
**Ageing societies — General
requirements and guidelines for
carer-inclusive organizations**

*Viellissement de la population — Exigences générales et lignes
directrices pour les organisations favorisant et appuyant les aidants
naturels*

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Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular, the different approval criteria needed for the different types of ISO documents should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see www.iso.org/directives).

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. ISO shall not be held responsible for identifying any or all such patent rights. Details of any patent rights identified during the development of the document will be in the Introduction and/or on the ISO list of patent declarations received (see www.iso.org/patents).

Any trade name used in this document is information given for the convenience of users and does not constitute an endorsement.

For an explanation of the voluntary nature of standards, the meaning of ISO specific terms and expressions related to conformity assessment, as well as information about ISO's adherence to the World Trade Organization (WTO) principles in the Technical Barriers to Trade (TBT), see www.iso.org/iso/foreword.html.

This document was prepared by Technical Committee ISO/TC 314, *Ageing societies*.

Any feedback or questions on this document should be directed to the user's national standards body. A complete listing of these bodies can be found at www.iso.org/members.html.

Introduction

0.1 General

Worldwide, 349 million people are estimated to be care-dependent and of these, 101 million people are over the age of 60 years^[1]. The form that long-term care takes varies significantly among and within countries, from home care services to institutional hospital-based care. In most countries, individuals assume caregiving responsibilities for a spouse, family member, or friend who needs care because of limitations in their physical, mental or cognitive functioning and the majority of these carers are women. Although caregiving is a valued societal resource and often viewed positively by carers themselves, family/friend carers are largely a hidden and unacknowledged workforce.

Caregiving has become one of the most important social and economic issues worldwide and as population ages, carers will play an increasing critical role in every society, providing substantial economic value globally. For example, a study in Finland showed that the availability of unpaid care considerably reduces public care expenditure (estimated cost savings of 338 million euros)^[2]. As unpaid care reduces costs of health system expenditure, it needs to be recognized that both unpaid and paid care is more often done by women. This can result in women leaving paid work to meet the demands of their unpaid care work and/or experiencing workplace inequalities. Caregiving is impacting workforces, health care systems, families and societies in general.

One of the greatest challenges for working carers is trying to balance employment with caregiving responsibilities. For example, labour force participation (the percentage of working age people in an economy who are either employed or unemployed but actively looking for work) is significantly affected by the family care needs of the growing ageing population. At the same time, family sizes are decreasing, more women are employed in the labour force, mobility is increasing, life expectancy is increasing, and the number of older adults in need of care is projected to continue to grow. These trends are impacting the growing number of working carers. Studies^{[3][4][5][6]} show that their paid work is negatively impacted by becoming a carer and in most situations, employers do not have policies or programs in place to support these working carers^[7].

0.2 Supports for working carers

Employers can play a key role in supporting their employees who are also carers. Organizations can opt to sponsor benefits to working carers, such as education, skills training or supportive services, or to implement carer-supportive personnel policies and programs. These policies and programs help working carers to manage their paid work alongside their caring role, providing equal opportunities for them to remain in/or return to work, and help to reduce work-family conflict and/or support work-life balance. However, there is a lack of clear guidance for employers on how to support working carers.

The workplace is but one arena where working carers can be supported. Although the majority of waking hours are often spent at work, making it a key environment for carer supports, there are other arenas where carer supports are available. These include those available through the government or state, via the provision of public health care services and supports, such as family leaves. There are also a range of non-governmental, charitable and/or disease-specific organizations (i.e. cancer, dementia) that also provide supports, whether transportation services or personal care, for example. Finally, each working carer also has their own informal support system made up of extended family, friends and/or neighbours.

In some jurisdictions, working carers can be entitled to statutory care leaves, income support or credits, insurance schemes, financial support for care expenses, etc. For example, in June 2019, the European Union updated its Work-Life Balance Directive to introduce carer leaves and extended the right to request flexible working arrangements to working carers (previously available to working parents)^[8].

The intent of this document is to complement relevant existing programs and supports, whether state provided or otherwise.

0.3 Benefits of implementing a carer-inclusive program

Studies have shown that carer-inclusive policies and programs can help to:

- retain skilled staff;
- improve worker morale and productivity;
- reduce absenteeism and presenteeism;
- avoid the number of staff coming to work sick;
- reduce disability costs and mental health claims;
- give organizations a competitive advantage;
- build a more engaged workforce;
- support the organization's efforts for a more inclusive workforce;
- demonstrate the organization's investment in society through their support of working carers.

0.4 Application of document and relevant publications

This document can be selectively applied by organizations, recognizing that resources and supports available will differ from organization to organization depending on the size and sector of the organization and the jurisdiction. The development of a carer-inclusive program is seen as a process that requires flexibility in terms of implementation.

A carer-inclusive program can be as basic as recognizing working carers as recipients that would benefit from existing supports. For example, many organizations have existing employee support programs which can be used to support working carers. A carer-inclusive program can build on these existing supports or be a stand-alone program, if these are not available. Strategies need to include raising awareness of these supports and targeting them appropriately.

Achieving a carer-inclusive workplace requires a holistic approach and depends on the engagement of many stakeholders and integration of systems. For example, programs to address equity, diversity and inclusion, human resources management and health and safety management would be relevant to the application of this document. As such, there are related documents that can be used in conjunction with this document, e.g. ISO 30415, ISO TR 30406, ISO 45001 and ISO 45003.

0.5 Caregiving and sex/gender issues

A sex/gender lens is important to consider in developing carer-inclusive policies and practices. For example, estimates from across different countries indicate that 57 % to 81 % of all carers of older adults and others requiring long term care are females, and are likely to work outside the home^[9].

For female carers the impact that caregiving can have on employment can be considerable given that they provide significantly more caregiving hours than males. Recent European research shows that only 50 % of female working carers can work full-time and specifies that caregiving impacts their financial circumstances^{[10][11]}. In addition, when compared to males, female working carers are more likely to make job adjustments (change or leave jobs) as a result of their ongoing caregiving demands^[11]. In addition, female carers provide more emotional support to care recipients, which can have a greater impact on a carer's mental health and contribute to carer distress.

A sex/gender lens is key to establishing carer-inclusive policies and programs to help eliminate bias and to promote sex and gender equality. This will help to ensure that the needs of all are given equal consideration in organizational decisions and activities.

This document provides guidance to organizations on how to apply a sex/gender lens to the development of carer-inclusive programs. It supports the aims of United Nations Declaration on Gender

Responsive Standards and Standards Development to make standards more gender responsive^[12]. It also contributes to the achievement of the United Nations Sustainable Development Goal (SDG) 5: Achieve gender equality and empower all women and girls and specifically SDG Target 5.4: Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate. Further this document contributes to SDG 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all, and specifically Target 8: To achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and for equal pay for work of equal value^{[13][14]}. Additional guidance on sex, gender and caregiving is provided in [Annex A](#).

0.6 Emerging and evolving issues for working carers

The COVID-19 pandemic has highlighted and increased risks for many working carers. Although providing certain advantages for working carers, such as working from home, COVID-19 has shown more clearly the gaps in supports for working carers in both social and health care systems. A UK survey showed that 70 % of family carers are providing more care due to the pandemic and many working carers have seen a dramatic reduction in their income due to lockdown policies^[15].

While not a new situation, one group particularly at risk are the “double duty” carers. Many of the frontline health care workers providing care to older adults are also providing unpaid care to their own older family members, friends or neighbours. These workers are at increased risk of contracting the virus, making it is difficult for them to carry out their family caring role.

Another critical group of working carers are the “sandwich carers”. These are people trying to look after frail and disabled elderly relatives, often their parents, or other older family or friends at the same time as looking after dependent children. During the pandemic, these working carers are often working from home, doing home schooling, parenting, and caring for their older relatives, friends or neighbours.

While this document focuses on working adults, there is increasing concern about the issues facing young carers who can also be students and workers. Some academic organizations and employers are beginning to address this issue, but at present, there is little guidance in this area.

Phrases and words related to caregiving have developed differently in individual languages and language communities, depending on the professional, social, economic, political, cultural, and linguistic factors. In addition, these words and phrases have evolved over recent decades with changes in health care systems and public views about the role of caregiving in an ageing society. Some phrases traditionally used in this field can now be viewed as misleading or inappropriate^[16]. In the development of this document, feedback from experts showed great variation in the use of these phrases in different countries and contexts.

The Technical Committee has developed an informative guide on terminology related to caregiving to show how these words and phrases are used across regions and disciplines and how they are evolving over time. See: Terminology Related to Caregiving, available on the TC 314 website at: <https://committee.iso.org/sites/tc314/home/projects/published/resources.html>^[17].

This document can assist organizations in identifying and responding to these issues for working carers.

In this document, the following verbal forms are used:

- “shall” indicates a requirement;
- “should” indicates a recommendation;
- “can” indicates a possibility or a capability;
- “may” indicates a permission.

Information marked as “NOTE” is intended to assist the understanding or use of the document. “Notes to entry” used in [Clause 3](#) provide additional information that supplements the terminological data and can contain requirements relating to the use of a term.

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Ageing societies — General requirements and guidelines for carer-inclusive organizations

1 Scope

This document specifies requirements and provides guidelines for an organizational program for working carers providing care to:

- adult care recipients (e.g. adults with cognitive, sensory, physical, and invisible disabilities, adults with chronic or episodic conditions and older dependents);
- long-term childcare recipients (e.g. due to chronic illness or permanent cognitive, sensory or physical disability or injury).

This document is applicable to any organization, regardless of size, sector or community setting (i.e. urban, rural or remote).

This document can be used in conjunction with an organization's management systems, human resource programs, and/or equity, diversity and inclusion programs, or on its own in the absence of a formal workplace program to support working carers.

2 Normative references

There are no normative references in this document.

3 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

ISO and IEC maintain terminology databases for use in standardization at the following addresses:

- ISO Online browsing platform: available at <https://www.iso.org/obp>
- IEC Electropedia: available at <https://www.electropedia.org/>

3.1 care

activities/actions (social, physical, emotional, spiritual, mental) that take place across a variety of settings: in the home, community, institution and all care settings

Note 1 to entry: Applies to both paid and unpaid care.

3.2 care recipient

person who is receiving care from the working carer

3.3 care worker care provider

person who is paid to support someone who is ill, struggling or disabled and who could not manage without this help

Note 1 to entry: In some countries and regions, similar phrases include: home care provider, home health care professional, personal support worker, personal care assistant, certified caregiver, trained carer, care specialist, and health care professional.

3.4

carer

caregiver

family caregiver

person who cares, unpaid, for a family member, friend or significant person who, due to a lifelong condition, illness, disability, serious injury, a mental health condition or an addiction, cannot cope without their support

Note 1 to entry: This term includes carers who are generally unpaid but can receive some financial support for care they provide from time to time. It does not include trained care providers affiliated with home care agencies.

Note 2 to entry: Carers can provide emotional or financial support, as well as hands-on help with different tasks. Caregiving can also be done from long distance.

Note 3 to entry: The terms "carer", "family caregiver" and "caregiver" are often used interchangeably. "Carer" is more commonly used in Europe, UK, New Zealand, and Australia. In North America, "caregiver" or "family caregiver" is more commonly used. In Asia "carer" more commonly refers to a paid care provider.

3.5

family

combination of two or more persons who are bound together over time by ties of mutual consent, birth and/or adoption or placement and who, together, assume responsibilities for various roles and functions

Note 1 to entry: The term "family" can include "chosen families," such as strong friendships and communities where unrelated persons provide care normally provided by nuclear family members.

3.6

unpaid care

care provided without a monetary reward by carers

Note 1 to entry: "informal care" is often used to describe unpaid care but is becoming less acceptable as it does not reflect the complexity and essential nature of care that is provided. Unpaid care is labour and provides significant value to families, health care systems and the economy.

3.7

working carer

individual in full or part-time work who also provides care to a family member, friend or significant person and where the care responsibilities have a substantial impact on their working life

Note 1 to entry: Persons with disabilities can be working carers as well as care recipients.

Note 2 to entry: Commonly used term in UK, Nordic countries and Europe. In Canada, "carer-worker" or "employee carer" are also used.

3.8

young carer

children and young people who provide regular and prolonged care for ill or disabled family members, including those with addictions and mental health issues

Note 1 to entry: The upper age limit for young carers can vary from 18 to 25 years. Some countries are using the term young adult carers to distinguish between the age categories of young carers.

3.9

absenteeism

time taken off work, including periods of paid or unpaid leave, to attend to non-work-related responsibilities such as self-care or caregiving-related matters

Note 1 to entry: Absenteeism includes any kind or amount of time off work, such as sick or vacation days, leaving work early, or coming into work late.

3.10 accommodation

intentional organizational actions, whether in policies, programs, or the organizational culture, which relieves work-family conflict

Note 1 to entry: Accommodation can include flexible work arrangements, such as working from home, flexible working hours, job sharing or giving workers more autonomy over their work schedules.

3.11 consultation

process of seeking views before making a decision

Note 1 to entry: Consultation includes engaging health and safety committees and workers' representatives, where they exist.

[SOURCE: ISO 45001:2018, 3.5]

3.12 organizational culture

values, beliefs and practices that influence the conduct, behaviour and knowledge of people and organizations

[SOURCE: ISO 30400:2016, 3.2, modified — "and knowledge" has been added.]

3.13 participation

involvement in decision-making

Note 1 to entry: Participation includes engaging health and safety committees and workers' representatives, where they exist.

[SOURCE: ISO 45001:2018, 3.4]

3.14 presenteeism

lost productivity that occurs when employees are not fully functioning in the workplace because of an illness, injury, or other condition

Note 1 to entry: Even though an employee can be physically at work, they might not be able to fully perform their duties, and this leads to loss of productivity due to preoccupation with carer-related burdens.

3.15 top management

person or group of people who directs and controls an organization at the highest level

[SOURCE: ISO 45001:2018, 3.12]

3.16 worker

person performing work or work-related activities that are under the control of the organization

Note 1 to entry: Persons perform work or work-related activities under various arrangements, paid or unpaid, such as regularly or temporarily, intermittently or seasonally, casually or on a part-time basis.

Note 2 to entry: Workers include top management, managerial, and non-managerial persons.

Note 3 to entry: The work or work-related activities performed under the control of the organization can be performed by workers employed by the organization, workers of external providers, contractors, individuals, agency workers, and by other persons to the extent the organization shares control over their work or work-related activities, according to the context of the organization.

Note 4 to entry: Workers can include students and volunteers.

[SOURCE: ISO 45001:2018, 3.3, modified — Notes 1 to 3 to entry have been modified, Note 4 to entry has been added.]

3.17

gender equality

sexual equality and equitable treatment for all genders, according to their respective needs

Note 1 to entry: This term includes equal treatment or, in some instances, treatment that is different but considered equivalent in terms of rights, benefits, obligations and opportunities.

3.18

marginalized group

group of people within a given culture, context and history at risk of being subjected to multiple discrimination due to the interplay of different personal characteristics or grounds, such as sex, gender, age, ethnicity, religion or belief, health status, disability, sexual orientation, gender identity, education or income, or living in various geographic localities

[SOURCE: European Institute for Gender Equality, Glossary and Thesaurus]

4 Principles

4.1 General

The organization should have the leadership and guiding principles to support and implement a carer-inclusive program that develops an organizational culture to support the program. While each program to support working carers will be unique, based on specific needs and resources of the organization, common principles should guide the development and implementation of the program.

4.2 Guiding principles

- a) **Leadership commitment and integrity:** The organization's top management and leadership demonstrates commitment and integrity by ensuring that it supports, accommodates, and endorses a carer-inclusive workplace and takes overall responsibility for this program.
- b) **Fairness and inclusiveness:** The organization includes all persons regardless of age, gender, ethnicity, ability, or disability and ensures that workplace policies reflect that inclusiveness. This principle includes being a non-discriminatory organization that recognizes, respects, trusts and appreciates workers with caring responsibilities and treats them fairly.
- c) **Awareness and communication:** The organization promotes awareness of 'caring' and 'carers' in the workplace and there is a clear understanding of what is meant by these terms. Support available for working carers is communicated to all workers throughout the organization.
- d) **Worker consultation and participation:** The organization has an open and inclusive culture that encourages and facilitates workers to self-identify as working carers, combine work and caring responsibilities, and participate in developing and accessing relevant workplace support.
- e) **Confidentiality, privacy and security:** The organization respects the privacy of all workers, including working carers. This principle includes treating personal information and data in a confidential manner, time limited, ensuring that it is stored securely, and only disclosing such information with the individual's consent.
- f) **Flexibility and openness:** The organization recognizes family (and other wider social) responsibilities outside of work important to the working carer and provides flexible working arrangements and adjustments that are receptive to and accommodating to working carers' particular situations and needs.

- g) **Responsiveness:** The organization initiates and responds to communications to and from staff, consumers, suppliers and other interested parties concerning its carer-inclusive workplace guidelines and takes appropriate action in a timely way.
- h) **Gender equality:** The organization promotes gender equality in the workplace by recognizing the gendered aspects of caregiving and using a gender/sex lens in the development of relevant policies and programs, while recognizing the diversity of carers and creating a culture where carers feel comfortable utilizing programs and benefits regardless of age, gender or organizational role.
- i) **Compassionate workplace:** The organization supports a working system or culture that emphasizes showing empathy and compassion when dealing with all workers.

5 Carer-inclusive program

5.1 General

The organization shall establish, implement, and maintain a documented policy and supporting program in accordance with this document.

This policy and program should be integrated with other applicable management systems, human resource programs and/or diversity or inclusion programs or used on its own, if no program for supporting working carers exists.

The development of an organizational carer-inclusive program can require a systematic and phased process to properly conceive, plan, implement, assess, and improve the program. The requirements and complexities of organizations and workers vary considerably, and implementation of this document should be seen as a process that requires flexibility in terms of implementation and continual improvement. Organizations might not be able to implement this document in its entirety but can use the guidelines to help make the workplace more carer-inclusive.

Organizations should determine what existing employee assistance programs and supports exist, at an organizational level, through external third-party providers (e.g. employee benefit or assistance programs), non-profit organizations or at a community or state level. A carer-inclusive program can build on these existing supports or be a stand-alone program, if these are not available.

The organization should determine the organizational unit that will be responsible for the program. For example, this unit can be human resources, occupational health and safety, wellness, people and culture, etc.

5.2 Top management commitment, support, and leadership

Top management shall commit to the principles of an organizational program that supports, accommodates, and includes working carers while providing the required leadership to implement this program.

Top management should:

- assume overall responsibility for the program;
- oversee the program implementation;
- provide human and financial resources required to implement and maintain the program;
- define and communicate the roles and responsibilities of internal stakeholders;
- develop and implement appropriate carer-inclusive organizational policies and practices;
- develop and implement measurable objectives and targets related to the program;

- provide the necessary resources and opportunities for worker consultation and participation in all aspects of the program;
- disseminate and promote the program to all workers;
- encourage all workers to promote the program;
- monitor the execution and ongoing sustainability of the program;
- review the progress and performance of the program with respect to carer's outcomes (e.g. health, quality of life, work satisfaction), and work culture outcomes;
- regularly review the organization's progress and performance in implementing the program;
- oversee the continuous improvement of the organization's adoption of the program;
- assign responsibility for any or all the above to an appointed champion or designee, such as a human resource director, committee, or separate team established to be accountable for the program;
- regularly inquire about the sex/gender factors, using the checklist in [A.2](#);
- provide opportunities for all workers to provide feedback on their experiences, suggestions on improvements and ideas for enhancements.

5.3 Worker consultation and participation

To maximize the impacts of adopting the requirements and guidelines in this document, it is important that workers are engaged in all elements of the program's implementation and maintenance.

The organization should:

- create an organizational culture that recognizes, respects, trusts, honours, and appreciates workers with care responsibilities and that encourages and facilitates them to self-identify as working carers;
- provide opportunities for gender-balanced representation in the design and development of the program;
- ensure that program information is created in easy-to-read language, in accessible formats and provided through communication platforms accessible to all workers;
- provide time, resources, and opportunities for all workers to participate in the program, including but not limited to:
 - paid time during work hours for worker consultation and participation related to the program;
 - providing visible leadership, finding a senior leader champion, assuming or assigning accountability, monitoring key metrics, and measuring progress, then publicly sharing results of the assessments;
 - orienting all executive and organizational leaders, offering awareness training for all managers and team leaders, providing professional development opportunities for all workers, making resource materials available for everyone, and engaging related vendors (e.g. worker and family assistance providers, insurance carriers).

5.4 Carer-inclusive organization policy

Top management shall establish and maintain the organization's carer-inclusive organization policy.

The policy should include commitment to:

- follow the guiding principles outlined in [4.2](#);

- provide accommodations for working carers;
- review and adjust the policy to address global shocks such as pandemics, etc.;
- monitor the organization's performance and continual improvement of the carer-inclusive organization program.

5.5 Regulatory and other requirements

Regulatory requirements for organizations to provide support for working carers and laws for sex and gender discrimination differ from jurisdiction to jurisdiction. It is the responsibility of the user of this document to determine how applicable regulatory and other requirements relate to the application of this document.

5.6 Social responsibility

The organization should:

- recognize caregiving demands outside of work to understand how to best respond and provide organizational support;
- establish a procedure to define and communicate the organization's social/ethical responsibility to better support workers with caring responsibilities, irrespective of when these responsibilities occur;
- recognize that there are sex, gender and age-related differences with respect to roles taken outside of work, as they relate to caregiving.

5.7 Review of internal practices and available supports

The organization shall establish, implement, and maintain a procedure to review current policies, practices, and programs with the consultation and participation of workers at all levels to support working carer-inclusion.

This review should include:

- benefit programs such as employee assistance plans and extended health coverage;
- flexible hours, special leaves and work from home policies;
- return to work programs;
- family-friendly organization programs;
- union/professional association benefit policies and programs;
- human resources policies and programs;
- consideration of sex/gender lens as outlined in [Annex A](#);
- other related programs.

The organization should conduct an assessment and analysis of the use of the available resources and supports (as listed in this subclause).

NOTE This assessment will help the organization to better understand usability of resources and supports while identifying gaps and areas for improvement.

5.8 Identify gaps and barriers

The organization shall establish, implement, and maintain a procedure to identify gaps and barriers to providing reasonable support and accommodation for working carers within an organization.

The organization should:

- identify supports and accommodations that are being used and how they can be extended and tailored, being sensitive to the sex/gender and age-related norms, both within (i.e., male-dominated workplaces) and outside of the workplace (i.e. societal expectations for women to provide care);
- evaluate how supports and accommodations can be made more available to its working carers;
- obtain workers' feedback about current practices;
- establish, implement, and maintain a procedure to obtain workers' feedback on future improvement plans and programs using the results to set objectives and targets to develop appropriate actions;
- identify barriers such as inflexible workplace culture, to support working carers, while initiating supports such as lunchtime carer support groups, self-care and information sharing sessions;
- develop action plans to overcome identified challenges and barriers.

5.9 Objectives and targets

The organization shall document and communicate the program's objectives and targets for all relevant functions and levels within the organization.

The objectives and targets should be:

- specific, measurable, achievable, realistic and timely (SMART);
- consistent with the organization's policy;
- informed by external issues, such as applicable requirements;
- based on identified gaps and barriers;
- reviewed and modified in planned intervals and according to evolving information and conditions;
- impactful to:
 - decrease working carer burdens and work stressors;
 - improve mental and physical health;
 - improve work-life balance;
 - improve health-related quality of life;
 - improve work satisfaction and employee morale;
 - decrease sex and gender inequality;
 - improve retention of working carers;
 - increase performance;
 - decrease absenteeism and presenteeism.

NOTE Functions and levels refer to different levels of employment and organizational functions such as production, quality, services, and human resources.

The organization should allocate necessary resources and means to achieve its objectives and targets.

5.10 Confidential disclosure of working carers

The organization shall establish, implement, and maintain a procedure to manage confidential information, including processes for disclosure and records maintenance of working carers.

5.11 Awareness, competence, and training

5.11.1 General

The organization shall establish, implement, and maintain a procedure to raise awareness and provide knowledge to all workers about carer-inclusive issues.

This procedure should:

- define competence and training requirements;
- increase awareness of carer-inclusive policies, program requirements and applicable resources;
- increase awareness about caring in general (e.g. impacts, prevalence);
- increase awareness of the sex and gendered nature of paid work and caregiving.

5.11.2 Training

The organization shall provide necessary training to all workers and measure the effectiveness of the carer-inclusive training.

The training should be:

- provided during working hours, if possible and free of charge;
- conducted by competent trainers;
- repeated across time intervals;
- evaluated and modified as necessary, based on reviews of the effectiveness of the program and available workplace benefits;
- communicated through internal communication such as intranets, enterprise social networks, websites, posters, pamphlets, and orientation training packages for new workers.

NOTE Training topics will depend on the program developed by the organization. These topics can include training aimed at supervisors, information about caring issues, guidance on appropriate communications, knowledge of available accommodations and how to apply them, etc.

5.12 Communication of available services

The organization shall establish, implement, and maintain a communication strategy to ensure that all workers are aware of relevant available services.

The communication strategy should:

- include information about the carer-inclusive policy and program to all workers;
- provide progress reports on implementation of the program;
- promote relevant services that are available to working carers;
- take into consideration the composition of the workforce (i.e. sex/gender, age, persons with disabilities, marginalized groups, etc.) (see [Annex A](#));

- include information about the carer-inclusive program in recruitment activities, including job postings.

The organization should ensure that ideas and inputs of all workers and supervisors regarding the carer-inclusive program are received, considered, and responded to in a sensitive manner, being mindful of the sex and gender differences in both paid labour and care work.

The organization should designate a person to be responsible for internal communications about the program.

5.13 Carer culture

In addition to the requirements and recommendations of this document, the organization should promote a carer-inclusive organizational culture.

The organization should:

- facilitate the cross communication between working carers, co-workers and supervisors about the carer-inclusive policy;
- promote an environment that ensures workers can talk freely about work-life balance issues and are not being penalized and excluded because of their carer role;
- foster a mindset that carers are supported at work;
- encourage zero stigma as it relates to sex, gender, age, and other axes of diversity;
- recognize support for working carers as a priority;
- work to improve work-life balance.

The organization should have protocols in place to have co-workers support a carer-inclusive culture while maintaining the organization's business demands. These protocols may include flexible or alternative work schedules for the working carer, care leaves, and opportunities for the working carer's co-workers to cover the work responsibilities of the working carer, when needed.

NOTE The organization can improve the carer culture by promoting working carer awareness campaigns.

5.14 Actions by organizations to provide necessary supports for working carers

5.14.1 General

The organization should establish, implement, and maintain a procedure that outlines the suite of services available to working carers, such as:

- resources and educational services to working carers (e.g. workshops, counselling);
- flexible and customizable work arrangements (e.g. compressed work week, flexible work locations, flexible work hours, phased retirement, and part-time work, where possible);
- technology supports (e.g. telecommuting, access to work email and files from remote locations, and access to IT systems, networks, and databases);
- financial assistance and relief (e.g. reviewing financial resources);
- options for leave (e.g. emergency caring leave, leave with income averaging, compassionate care benefits and gradual return to work policies).

The organization should ensure that all workers are aware of services, accommodations, and policies available to working carers in order that other workers support the carer experience.

The organization should ensure that case-by-case customized solutions are implemented to accommodate working carers with special needs requiring tailored solutions.

NOTE In many countries people are being afforded opportunities to use technology as part of enhanced care and support services. This can include virtual health services, home safety devices, mobility and cognitive aids, digital communication, complex medical devices, and computer applications to monitor health conditions, etc. Working carers can require skills and support as well as computer/digital access for the effective use of these technologies. Organizations can help to support working carers by facilitating informal education sessions (e.g. lunch and learns), providing computer and internet access and allowing flexible hours to accommodate time for required training and consultations with care providers.

5.14.2 Suggested actions

The organization can implement and benefit from the following actions, such as:

- build a social support network through networking working carers with co-workers, supervisors, and managers;
- provide a list of available, accessible, no cost, online services for workers;
- provide education about community resources, self-care/wellness programs and services available for carers;
- provide convenient parking (closer to exit door), where available and possible, for working carers to ensure time efficiency (e.g. travelling to medical appointments, checking on care recipient);
- ensure that working carers are aware of and implementing all precautions to ensure and sustain their health and wellbeing;
- provide regular training and education sessions for working carers on caregiving skills and stress management/self-care in the workplace;
- allow the working carers to have access to communication devices such as a cell phone to connect with their care recipient and/or associated professionals (e.g. medical specialists);
- engage in a dialogue with carers' organizations and/or research organizations working on care and caring issues, cooperate with them on the design, evaluation and implementation of the suite of services available for working carers within the organization;
- implement appropriate and effective staffing requirements;
- build partnerships with relevant stakeholders at the local level (e.g. local authorities, carers' organizations, patients' organizations, health and care services, unions and employer organizations etc.) aiming at developing consistent and innovative support for carers.

The organization should also offer flexible paid leaves, when possible (i.e. leave time does not need to be taken all at once but can be spread across the duration of the caregiving period). The caregiving period is understood to be concretely definable and needing regular updating and monitoring.

5.15 Response to unplanned or emergency caregiving situations

The organization shall provide necessary information and support with respect to leaves of absence available to working carers. Reasons for leaves of absence can include but are not limited to:

- personal emergency;
- family responsibility;
- emergency or disaster (community, national or worldwide – e.g. pandemic, natural disaster);
- bereavement;

— family medical issues.

The organization can choose to top up the leave programs with either financial resources and/or extending the leave time available, which includes no pay leave options, to better accommodate working carers. Other options can include working from home if that is a solution that helps the working carer solve their emergency situation.

The organization should accommodate working carers so that they are best able to focus their time, attention, and resources on their carer role until the situation stabilizes.

NOTE For guidance on responding to the needs of vulnerable persons during emergencies, see ISO 22395^[18].

5.16 Monitoring and measurement

5.16.1 General

The organization shall plan and implement processes for ongoing measuring, analysis, and improvement of the carer-inclusive policy.

The organization should monitor program utilization information, including:

- documented use by workers across sex/gender and age;
- worker satisfaction with supports received;
- satisfaction with timeliness of response to expressed need;
- information related to meeting and exceeding working carer support requirements;
- perceived support from organization, supervisors and co-workers.

5.16.2 Documentation

The organization shall establish a documented procedure for a feedback system to identify barriers in meeting the requirements of the program.

The organization should use this feedback to mobilize corrective and preventive action.

6 Management review and continual improvement

6.1 Review process

6.1.1 General

Top management shall review the organization's carer-inclusive policy at planned intervals to ensure its continuing suitability, adequacy, and effectiveness. Records from management reviews shall be maintained.

This review should include assessing opportunities for improvement and the need for changes to the carer-inclusive policy.

NOTE 1 Key stakeholders (e.g. customers and external parties) can be included in the management review when appropriate.

NOTE 2 [Annex B](#) presents a model checklist that can be used as part of the review process.

6.1.2 Review input

Top management's review of the carer-inclusive policy should include information on:

- results of internal reviews or audits;
- results of the workers' consultation and participation process(es);
- sex, gender and other demographic data specific to use of policy;
- process performance and program conformity and non-conformity;
- status of preventive and corrective actions;
- follow-up actions from previous management reviews;
- changes that could affect the carer-inclusive policy;
- recommendations for improvement;
- resource planning;
- new or revised regulatory requirements.

6.1.3 Review output

The report from the management review shall include any decisions and actions related to:

- improvements or corrective actions needed to maintain the effectiveness of the carer-inclusive program and its processes (e.g. policies, procedures, and audits);
- responses to audit findings, non-conformance reports, and worker feedback;
- resource requirements.

6.2 Continual improvement

The organization shall establish a process approach for continual improvement of the carer-inclusive program.

The process should:

- identify the processes needed for the carer-inclusive program and their successful application;
- determine the sequence and interaction of these processes;
- include consultation and participation of workers;
- provide the necessary resources and information to support the operation and monitoring of these processes;
- determine the criteria and methods needed to ensure that both the operation and control of these processes are effective;
- monitor, measure, and analyse these processes;
- implement actions necessary to achieve planned results and to maintain the effectiveness of these processes;
- analyse, evaluate, control, and monitor effectiveness;
- include widely sharing the results of how the program is performing;
- document all aspects of the program.

NOTE A carer-inclusive program consists of different interrelated processes. Often the output from one process directly forms the input to the next. The application of a carer-inclusive policy within an organization, together with the identification and interactions of these processes, and their management, can be referred to as the process approach.

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Annex A (informative)

Sex-/gender-based lens

A.1 Need for a sex/gender lens

A sex/gender lens is important to use on data or information related to working carers and carer-inclusive organizations to gain a more accurate picture to make well informed choices and solutions. Further, many industries are characterized by the presence or absence of sex/gender-dominance. For instance, the construction industry employs predominately male workers. In addition, sex and gender relates not only to the industry that one works in, but the type of job one holds, with highly skilled females often held to the same standards at work as their male counterparts while attempting to meet the different expectations society has with respect to care. Further, as reflected in theories on labour market segregation, women and marginalized groups often make up the majority of the secondary labour market, which consists mainly of workers in unskilled jobs that are low paying, have few benefits and opportunities for advancement, and typified by high turnover rates. In many countries, women also tend to work more part-time positions than men. A sex/gender lens can help to meet society's goal of increased gender equality, as reflected in the United Nations Sustainable Development Goals.

Similarly to paid labour, unpaid or family caregiving is also separated by sex/gender. Worldwide, women are found to provide more caregiving hours, help with more caregiving tasks, and assist with more personal care than do men. Typically, female working carers have been found to have higher levels of burden and depression, and lower levels of subjective well-being and physical health. These carers often face a triple burden as they are often looking after frail and disabled elderly relatives/friends/significant others at the same time as looking after dependent children and doing paid work.

Studies consistently show that working carers often must sacrifice their career goals, such as career-advancing opportunities or professional development, to meet their care responsibilities. Female working carers are more likely to make job adjustments, such as changing or leaving jobs, when compared to men. The potential loss of these skilled workers from the paid labour market poses challenges for employers and the economy. Leaving the labour force is detrimental to working carers because it puts them at risk for social isolation, lower incomes and smaller pensions, problems with labour force re-entry, economic losses, and poverty over the long term.

While women are more likely to provide care, employers should not assume that male employees do not have caregiving responsibilities. With population ageing, more workers, of all genders, will be faced with balancing work and caregiving.

[Clause A.2](#) provides a tool to help organizations do a basic workforce assessment. While the focus is on sex/gender, this checklist also includes questions related to other axes of diversity, including persons with disabilities, marginalized groups, and age composition of the workforce. This basic assessment is designed to help organizations better understand the composition of their workforce and provide appropriate support to all workers.

Note For more information about how to achieve an age-inclusive workplace, see ISO 25550^[9].

A.2 Sample assessment checklist of workforce profile

Organizations should ask these questions when working through this document, particularly when creating their own carer-inclusive workplace program.

DEMOGRAPHICS:

- 1) What percentage of the workforce identify as?
Female _____
Male _____
Other _____
- 2) Are there any marginalized segments of the population underrepresented in the workforce?
- 3) What percentage of non-management workers identify as?
Female _____
Male _____
Other _____
- 4) What percentage of managers identify as?
Female _____
Male _____
Other _____
- 5) What percentage of administrators identify as?
Female _____
Male _____
Other _____
- 6) What is the age composition of the workforce?
- 7) What percentage of workers are also persons with disabilities? (Are they also carers?)
- 8) What percentage of the workforce work part-time?
- 9) Would any of these workers prefer to work full-time?

EMPLOYEE BENEFITS:

- 1) What is the current employee benefits package that is in place for your workers?
 - a. Are these benefits applied differently by sex?
 - b. Are these benefits applied differently by gender?
 - c. Are these benefits applied differently by position in the workplace?
- 2) Are there currently any carer-inclusive supports and accommodations available?
 - a. What are they?
 - b. To whom are they available?
- 3) How are these supports communicated to your workforce?