
Carer Allowance	Available to those with heavy caring responsibilities.	The **Carer Allowance** is intended to provide some compensation for the extra costs of caring.
AUSTRIA		
Attendance allowance	No limits except need. Available to all permanent residents in need of care, according to level of dependency – 7 levels.	To enable dependent persons to remain at home. Support people in need of care, by covering part of the additional costs. Offer a choice about services and providers. Provide an incentive for informal care.
CANADA		
Nova Scotia programme	Can only be used as a substitute for residential care.	Enable low-income frail elderly to remain in the community. Help compensate low-income family caregivers of low-income frail elderly for extra costs.
Quebec self-managed care	Payments are not supposed to go to family members.	Allow disabled persons to design and manage their own care; to fill gaps in public service provisions.
Quebec respite care allowance	Use only to purchase respite care services.	Provide respite to carers with very heavy caring responsibilities.
FINLAND		
Informal carer's allowance (ICA)	Neither the ICA nor the Pensioner's Care Allowance can be claimed if the person is cared for in an institution.	Enable ageing in place. Reduce costs of institutional care. Support for informal caring. Compensate for loss of income.
Pensioner's allowance	Available on the basis of dependency need.	Enable ageing in place – at home or in protected living. Compensate for costs accrued in relation to informal care.
FRANCE		
Prestation spécifique dépendance	Persons over 60 residing in France. Need tested – only those with the three highest of 6 levels on the national scale of dependency (AGGIR) are eligible. Must be used to buy services or pay salaries.	Help the most frail and poorest in their own homes or in residential care. Create jobs in the home help sector and thereby cut unemployment.
GERMANY		
	Available on the basis of need. No limits on use. The recipient may choose between a cash payment, domiciliary care services or residential care. The recipient may also choose whether to spend or save the payment for care.	Keep the elderly at home as long as possible. Reduce dependence on social assistance and cut expenditures. Reduce placements in residential care. Stimulate and activate social networks. Reduce costs to families, especially children. Recognise informal care work by creating a new professional status.

PUBLICATIONS

Information Technology, Health and Health Care: A View to the Future, by Trevor Hancock and Philip Groff. CPRN Discussion Paper No. H|02. 2000.

This paper is part of a series in support of CPRN's **Towards a New Perspective on Health Policy** project. It looks at the broader impact of information technologies (IT) on the lives of Canadians. For example, access to information is one factor that can potentially reduce or increase social inequality, and hence affect inequalities in health. The paper includes a broad scan of the literature on how information technologies are reshaping health and health care. This forms the basis of the four scenarios for the future created by Sholom Glouberman and his team. The paper is meant to provoke wider discussions on the kind of society Canadians wish to build with these technologies and the way in which they want these technologies to shape health care delivery.

Project funders: Max Bell Foundation; Canadian International Development Agency; The Change Foundation; Health Canada; Health and Wellness, Government of New Brunswick; International Development Research Centre; The Richard Ivey Foundation; Ministry of Health, Government of Ontario

Towards a New Concept of Health: Three Discussion Papers, by Sholom Glouberman, Sari Kisilevsky, Philip Groff, and Catherine Nicholson. CPRN Discussion Paper No. H|03. 2000.

If there is one area of public policy debate that Canadians take to heart, it is health care. Recent reforms have only served to increase national anxiety levels about the future of health care in this country. "Towards a New Concept of Health" is a response to this turmoil. It explores the many streams of thought that have shaped our understanding of health and traces how new ideas about health are translated into policy and the delivery of programs and services.

The publication proposes a new, more dynamic concept of health to help address persistent inequalities in health out-comes. The authors contend that our health is the product of the interactions between individuals and their social context. The challenge ahead is to design policies that can take this into account. The collection of papers is meant to stimulate debate and is part of a larger work in progress.

Project funders: Max Bell Foundation; Canadian International Development Agency; The Change Foundation; Health Canada; Health and Wellness, Government of New Brunswick; International Development Research Centre; The Richard Ivey Foundation; Ministry of Health, Government of Ontario

Public Sector Labour Relations in an Era of Restraint and Restructuring, edited by Gene Swimmer. Oxford University Press, 2000.

The 1990s may well go down as the most turbulent decade for public service labour relations since collective bargaining was introduced in the 1960s. To meet their deficit fighting goals and curb mounting public debt, the federal government and many of its provincial counter-parts chose legislation over collective bargaining to impose wage concessions and job reductions on their employees. The contributors to the book examine this era of labour-management relations in depth in six Canadian jurisdic-tions, Nova Scotia, Ontario, Manitoba, Alberta and British Columbia, as well as the federal government. The report suggests that governments that settled disputes with legislation may have incurred hidden costs that impaired performance – costs created by decreased morale and lost productivity. The studies demonstrate that legislated solu-tions were no more effective in dealing with deficits than were collective bargaining approaches. By 1997, most governments had balanced their budgets regardless of the labour strategies they used. However, the decisions to override the collective bargaining process may haunt governments in the years to come.

Project funders: Human Resources Development Canada; Provincial Governments: Province of Alberta, Province of Manitoba, Province of Ontario, Province of Nova Scotia; Public Service Alliance of Canada (PSAC); Public Service Commission of Canada; Treasury Board of Canada, Secretariat

IN THE MEDIA

Pay Differences between the Government and Private Sectors: Labour Force Survey and Census Estimates, by Morley Gunderson, Douglas Hyatt and Craig Riddell (CPRN Discussion Paper No. W|10), was released in June and received wide attention, including columns by **The Globe and Mail** columnist, Jeffrey Simpson ("a first class piece of research"), and **Toronto Sun** columnist, Douglas Fisher. An editorial appeared in the **Saskatoon Star Phoenix**, with news stories in more than a dozen national dailies, as well as some radio coverage.

There was another review of Graham Lowe's book, *The Quality of Work: A People-Centred Agenda* (Oxford University Press), this time in **The Globe and Mail**. Lowe was also featured on **Midday Express**, **CBC Radio's** Alberta phone-in show in a discussion on education and jobs. And on Labour Day, Lowe did interviews with **CBC Radio** morning shows in both Alberta and British Columbia.

There was continuing interest in *What Is the Best Policy Mix for Canada's Young Children?* (CPRN Study No. F|09), with mention in a column by Anne Golden in **The Globe and Mail** and requests for interviews from radio reporters.

The publication of *Public Sector Labour Relations in an Era of Restraint and Restructuring*, edited by Gene Swimmer (Oxford University Press), which forms part of the Human Resources in Government Series, received news coverage in a number of newspapers across the country.

A Commentary by Jane Jenson and Judith Maxwell on the need for a national comprehensive system of support to families with children resulted in interviews with **CBC Radio** (Jenson) and **Global Television News** (Maxwell). Jane Jenson was also a guest on **CBC Radio's** national network program, **The House**, on the same subject.

Radio Canada International interviewed Judith Maxwell on the state of Canada's health care system. And a **Southam News** interview with Mrs. Maxwell on the impact of unemployment on families was carried in a number of newspapers across the country.

SPONSOR CORNER

The **Institute for Research and Public Policy (IRPP)** is an independent, non-partisan think tank whose mission is to help Canadians make more effective public policy choices by promoting and contributing to a policy process that is more broadly based, informed and effective.

To that end, the IRPP identifies significant public policy questions that will confront Canadians in the long term and undertakes independent research into those questions, promotes wide dissemination of key results from its own and other research activities, and encourages non-partisan discussion and criticism of public policy issues.

Founded in 1972, the IRPP is non-profit and national in scope. The institute funds CPRN's **Quality of Life Indicators Project**.

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The New Economy – Not Just a Buzzword

Statistics Canada tells us that the six core industries that supply Canadians with high technologies accounted for 25 percent of economic growth over the past four years. It's a sign the technologies are penetrating deep into public and private life. Does this mean that Canada will experience a surge in economic growth like the one the United States has enjoyed since 1995?

Maybe. We know that the United States started restructuring its industries in the mid-1980s, about five years before Canada. Remember the Rust Belt? By the early 1990s, the United States was into an investment boom, and then, as the technologies reached a certain threshold, came a remarkable surge in productivity, which has so far lasted five years.

These gains in productivity are remarkable in two ways: first, they follow 20 years of disappointing growth, which economists were at a loss to explain; and second, they have produced an astounding amount of new wealth.

We now know that the new economy is more than just new technology. It involves new ways of organizing work, delivering health services, learning, and shopping (that great North American pastime). It offers new forms of play for both children and adults, new communities within cyberspace, and new cultural activities.

This new economy presents challenges and opportunities for

social policy and the kinds of issues addressed by CPRN in its three Networks on Family, Work, and Health.

The issue of technology arises in almost every project. Sometimes the issues are direct. In a world of increasing inequality, who has access to the Internet? And what does it mean not to have access? Most often, though, the technology affects people and systems in ways we need to consider carefully. In a health care system, where information about the patient, about the disease, about the appropriate treatment is key, how does technology change the role of the health care provider? How does it change the relationship between doctor and patient?

In a pluralistic country like Canada, where citizens are insisting on a greater voice in public life, how can the two-way communication of the Internet contribute to

democracy? As Hancock and Groff point out in a recent discussion paper (see Publications on page 14), the new technologies contain the seeds of empowerment for citizens, but also the potential for Big Brother control by government or by the companies that own the databases.

In a world where knowledge is power, learning systems are changing rapidly. Quebec is beginning a major change in the primary school curriculum that amounts to a shift from a teaching model to a learning model. Is this the wave of the future? Will other provinces follow, or find a different path?

So far, E-commerce is a small part of the retail trade in Canada. But it is expected to grow quickly. What does that mean for our sense of community? Where will we meet our neighbours if not on Main Street or at the mall? What will happen to our public spaces?

Governance, commerce, social connection, work, health and learning. The new technologies have the potential to change it all. CPRN will be doing its best to understand and explain.

In the meantime, welcome to the 21st century.

Judith Maxwell

President
Canadian Policy Research Networks