

Juggling work and care

The experiences of working carers of older adults

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The context of work and family life

Introduction

Employers are increasingly aware of the need for family-friendly policy and practice to be developed in the workplace in order to support those who have caring responsibilities for older adults, as well as, or instead of, children. A number of factors have contributed to this growing awareness, not least demographic changes, which have resulted in the ageing of Britain's population, with potentially greater numbers of people needing care and support in old age in the future (Bernard and Phillips, 1998; George, 2001). Alongside this, there are fewer younger people in the population. Together with changes to the nature and structure of work, this means that there is a growing need to recruit and retain women employees – traditionally the major caregivers. The public sector in particular is facing difficulties in recruiting and retaining a variety of staff. Its workforce is ageing and many employees in their 40s and 50s are increasingly likely to have informal caring responsibilities. The competing demands on women have led to work-life issues becoming a concern of public agencies, which are attempting to modernise their traditionally inflexible services to support both older people and carers.

This report presents the findings of a study that investigated how working carers and managers perceived and experienced existing workplace policies and practices designed to help them manage work-life roles. The study was conducted in two public-sector organisations: a Social Services Department (SSD) covering a shire county in the West Midlands and a National Health Service (NHS) Trust located in a large West Midlands conurbation. The focus on these two organisations gave us unique insights into those

employees and managers who have both informal and formal roles as carers – dual caring responsibilities. Employer and carer perspectives on what works, as well as what acts as a barrier to the implementation and use of family-friendly policy and practice, were also key concerns. The study was carried out by members of the Centre for Social Gerontology at Keele University over a period of two years, from February 2000 to February 2002. The research has strong parallels with current and recent studies being funded by the Joseph Rowntree Foundation and by the Economic and Social Research Council (Evandrou and Glaser, 2001; Bond et al, 2002; Mooney and Statham, 2002; Yeandle et al, 2002).

Background

Demographic trends: caring and work

The demographic trends alluded to above are an important backdrop to our current considerations. In particular, population projections reveal that the numbers of people of pensionable age are set to rise over the next 30 years. Moreover, those aged 75 and over, who are potentially most at risk of dependency, are expected to increase by 70% (George, 2001). Alongside this, the pool of people who have traditionally provided care – that is, women between the ages of 45 and 60 – are precisely those most in demand by employers. This pool is also shrinking and changing due to other factors such as the fragmentation of families through divorce and geographical distance. Despite this, in 1999 2.7 million people combined work with informal care for another adult (DoH, 1999), though the extent to which carers will be available, or able, to continue providing informal

care for older adults in the future is uncertain (Phillipson et al, 2001).

The nature of work is also changing. As well as employers wanting to retain and attract women, both women and men are working longer hours. One in six employees now works in excess of 48 hours a week and 11% work over 60 hours a week (Trade Union Council, 2002). The extent of temporary and part-time work has also increased, alongside greater job insecurity, while recent reanalysis of statistics from the Labour Force Survey shows other important changes (Mooney and Statham, 2002). These include a threefold increase, between 1979 and 1999, in the numbers of women aged 50-54 who are working 40 or more hours a week, and increasing numbers of couples where both partners work. Thus, enabling both women and men to combine work and care is crucial if employers are to have sustainable workforces. In addition, it has been shown that carers often bring additional skills to the workplace (Creedon, 1995). This has particular relevance here, since informal carers are likely to be very experienced and appropriate employees for the two health and welfare organisations under study.

National policy context

Employers are also increasingly under pressure, both from within organisations and from recent government legislation and policy, to develop family-friendly policies to support informal carers in the workplace (DoH, 2002). Although policy addressing carers' needs was implemented through the 1990 NHS and Community Care Act and the 1995 Carers (Recognition and Services) Act, the employment needs of carers were not fully considered until *A national strategy for carers* was produced in 1999 (DoH, 1999). This provided a framework of practical support for carers in the workforce. The 2000 Carers and Disabled Children Act that followed gave carers the right to their own assessment, and resultant good-practice guidelines highlighted the need for carers' employment to be a main factor in assessment. Alongside this, the *National strategy for carers* made a commitment to "modernise social services". This has far-reaching implications for carers and older people, and is closely linked with the introduction of National Care Standards in 2000, the 2002 National Service (NSF) Framework for Older People and the

introduction of direct payments, enabling carers to purchase services they are assessed as needing.

The needs of carers in employment are also addressed in a number of other European and national contexts (EFILWC, 2002), with recent policy initiatives aimed at all employees. The European Working Time Directive, introduced in 1998, stipulated a maximum number of 48 working hours in a week, minimum rest periods and the right to four weeks' annual paid leave. Additionally, the European Part-Time Work Directive, implemented in July 2000, gave part-time workers the right to "no less favourable treatment" than full-time workers. In Britain, the 1999 Employment Relations Act gave employees the right to unpaid "reasonable" time off to deal with unexpected or sudden situations relating to those they care for. At the same time, the Department for Education and Employment launched the Employers for Work-Life Balance Initiative and the Work-Life Balance Campaign (DTI, 2002). The former initiative encourages organisations to make a commitment to support carers in the workforce, while the latter gets them to introduce more flexible working practices. More recently still, in 2001, the government set up the Work-Life Balance Challenge Fund of £1.5 million. This offers advice, consultancy and support to businesses wanting to examine their practices in order to see if different and flexible working patterns could improve profitability and help employees balance work and family life.

The current situation

Although recent work-life legislation has brought this issue to the attention of employers, existing family-friendly schemes and services are still primarily designed for working parents of young children. Current schemes rarely address the needs of employees who care for older, or disabled adults. This omission is critical as the needs of carers of adults are distinctive and caring responsibilities can be protracted and unpredictable (Martin-Matthews and Campbell, 1995).

In Britain, some survey research has revealed that public-sector, unionised and large employers have been most likely to provide family-friendly arrangements for carers of adults as well as parents of children (Cooper and Lewis, 1995; Dex and Smith, 2002). However, in both private and

public sectors, we have no detailed information about what arrangements actually work, both from a business perspective and for carers themselves. A further issue identified in previous studies is the need for both formal and informal support services to dovetail with workplace requirements. Literature from the US and Canada stresses the need to develop workplace-based policy and practice *in partnership* with community services (Neal et al, 1993; Martin-Matthews and Keefe, 1995). Our study therefore sought to explore the possibility for such developments, alongside an analysis of what helps and hinders working carers as they attempt to combine work and care.

Aims of the study

The main aim of the study was to investigate the use, relevance and effectiveness of a range of workplace policies and practices from the perspectives of carers and managers in the public sector. While our respondents work in a variety of contexts, we were particularly interested to explore the experiences of those with dual, hands-on caring responsibilities at work and at home. Specifically, the study was designed to:

- evaluate formal strategies used by working carers of older adults to help them manage work and care roles;
- identify what helps and what hinders working carers;
- elicit carers' views on managing work and care;
- articulate employer perspectives and identify areas where the public, voluntary and private sectors can work in partnership to respond to the needs of working carers.

How the study was carried out

The study had five phases and adopted a multi-method approach (see Appendix A). The first phase was to establish a profile of the two organisations by gathering detailed information from personnel managers about characteristics such as age, gender, employment status, the family-friendly policies and benefits on offer, and the links with external organisations relevant to carers.

The two organisations

Both the NHS Trust and the SSD serve a mixed urban and rural population and, while not coterminous, share some geographical areas. The two organisations have a mutual interest in providing services for older people and carers in the community, and in residential and hospital care. The SSD also provides daily living assistance to adults, children, young people and their families who require care due to their age, disability level or mental health status. Our study area has a well-developed voluntary sector responding to the needs of older people. Local voluntary agencies such as the Carers' Associations and Age Concern are quite active in the community and offer many services, including Carers' Chatlines, training and information packs, to assist carers.

Both organisations have recently been through major organisational restructuring. From the information provided to us by personnel managers, it was evident that when the research began in February 2000, both had diverse and large workforces (the SSD had 5,180 employees and the NHS Trust had 4,744). Both workforces range from highly paid professionals such as consultants, to low-status, poorly paid cleaners and manual workers. Diversity also extends to the employment locales: both have their headquarters in major towns but have outlier offices and centres servicing rural populations.

The workforce in both organisations is over 80% female, with men taking on more of the managerial and senior positions, particularly in the SSD. The age profile of the workforce provides the 'structural potential' (Martin-Matthews and Keefe, 1995) for eldercare to be a concern for employees and employers: in the NHS Trust, 55% of staff are aged 40 or older, whereas 64% of SSD staff are in this age band. Both organisations also have a predominantly white workforce (at least 97% white) and nearly half of the staff have worked in the same organisation for six years or more (49% in the NHS Trust and 45% in the SSD).

One noticeable difference between the organisations is the ratio of full-time to part-time employees: the majority of NHS Trust employees are working part-time (59%) compared with only a quarter of SSD employees (27%). Both organisations are also unionised (UNISON is the

main union) and, in common with other public-sector health and welfare organisations, have recently seen a critical shortage of staff at all levels – but particularly among professional grades. For example, both the NHS Trust and the SSD had 10% of their staff leave in a one-year period¹. Not surprisingly then, the main driver to develop family-friendly policies and services appears to be linked with concerns around retention and recruitment. This issue is discussed further in Chapter 2, when we examine the rationale for family-friendly policies within the two organisations.

The screening questionnaire

The second phase involved sending out a short screening questionnaire to all employees, attached to their payslips and/or a monthly newsletter². This enabled us to identify who was caring for an older adult over the age of 60. The screening questionnaire used the 2001 Census question to identify carers, namely:

Do you look after or give any help or support to family members, friends, neighbours or others because of: long-term physical or mental-ill health or disability, or problems related to old age?

Respondents were requested not to count any caring they did as part of their paid employment, and were asked to specify how many hours a week they spent caring. In addition, respondents were asked to identify whom they cared for and

to respond to a series of questions about the impact of work on family life and vice versa (The Industrial Society, 2000). Twenty seven per cent of employees returned the questionnaires (23% from the NHS Trust and 30% from the SSD)³.

Working carers' questionnaire

Following this, a lengthier postal survey was sent to the 365 carers who had indicated a willingness to participate further. This self-completion questionnaire examined in more detail issues connected with combining work with caring and other family responsibilities. For example, it explored employees' knowledge and use of policies and benefits; it requested details of all the people they cared for and the particular kinds of help and support they provide; and it asked how they coped with combining work and family life. The questionnaire also enabled us to identify who had ceased caring in the intervening months. These people are referred to as 'former carers' throughout this study.

A total of 203 questionnaires were returned (a response rate of 56%): 94 (61%) from the NHS Trust and 109 (51%) from the SSD. Nine out of 10 were women, white and over the age of 40, and three quarters or more of them were married, living as a couple or remarried (76% in the NHS Trust and 84% in the SSD).

In-depth interviews with carers

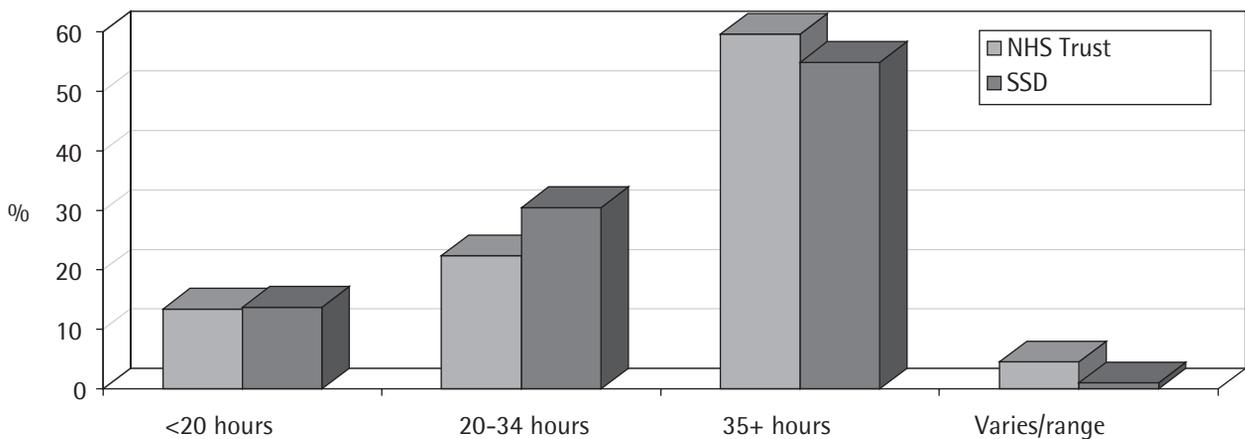
In the next phase, 44 of these carers were interviewed in greater depth about their particular experiences (see Appendix B). We chose 21 carers who provided hands-on care at work; nine who lived at least 60 minutes away from the person they were caring for; seven men in the sample; and seven former carers. Their ages ranged from 32 to 70 years (the 70-year-old carer was semi-retired) and they all worked either full-time or part-time. Those we interviewed provide care predominantly for immediate family members – older parents or in-laws. Most also live with a spouse and/or children and many have multiple caring responsibilities (see Appendix B).

¹ Percentages represent the people who left the organisations between April 2000 and March 2001. The SSD percentage excludes casual and temporary employees. The NHS Trust percentage includes temporary employees but not casual.

² 8,953 employees (5,050 in the SSD and 3,903 in the NHS Trust) received our screening questionnaire in July 2000. All employees of the SSD received questionnaires through the internal mail system. NHS Trust employees received the screening questionnaires with their payslips. Only 3,903 of the 4,500 NHS Trust employees were paid in the July pay period – some may have been 'as and when' employees who do not work regularly or who are on leave (for example, maternity, sick, career break) and have run out of pay. Thus not every employee of the NHS Trust received a questionnaire due to the manner in which they were distributed. This method of distribution may have affected the NHS Trust response rate of 23%, which is slightly lower than the SSD response rate of 30%.

³ One person blacked out their identification number, making it impossible for us to determine which organisation they worked for.

Figure 1.1: Hours worked per week



In-depth interviews with managers

Using information supplied by the personnel departments, we asked to interview 20 senior and middle managers. Fifteen agreed to take part: seven in the SSD and eight in the NHS Trust. A short factual questionnaire was sent to managers before the interview, asking about their knowledge of the organisation's family-friendly policies and benefits. In the interview itself, managers were then invited to explain how they communicated policy to staff, how they translated policy into practice, and what their perspectives were on developing partnership arrangements (see Appendix C).

Seven of these managers were men and eight were women. Their ages ranged from 27 to 56 years of age and most were married. Over half had been with their employer for more than 18 years, and had themselves made use of a range of policies and benefits, including short-term leave, time off in lieu (TOIL) and work-at-home arrangements. Three were currently caring for older relatives (see Appendix C).

Juggling work and care: the working carers' questionnaire

As noted earlier, 2,432 employees returned the screening questionnaire. Of these, 870 (36%) said they cared for an adult over the age of 60. This means that at least 10% of each organisation's total workforce (8,953) have caring responsibilities for older adults.

However, in order to understand more about carers' experiences of juggling work and care, consideration is given here to some of the findings from the questionnaires completed and returned by our 203 carers. We look first at the work situation of carers in employment, before going on to discuss the extent and nature of their informal caring responsibilities. This discussion concludes with an examination of the impact of work on family life and vice versa. These findings set the scene for the more detailed discussions in Chapters 2 to 4.

Carers at work

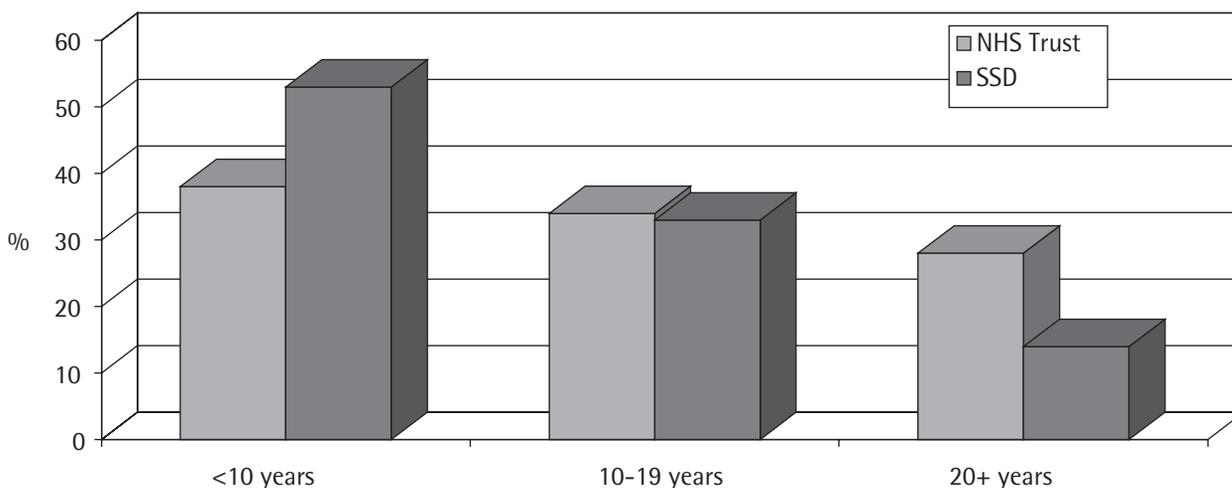
Our working carers are employed in a wide range of occupations and nearly all are on permanent contracts. Two thirds of them work full-time: 65% (n=60) in the NHS Trust and 64% (n=67) in the SSD. Two fifths work between 20 and 34 hours a week and the remainder work less than 20 hours (see Figure 1.1).

Clear gender differences in the number of hours worked a week are also apparent, with larger percentages of male carers working full-time hours in both organisations: 75% (n=6) of male NHS Trust carers work full-time hours compared with only 64% (n=54) of female NHS Trust carers. In the SSD, 89% (n=8) of male carers work full-time compared with 62% (n=59) of female carers.

Carers in the NHS Trust also appear to have worked with the organisation for a longer time, as shown in Figure 1.2.

Both workforces are dispersed across urban and rural locations and some employees are required

Figure 1.2: Length of time working in organisation



to travel between one or more work locations in a single day. The majority of carers in both organisations commute to work by car or van (as either a driver or passenger), usually taking 40 minutes or less. However, for one in 10 carers the journey to work takes longer than 40 minutes.

When the carers in both organisations were questioned about their level of autonomy at work, less than half said they had control over their work schedule: 42% (n=39) in the NHS Trust and 41% (n=43) in the SSD. However, the majority say they are committed to their work, with substantial proportions agreeing with the statements that:

- Work is an important part of who I am. (NHS Trust 94%; SSD 89%)
- Work occupies an important part of my life. (NHS Trust 89%; SSD 86%)
- I would work even if I did not need the money. (NHS Trust 62%; SSD 64%)

The majority of carers are also ‘satisfied’ or ‘very satisfied’ with their present job: 73% (n=66) in the NHS Trust and 68% (n=73) in the SSD. Many of them find that work provides them with ‘the chance to learn new things’ and to ‘accomplish something worthwhile’. They also say it ‘makes me feel good’. These incentives counterbalance their dissatisfaction with the amount of pay they receive.

Informal caring responsibilities

Between them, the 203 working carers look after a total of 312 people. Older mothers are the main

recipients of care and support, followed by mothers-in-law and fathers. This echoes many of the classic studies of carers, which revealed that *intergenerational* informal care consists predominantly of women caring for other women (Finch and Groves, 1983; Ungerson, 1987; Lewis and Meredith, 1988). However, as we show later in the report, there are small numbers of men who play an active supporting role.

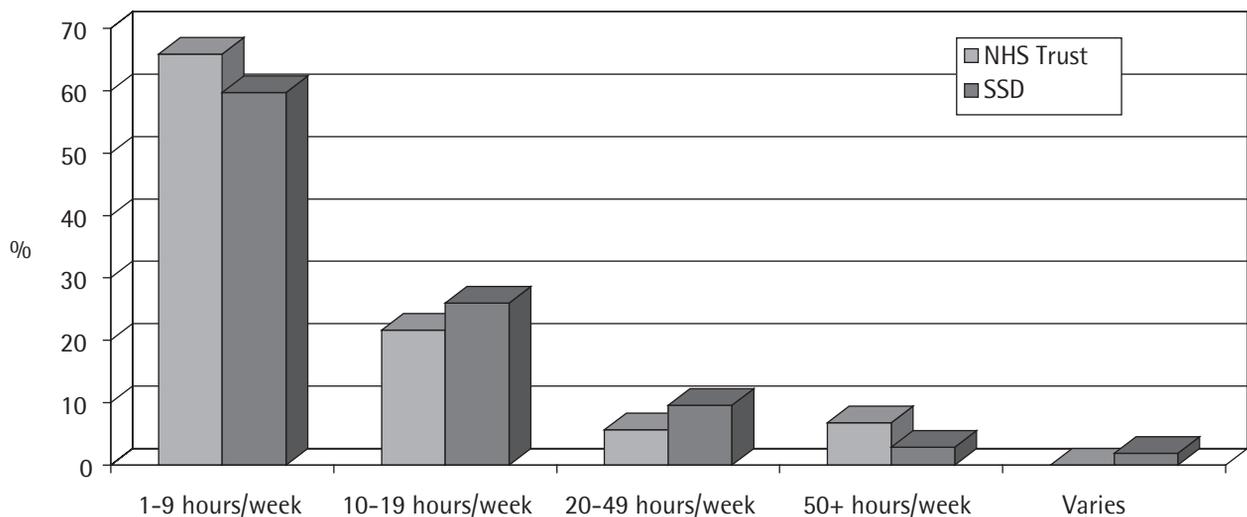
In 44% of care situations, our carers say they are the primary carer, and in a further 26% the respondent is sharing their caring duties equally with others. In the remaining 30% of care situations, they contribute to the care of others but in a lesser way.

Studies have shown that the extent and participation in eldercare is regulated by proximity (Joseph and Hallman, 1998). Only 18 care recipients live with the person/people who care for them and 19 live at least an hour’s drive away. About one in three carers live within 10 minutes of the care recipient.

The majority of working carers have been caring for at least two years and of these, one in five have been caring for longer than 10 years. Caring can therefore have long-term impacts on work and family life.

As can be seen in Figure 1.3, the number of hours a week that are spent caring is nearly identical in both organisations. Two out of three working carers spend less than 10 hours a week looking after their care recipients. With only one exception, all those caring for more than 20 hours a week are women and eight of them (six in the

Figure 1.3: Hours spent caring per week



NHS Trust and two in the SSD) are providing 50 or more hours of care⁴.

All carers were asked about the caregiving activities they had undertaken during the previous six months. The most common activities are 'help with transport' (97% [n=84] of NHS Trust carers and 94% [n=89] of SSD carers) and 'help with shopping' (92% [n=79] of NHS Trust carers and 91% [n=90] of SSD carers). Similarly high proportions give emotional support (87% [n=76] of NHS Trust carers and 93% [n=90] of SSD carers) and check on their care recipient by phone (97% [n=83] of NHS Trust carers and 88% [n=83] of SSD carers). However, few carers are providing heavy-end personal or physical care, with less than one in four in both organisations saying they 'help with eating/feeding', 'help with toileting', or 'give nursing care'.

The majority of working carers are caring for just one older person (56% [n=50] in the NHS Trust; 59% [n=60] in the SSD). However, one in four NHS Trust carers (27% [n=24]) and one in three SSD carers (31% [n=32]) are looking after two older people, and twice as many NHS as SSD carers are looking after three or more older people (18% [n=16] compared with 10% [n=10]). In addition, irrespective of how many older adults are being cared for, many of these carers also have multiple caring roles involving care for other adults and/or for children. For example, 39%

[n=79] still have someone aged 18 or under living at home.

Carers were also asked what outside agencies or services they had used to assist them, or their care recipients, in the previous six months. Surprisingly, only minorities of carers make use of services provided by their own organisations. Less than one in 10 carers make use of rehabilitation services, care-attendance schemes, carer drop-in centres, sitting services, laundry and shopping services, meals-on-wheels or respite care. One in four use occupational therapy and one in three have a social worker to assist them.

Some differences between NHS Trust and SSD carers are discernible, with one in three SSD carers using care assistants/home helps compared with one in four of NHS Trust carers. Help with transport is used by one in four NHS Trust carers, but by less than one in five of SSD carers. A further difference between the two organisations is that SSD carers tend to make use of a wider range of services on offer – including physiotherapists, benefits' advisors, domestic cleaners and gardening services – many of which are accessed through their own department.

The overriding lack of use of services may also reflect the fact noted earlier that, on the whole, our carers are not engaged in 'heavy' caring for older people with complex physical and mental health problems, who often require a network of coordinated services to support them.

The questionnaire also presented carers with a list of 38 possible coping techniques (Nolan et al,

⁴ In the NHS, three worked full-time, two part-time and one job-shared. In the SSD, two worked full-time and one part-time. They included hands-on carers, managers and administrators.

1995). Carers indicated whether they used them and, if so, how helpful they found them to be. Nine out of 10 NHS Trust carers use the following coping methods and find them helpful:

- Talking over my problems with someone I trust.
- Keeping a little free time for myself.
- Seeing the funny side of the situation.
- Relying on my own experience and the expertise built up.
- Maintaining interests outside of caring.

Similar proportions of SSD carers also use these techniques but added another nine from the list, which reflect a variety of planning and problem-solving strategies as well as looking for the positives in the situation and in the person or people they are caring for. The least used or least helpful strategies are 'ignoring the problem and hoping it will go away' and 'attending a self-help group'.

This suggests that moves to establish self-help groups among employees may not be the most useful way to proceed in supporting carers in the workplace. Accessing and talking to professionals linked to the workplace, and having support from friends and colleagues at work to help keep caring situations in perspective, may well be more beneficial. These are issues we explore further in Chapter 3.

In summing up their feelings about caring, the majority agree that 'it varies: sometimes fine, other times depressing' (62% [n=56] of NHS Trust carers and 51% [n=54] of SSD carers). Additionally, the difficulties of juggling care and work are also acknowledged, with 36% (n=33) of NHS Trust carers and 36% (n=38) of SSD carers saying that 'it is difficult combining work and care'.

Care and employment: the impact

Carers were also asked to what degree their work interferes with their family life and vice versa. The majority of carers feel that work does indeed impact on family life, with at least three out of four agreeing with the following statements:

- I am too tired because of work to do family things and feel that the family is missing out on my input.

- My job prevents me from spending as much time as I would like with my family.
- I don't have much time to socialise with my partner or family in the week.
- Relaxing and forgetting about work issues is hard to do.

When they need to take time off, over half (56% [n=49] of NHS Trust carers and 53% [n=57] of SSD carers) also say they use their annual leave to 'take care of personal or family responsibilities'. Of those who use their annual leave in this way, one in five NHS Trust carers and one in four SSD carers had used at least a week of their holiday time in the previous six months.

Looking at the other side of the coin, it is interesting to observe that only minorities of carers say that their 'outside responsibilities and activities' have affected their work in the last six months. One in three say that 'when I am working I am distracted by thoughts about my family responsibilities' but only one in 10 say 'my family responsibilities take up time that I would like to spend on my job' or that 'the quality of my work suffers because of the demands of my family life'.

However, for the small minority of carers who do say that their family responsibilities have affected their work, the consequences are many and varied. Most commonly it appears that they have primarily chosen to forego the 'rewards' of their work in order to provide care, saying they have been unable to 'attend job-related social events'; 'take on extra projects or responsibilities at work'; 'attend meetings or training sessions'; or 'accept or seek promotion or a job transfer'. Some have also had to 'lose time (and pay) because of arriving late or leaving early'; others have had to 'stay away from work for at least three days at a time' or 'take sick days when they are not sick'; and yet others have had to 'permanently reduce their hours'.

A related concern is the impact work and care has on people's health. Three out of four carers (78% [n=71] in the NHS Trust and 74% [n=77] in the SSD) say they 'worry about the stress of work on their own health', and almost as many say they 'would like to reduce their working hours and stress levels but feel they have no control over their current situation' (70% [n=61] in the NHS Trust and 65% [n=59] in the SSD). Not surprisingly then, the most common reason for absence from

work is people's own ill health (94% [n=87] in the NHS Trust; 86% [n=92] in the SSD).

It seems therefore that most carers are not allowing their caring responsibilities to impact on their work but that they are concerned for their

own health. Many of the issues raised here are picked up again in the following chapters, when we consider how carers and managers experience the challenges of juggling both work and care responsibilities.

Summary

- Demographic trends – notably the ageing of the population and of the workforce – together with changes to the nature and pattern of employment are resulting in increasing pressures on both women and men to combine caring responsibilities with paid work. Employers also have to closely examine the kinds of family-friendly policies and practices they need to put in place in order to be able to sustain committed and viable workforces for the future.
- Recent legislation, in both Britain and Europe, has reinforced these trends and brought work–life balance issues to the fore. Various initiatives designed to encourage employers to introduce more flexible working practices and to get them to make a commitment to support working carers are currently underway.
- Despite these recent changes, many schemes are still centred on the needs of parents with dependent children rather than on employees with other kinds of caring responsibilities, such as care of older adults. There is therefore a need to understand what does and does not work in terms of support for other kinds of carers, and what forms of partnerships with community services might usefully be developed.
- The study examined the use, relevance and effectiveness of existing arrangements designed to support working carers of older adults. It involved: profiling two public-sector organisations (an NHS Trust and an SSD); screening all employees to determine who were carers of older adults; sending a self-completion questionnaire to carers; and in-depth interviews with selected carers and managers. Of particular interest were the situations and experiences of those who are 'dual carers' and who have formal hands-on caring roles at work, as well as informal caring responsibilities.
- From the screening questionnaire, it was possible to determine that at least one in 10 employees in each workforce have informal caring responsibilities for older adults.
- A total of 203 working carers completed the longer questionnaire. At work, they are engaged in a wide variety of occupations, with two out of three working full-time. Some gender differences in employment status were apparent, with higher proportions of men in full-time jobs. The majority of working carers are very committed to their work and say it is important for their own self-esteem and identity.
- In terms of informal caring responsibilities, most are caring for one older adult. Care recipients are most commonly mothers, followed by mothers-in-law or fathers. Three out of five share their caring responsibilities with others, while two out of five say they are the primary carer. Very few live with the people they care for, though one in three live close by (within 10 minutes). For the majority, caring responsibilities take up 10 hours or less a week and involve tasks such as shopping and transportation. Few carers are involved in 'heavy' personal or domestic tasks and few make extensive use of other support services. Coping techniques revolve primarily around using their own expertise and experience, talking with others, and ensuring they have time for interests beyond caring.
- The demands of working and caring mostly affect family life and carers' own health rather than work. A majority of carers say they use annual leave to accommodate caring responsibilities and some choose to forego the 'rewards' of work rather than let their caring responsibilities interfere more severely.

2

Policies, practices and partnerships: organisational perspectives

Introduction

This chapter documents and discusses the family-friendly policies and practices employed in both the NHS Trust and the SSD. Drawing on data from the questionnaires, and from the interviews (and short questionnaires) with managers, it is evident that both organisations have a range of family-friendly policies on offer. However, the extent to which policies are consistently applied depends on a number of factors, including the nature and level of the carer's job, how policies are communicated, and how they are interpreted by the carer's manager. We also consider the challenges managers face in trying to implement family-friendly policy. The chapter concludes with a brief discussion of managers' perceptions of 'partnership'.

The development and use of policy

Family-friendly policies seem to have developed in these two organisations from three main sources: through national legislation; as a result of the personnel manager developing policy for the organisation; and as a reaction to individual situations – that is, top-down, bottom-up and a combination of both. Concentrating on the perspectives of managers, a number of interrelated issues about the development and use of policies are examined, including:

- meanings attached to family-friendly policies;
- the rationale for development;
- communication of policy to staff;
- the availability of policies and benefits;
- awareness and use of policies by staff.

Meanings attached to family-friendly policies

Managers give a variety of definitions of family-friendly policies but, like this SSD manager, most commonly speak about them in terms of balancing the conflicting demands of work and home life:

“I think family-friendly policies are policies that would enable staff to meet their obligations at work without unduly impinging on their obligations to the person to whom they are providing care, and I think that goes both ways: that the obligation to provide care informally does not impinge too heavily upon their obligations at work. There has to be a balance between those two.”

Rationale for development

The major rationale for the development of family-friendly policy in both organisations centres on the dual problem of recruitment and retention of staff. Chapter 1 noted that, in line with national trends, both agencies face shortages of trained staff in particular. Recruitment and retention difficulties are also apparent with lower grade staff such as community care workers and ancillary staff. Here, the problem is one of competition from alternative local employment in the retail and, in some cases, the private-care sectors. These employers offer flexibility (part-time work) and comparable terms and conditions. The jobs may also have less stress and worry attached to them, as this SSD manager explains in detail:

“The largest workforce that I’m responsible for are community care workers and we are losing community care workers quicker than we can recruit and, in fact, recruitment is very difficult.”

When asked the possible reason for losing them, he explained:

“I think the over-riding issue is that their job has dramatically changed. They used to be staff who predominantly worked Monday to Friday, nine ’til one. They now need to work across seven days and from as early as 6 o’clock in the morning to as late as 11 o’clock at night. And rotas and shift patterns, as well as the dangers – whether perceived or real, and in some cases real – of being out in some very difficult urban areas and in some very isolated rural areas by yourself very late at night causes staff concern.

“There is an issue of other employers – or availability of other employment, particularly the opening of supermarkets – who may well have the same shift patterns and may well pay about the same or slightly less but who can give a firmness that you will be required at this time.... The other issue is that if what you’re doing is stacking shelves in a supermarket, that may well be boring but it isn’t worrying. My staff genuinely do worry about, ‘Have I left Mrs Jones safe for the night?’”

Managers also recognise that the development of family-friendly policies is good employment practice. It can secure additional benefits for the organisation: trust in staff to manage their work time and the appropriate use of policies such as homeworking will then be matched with loyalty to the organisation. According to this SSD manager:

“For me, that’s an advantage of family-friendly policies that people are genuinely loyal anyway. But sometimes it’s good just to acknowledge that in terms of supporting them with time off when they need it.”

Communication of policy

Managers use a number of avenues to communicate agency policy to staff. In both organisations, there are policy folders in every office and ward. Information is also conveyed through the postal system and by e-mail, through minutes of staff meetings and on an individual basis through supervision. In the SSD, bulletin boards are used for making available the daily work diary of team members. This means that employees who are on sick leave, or who have taken TOIL, are noted to be doing so by all the team and managers feel that such transparency helps communication and trust between colleagues. In the NHS Trust, training events also enable lower-grade staff to hear about policies. However, the most effective means for conveying agency policy, in the minds of managers, is through the grapevine and by word of mouth.

There is, though, an assumption in both organisations that staff will read the available information. In practice, all managers in the study believe that staff only read such documents when they have a problem or issue directly affecting them. They also feel that staff do not know how and where to access the necessary information, and managers say they often access information on behalf of their staff. Unlike childcare issues, eldercare is not a topic for everyday discussion. Indeed, managers themselves were readily able to cite examples of the application of childcare policies but gave few examples of eldercare policies.

The availability of policies and benefits

In terms of available policies, personnel managers in both organisations are able to explain and qualify the variety of family-friendly policies and benefits available to staff, as shown in Figure 2.1.

In theory, the policies are available to selections of staff as indicated in Figure 2.1. In reality, the availability of such policies depends on the nature of the job and the level of the individual in the organisation:

“Senior managers don’t get time off in lieu. Their contract doesn’t include time off in lieu.... we do the number of hours required to do the job.” (NHS manager)

Figure 2.1: Family-friendly policies and benefits available to staff

Policies	SSD	NHS Trust
Extended leave (work or career break for personal or family reasons)	Covered by the work break scheme, which also covers career breaks. Anything up to five years, without pay. They cover leave for a range of issues from child or other dependent care to return to education. It is an unpaid and contractual break.	Career break (up to five years unpaid).
Short-term leave (for personal or family reasons – more than five days)	Covered by the unpaid leave provisions. Agreed in exceptional circumstances and may include a short period with pay and the rest without.	Carers' leave for a short period (paid). No formal policy but seeks to come to some arrangement on an individual basis and if a longer period is required it is likely to be unpaid.
Time off in lieu (TOIL)	Available to field social workers and occupational therapists.	For grades where overtime is paid, extra hours worked can be taken either as TOIL or as paid overtime. Manager makes final decision as to which one.
Shorter weeks and reduced hours	Not applicable in a formal sense but have large numbers of part-time staff, and local arrangements.	Ability to compress workweeks. Large numbers of part-time staff.
Part-time work with full benefits Part-time work with pro-rata benefits Part-time work with no benefits	Not available, except for entitlements to pay, annual leave and bank holidays.	Benefits are generally pro rata (exceptions are things such as lease cars and overtime payments, which only apply after full-time working week hours worked).
Flexible hours or flexitime	Available to all administrative staff. However, many care staff, ie, those working in day services and residential establishments, are not eligible for TOIL or flexible hours. Community care workers cannot participate in either of these schemes.	No formal policy but applied informally.
Job share	Available.	Available.
Work at home	No formal policy. A pilot scheme is in development.	No formal policy. Applied informally in appropriate jobs. Guidelines being written.
Eldercare information	Limited information available.	No information available.

Figure 2.1: contd.../

Policies	SSD	NHS Trust
Workplace crèche	Not available.	Not available.
Paid overtime	Strives to avoid overtime at all costs. Many establishments have part-time staff who are happy to work extra hours to cover gaps on rotas up to a maximum of 37 hours a week.	There is provision in terms and conditions. However, alternatives like TOIL are encouraged, as overtime is very costly.
Dependant leave	A range of arrangements is available. Carers' leave is available to all carers who have a minimum of one year's continuous service. In normal circumstances they can take four weeks in any year. Leave for under five days is covered and known as domestic distress.	A special leave policy allows up to a maximum of five days paid time off for emergency family and domestic situations.
Special leave	<p><i>Compassionate leave</i></p> <p>a) Bereavement leave Up to three days leave with pay, depending on the closeness of the relationship and any particular circumstances. Five days at the manager's discretion. Paid leave in excess of five days is referred to the personnel section.</p> <p>b) Urgent domestic distress Three days paid leave that covers personal and domestic difficulties of a severe nature (five days can be granted in exceptional circumstances). Excess of five days may be approved but will be unpaid. Applies to anyone for whom employee is the primary carer.</p>	<p>Up to five days paid absence as a response to urgent or unexpected situations which cause some immediate difficulties or distress for a member of staff.</p> <p>It is a flexible policy but the sorts of things that this would cover are accidents and sudden illness of a family member, bereavement, funerals, breakdown of carer arrangements. Additional unpaid days can be given depending upon the circumstances.</p>
Counselling	Available in-house.	Available in-house.

“Sometimes the policies are very good in relation to office-based staff or social work staff. The policies are much less good to the great majority of staff and much less helpful for them.” (SSD manager)

A number of policies can be considered as family-friendly in the broadest sense and are generally available to most staff. Part-time work, for example, operates throughout the NHS Trust and SSD and large proportions of staff work part-time,

as we saw in Chapter 1. Other policies, such as dependant leave, are designed specifically with carers in mind. However, this operates differently in the two organisations and, as is evident from the manager interviews, there are concerns about the fact that it needs to be booked in advance, and that in the SSD it has to be at least a week off rather than a couple of days – in stark contrast to the NHS.

Figure 2.2: Workers carers' awareness and use of policies and benefits in the SSD

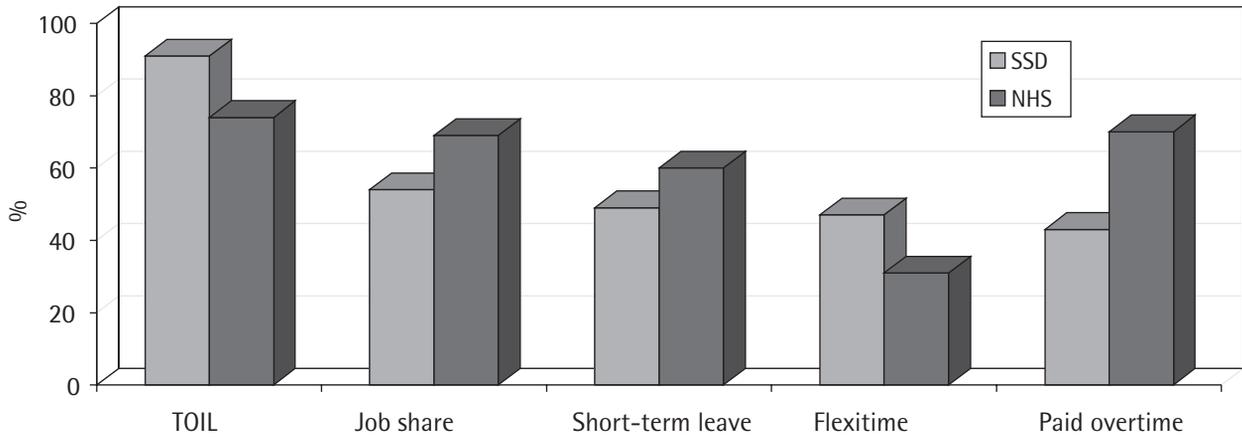
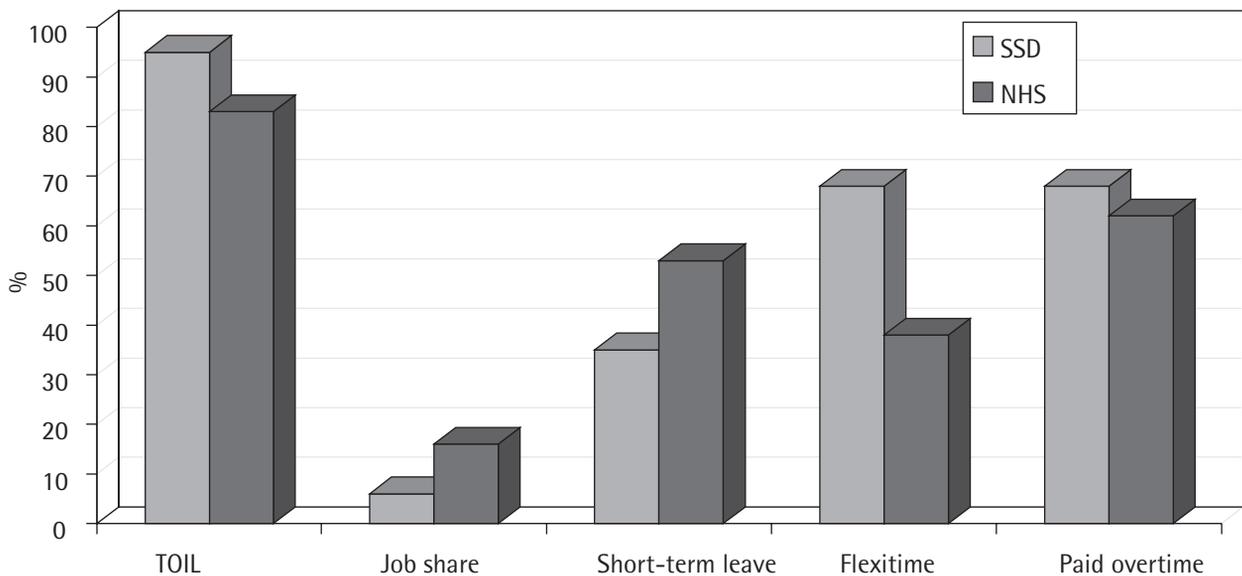


Figure 2.3: Workers carers' awareness and use of policies and benefits in the NHS Trust



Awareness and use of policies by staff

Perhaps surprisingly, although the NHS Trust and the SSD are both large, female-dominated and unionised workplaces, which in theory have flexible benefits, this does not necessarily mean that employees are aware of them or use them (Wagner and Hunt, 1994). Neither middle managers nor staff in either organisation reached a consensus as to what benefits were actually on offer. Personnel managers alone seem confident in their knowledge. Figures 2.2 and 2.3 compare working carers' awareness and use of policies and benefits in both organisations.

TOIL, short-term leave and paid overtime are the most known about and used policies, while flexitime is a more frequently used policy in the SSD. In respect of the other policies listed in Figure 2.1, most working carers have only a limited awareness of these. Moreover, where staff do not use benefits that are known to them, this is generally because they do not have any use for them: for example, they may not be able to afford to work fewer hours or the benefit may not be available in their job.

Linked with this is the confusion about what is meant by 'carers' leave'. This is often used by managers and carers alike as a generic, shorthand term for a number of the policies and benefits

described in Figure 2.1: for dependant leave, extended leave, short-term leave, 'domestic distress', and sometimes for compassionate leave.

In addition, the complexity of the policy guidelines and the limitations of certain policies may actually deter carers from applying for them. For example, a planned admission to hospital cannot be included under compassionate leave arrangements, while the interpretation of 'urgent domestic distress' operated in the SSD was unclear to all who were interviewed in the agency. Moreover, policies that managers perceive as benefiting carers directly, such as job share, are less used. The reasons for this are considered in more detail in Chapters 3 and 4, which look at what carers themselves say about their use of such policies and benefits.

From policy to practice: how managers implement, monitor and review policy

The ways in which managers translate policy into practice are affected by a variety of factors. From the interviews, four sets of factors can be identified:

- attitudes: manager discretion and support;
- knowledge of staff;
- balancing the complexity;
- subcultures in the organisation.

Attitudes: manager discretion and support

First, the attitudes of managers are key in translating policies into practice. Managers talk about how they try to implement policies as informally and flexibly as possible. Most managers view policies as malleable and see them "as frameworks rather than as tablets of stone" (NHS manager). However, this flexibility is hampered by the amount of paperwork that has to be completed. As a consequence, if a crisis arises at home during work hours, managers state that they try and "take the easy option" and "go with the flow", perhaps postponing the administrative details in favour of allowing staff the flexibility they need:

"I think that's the way to do it, to say, 'What do you need? What would be the ideal from your point of view?' and see if it's feasible. And if it isn't then you have to step back

from that and say, 'Well, I couldn't do that, or I couldn't carry on paying you if you did that, and how long is this likely to go on for?' There are so many factors you have to look at: it's about tailoring a package for that person for that particular set of circumstances." (NHS manager)

For managers, this ability to exercise discretion is particularly important, and gives them a significant role in the translation of policy into practice. There are no set guidelines for a number of policies – for example, altering work hours in the short term – so managers act as gatekeepers and interpreters for a number of policies. While this can be positive, the lack of clear guidance means that different managers may interpret the same policies in different ways:

"The flexible hours scheme has been interpreted differently by every manager that I've had. I mean, some people just let you get on with it and if you've worked the hours then you can have two days at a time. Some others are very keen ... they know the exact rules, and you can't have two days together you can only have one day every eight weeks. Some are fairly flexible, and some are absolutely rigid." (SSD manager)

Without guidance, many managers feel it is difficult to respond fairly and consistently to employees. If policies are to be enabling rather than restricting, managers feel they need structures that will ensure transparency and relieve the embarrassment of occasionally having to refuse people. Having the support of colleagues and others within their teams also helps managers, particularly when discretion has to be exercised.

Knowledge of staff

Most of the managers have been employed with their respective organisations for many years and have worked with their current team for a sufficient length of time to enable them to gain knowledge of their staff and their personal circumstances (see Chapter 1). Knowing about people's caregiving histories and what problems they face at home, as well as their previous performance at work, are all taken into consideration when managers negotiate arrangements with working carers:

“I know all my staff individually. I don’t obviously know all their family histories but what I tend to know is ... if someone has got illness in the family. I’ve just had a ‘phone call today from a member of staff who’s let me know that one of the healthcare workers, her mum’s died. And I was able to put that into context – to say, ‘Oh, it’s not that long since her dad died’. So I kind of know things on a day-to-day basis.” (NHS manager)

This body of information gives managers the confidence (or not) to take certain decisions about, for example, allowing time off. Managers say that employees with a history of being honest, “being committed” to the job, having a good service record, and working to a high standard, are in a favourable position when they need to ask for time off work to accommodate their caring responsibilities. In exchange, managers expect their subordinates to remember past ‘favours’ and to be realistic in requesting particular kinds of help and support.

Balancing the complexity

The third major challenge that managers face in implementing policies is balancing the complexity inherent in both organisations. Both agencies are large and complex, with diverse needs of staff and a variety of employment arrangements:

“For the Trust it’s a difficulty because we are spread across the area. It’s not like being on one site – a hospital site. So there are constraining factors like that. So no, they don’t always get exactly what they want but it’s negotiating really. And they don’t always get to work where they want to work.” (NHS manager)

One consequence of this is that managers tell us they are constantly engaged in a balancing act between the needs of the organisation and the needs of their staff. Managers want to value staff, to be sympathetic, approachable and provide flexibility. At the same time, they are conscious of accountability to auditors and to the needs of the service:

“There will be individual managers who ... have difficulties with how they personally balance the requirements from the

organisation to deliver the service at the same time as the requirement from the organisation to be very flexible with staff ... Sometimes those two things aren’t totally compatible ... But I don’t think any of those managers would say we shouldn’t have the policies. They would just say, ‘Please understand that you can’t always give everybody everything they ask for’. If everybody wants the same day, you can’t do it. Somebody’s got to be disappointed... At the end of the day, you have a service to run that you know is there 24 hours a day, seven days a week.” (NHS manager)

Balancing the needs of the carer versus the needs of the service and of the organisation is therefore particularly difficult, and conflicts may emerge. For example, if TOIL or annual leave builds up, or if there are too many working carers in one team, then difficulties in delivering the service to users can become a real issue. Managers are also concerned to distinguish between genuine need and what one of them terms as “swinging the lead” – that is, the misuse and abuse of flexibility. Length and frequency of time off work appear to be significant indicators of whether there is a major problem, which needs discussion between manager and employee. However, managers complain that the policies ‘have no teeth’ and when people abuse the system, there is no real way of monitoring or reprimanding them:

“The Department isn’t actually very good at taking that policy to its final conclusion and saying ‘Bye bye’ to anybody.... I think it’s demoralising to other people around who could be getting hacked off. There are people who use it, and you know who those people are unfortunately ... I’m a bit cynical sometimes about stuff, especially, I think, as a manager one of the things is that you feel hurt when people lie to you over their real situations and you remember those ... I’d like to see quite stern repercussions for people who abuse it ... it does seem a bit toothless at times.” (SSD manager)

Managers are also aware that they too can become overloaded trying to balance their own work with the needs of staff. They believe it is important to keep abreast of family-friendly legislation and constantly, or at least annually, review how policy is being implemented and used in their own organisations, even if this does

not always happen as regularly as it should. Most managers keep records of staff absence, though the use of 'working at home' is recognised as difficult to monitor. All the managers we interviewed also monitor staff through regular supervision:

"It's recorded in the sense of [being] on the monthly time sheet that we send in to salaries and wages. Any leave they take

would be documented and there is paperwork that we fill and send into salaries and wages ... Whether it's carers' [leave], well it would go down specifically as carers' leave or compassionate leave, or whatever, or [a] career-break type thing. All that would be documented and it would be sent off but we don't, because it's not on a big scale, we don't actually sort of keep a tally." (NHS manager)

Case Study No 1: Rhiannydd Evans – manager discretion

Rhiannydd Evans is aged 44 and a manager in social services. She has been in her current post for two years but has worked for social services since leaving school. During this time she worked with 10 different managers. Rhiannydd cared for her mother and then her father until they died last year. They lived locally and she was able to combine work and care for them without too much interruption to her career. She puts this down to being single and not having a husband and family to think about. However, one of the difficulties she faced when her parents were ill was that she had started a new job and had not built up trust within her new team. She felt guilty about taking time off work in such circumstances:

"I was off for six months with my mum. She died at the Christmas and then I went back to work at the end of January. And then I got a new job and I hadn't been there literally a week before my dad died. So I also felt this thing, I've had all this time off already, I've already been away seven months, and so I said I'll come back in next week. So I actually came back within about three days, anyway ... I'd come back, anyway, because I felt embarrassed about having all this time and I don't want to put any more pressure on the team. I'm new and they're going to think 'Who is this woman who's come to us?'. And I felt under enormous stress."

She regards her experience of different managers and their knowledge of her care responsibilities as helpful:

"[It was] Only when my parents were ill and then died that I subsequently thought I'd use some flexible overtime, get the wills sorted out – all that sort of thing – so as not to eat into annual leave. And that's when I came up against this problem. Whereas I think if I'd been with a different manager, they would have just said take time off and so I think it depends on the individual. So although it was the correct interpretation of the flexible overtime rule, I think it was an inflexible interpretation of it in time of crisis. And then I think also if I'd been a bit more aware, maybe if I'd realised there was family-distress time – and I think at the back of my mind I knew there was but I just never thought to apply... I mean in a time of stress, you don't think. I thought I was doing the Department a favour and using flexible overtime, and that it wasn't impinging on any of their work. But I ended up feeling that I'd done something very bad and very wrong, and I'd misinterpreted the flexible overtime and that I was rapped over the knuckles for it. And I was already going through all this terrible distress, anyway, and I just don't need this."

As a manager, she now wants to operate a fair and consistent approach to all her staff. Her experiences have coloured her impression of the Department and how manager discretion can be a two-edged sword:

"Now it's made me question some of the whole process – what is it all about? And I don't want to be retaliatory and think, 'I'm not going to do overtime'. I don't want to be like that, and I'm not going to be like that – I won't let myself be like that. But I can see that some people would be like that. If you're not understanding of their grief and their need and their stress, then [they'd say], 'Why should I be bothered about this Department?'. And I can see that some people would feel like that."

Subcultures in the organisation

Finally, the challenges of ‘policing’ the system are exacerbated by the pervasive ethic of care and subcultures in the two organisations. Most managers consider that setting an example for staff in the use of family-friendly policies is important. Yet one manager does not make use of homeworking, as he feels it sets a bad example:

“Flexible working or working at home – it is tricky if you work in a corridor like this, where senior managers would never do it, so you think that is the culture. And [then] you go downstairs and people do it. People will say that is okay so I’ll do it.” (NHS manager)

Managers also criticise the way the organisations purport to operate their family-friendly policies. One SSD manager says that the organisation does not value its staff: “I think we ask staff to carry an enormous amount of personal worry ... and we fail to recognise that at our own cost”. Another claims that if there are complex issues surrounding a carer, the organisation tends to “bury its head in the sand”. On the whole, managers feel that the ethos of both organisations puts a lot of pressure on staff and that they rely overly on their loyalty and commitment:

“I’ve known people come in next to death and have an attitude that, ‘Unless I physically can’t walk, I’ll get into work somehow’. You get this mindset that you’ve got to go in at all costs because of the pressure on other people, and I think because you are dealing with a lot of emotive issues ... you’d almost feel responsible if you didn’t see them [the service user] today and something happened to them.” (SSD manager)

In essence, this means that managers are uneasy about their organisations not being able to “practice what they preach” when it comes to looking after the needs of their own staff, as opposed to those of clients and patients.

Partnerships: developing joint initiatives for carers

When asked, none of the managers were able to cite the existence of any formal partnership arrangements to specifically assist working carers. Partnership and collaboration is seen simply as about “putting individuals in touch with other organisations” rather than strategically planning joint initiatives.

However, informal links with other agencies do exist, based on both personal and professional contacts. These include the local Carers’ Association, Age Concern and CRUSE (a national bereavement care agency). Managers tell us that, while they see the potential for partnerships, the barriers to development revolve primarily around costs, issues of confidentiality and the difficulties of working with other agencies:

“We’ve got loads of contacts really. We have an eldercare directorate and I would hope there was advice and support within that. We have also got relationships with hundreds of different charity organisations, so I think there are a number of charities that we work with that would be relevant.” (SSD manager)

“We have lots of links through the work that we do as an organisation in relation to the patients we treat. But in relation to staff, we don’t ... I guess I would have to say I don’t have any picture in my head of what such an initiative would be, so I don’t know what they’d look like and therefore what advantages or disadvantages there might be.” (NHS manager)

Summary

In terms of the *development and use* of family-friendly policies:

- They come from three main sources: national legislation, within the organisation, and as a reaction to individual situations.
- Managers tend to define family-friendly in terms of *balancing* the conflicting demands of work and home life.
- Recruitment and retention issues guide the rationale for the introduction and development of such policies.
- Managers acknowledge that the development of family-friendly policies is good employment practice.
- There are many avenues by which policies are communicated to staff, though word of mouth is believed to be the most widespread and effective.
- Managers are aware that working carers often do not know what is available to them and that access depends on the level of the individual in the organisation, the type of job they do and the nature of their work.
- The most-used policies are mainstream ones such as TOIL, and not those specifically designed with carers in mind.
- Carers' leave is often used as a generic term for a number of policies and benefits, including dependant leave, extended leave, short-term leave, 'domestic distress' and compassionate leave.

In terms of *putting policy into practice*:

- Managers' attitudes and behaviour are crucial. In some settings, they can be a real barrier; in others, they facilitate flexible arrangements for carers.
- Managers comment that knowledge of staff and their caring and work histories is particularly helpful when implementing policy.
- Managers are constantly engaged in a balancing act between the needs of the organisation and the needs of their staff.
- The pervasive ethic of care and subcultures in the two organisations puts considerable pressure on staff. The organisations do not always "practice what they preach" in terms of looking after the needs of their own staff.

In terms of *developing partnerships*:

- No formal partnership arrangements exist.
- Managers see the potential for partnerships, but costs, issues of confidentiality, the difficulties of

3

The juggling act: what helps working carers?

Introduction

Having explored the policies and practices of each organisation from the perspective of the two organisations themselves, Chapters 3 and 4 consider how these are actually experienced by people who work and care at the same time. Two main sources of data are drawn on in this exploration: the 44 interviews held with working carers and the 15 interviews held with managers.

From the interviews, it is apparent that the ways in which people are enabled to juggle work and caring is a complex interplay of formal and informal supports, and of practical, attitudinal and experiential influences. For the sake of clarity, what people say about these issues is presented as distinctive themes. However, it is important to remember that these issues overlap and impinge on one another: For example, a discussion about using TOIL in the event that a person's ailing mother has a sudden fall and has to be taken into hospital cannot be divorced from a consideration of how that person's manager might respond to this situation or, indeed, how colleagues and family members might react. Figure 3.1 summarises what both groups say about what may *help* employees to juggle their working roles and caring responsibilities.

Practical policies: work-related help

From the managers' point of view, formal policies designated as family-friendly initiatives help working carers in particular situations. Dependant leave and short-term leave, for example, are sometimes used and seen as beneficial in response to emergencies. Some of these family-friendly policies also help carers to bypass immediate line managers, where this is difficult.

However, managers think that the working practices known about and available to all staff are the most useful for carers – such as TOIL, annual leave, shorter working weeks, shift work, evening work, paid overtime and work at home. Even though they are formal policies, their particular advantage is that they can be operated on an informal and short-term basis and, in some cases, only require a line manager's approval:

“I'd say, ‘If mum's living with you – because I guess most managers these days have PCs at home and e-mail – well, why travel 15 miles? If you're on the phone, you've got your pager, you've got a bleep – do it at home and then maybe for the time being, or certain days, you can still get on with your

Figure 3.1: Managers' and working carers' views of what helps

Managers' views	Working carers' views
<ul style="list-style-type: none">• Practical policies: work-related help• The personal touch• A good work history• Information and communication	<ul style="list-style-type: none">• Practical policies: work-related help• Supportive managers and colleagues• Building a bank of trust• Being a professional• Help from friends• Help from family

work'. You don't feel as guilty because you know you'd like to spend time with your mum and maybe that's better than having to leave work early, because he must feel, 'I can't win, you know – I look after my mum then people at work have a go at me. Yet I come into work, I feel guilty about my mum'. So it's a case of 'Look, can't you take the pressure off?'" (NHS manager)

Many working carers also talk about the practical, work-related help that is available. However, in contrast to the managers' views, the majority of carers only make use of a narrow selection of what is on offer, primarily annual leave/holiday time, TOIL, carers' leave and counselling.

Annual leave

Annual leave is often the first port of call for carers who need anything between a day off to take a relative to a hospital appointment, or a more substantive period of leave to look after an older adult. Fiona Green (full-time chiropodist) told us: "Say she was going in somewhere, or going in like for an operation or something like that ... I'd have to take annual leave". Cheryl Davidson (full-time day-care unit manager) also explains how: "I've took a week and two weeks and periods like that of annual leave to cater for various things". The appropriateness – or not – of using annual leave to accommodate caring responsibilities is considered further in the concluding chapter of this report.

Time off in lieu

Time off in lieu (TOIL) is universally acknowledged as of key practical help for those who are able to use it. However, in some circumstances it is difficult to use flexibly, as Donna English (full-time social worker) describes:

"It [TOIL] would work if, the trouble is if I've always got time off in lieu – I'm never ever going to get to the bottom of it ... I can take TOIL but TOIL is not always easy to do because TOIL is one of those things that if there's a crisis, you have to give your TOIL back and come back and do your TOIL again another time. [It's] not easy to do if you're working, if you're trying to organise something with [mother-in-law]. It's all the

stress levels on that because it's juggling – it's throwing all the balls up in the air and whichever one happens to drop first is the one you deal with and then hopefully you throw it back up before the next one drops, otherwise you end up with them all on the floor at the same time and you haven't got anywhere."

We saw in Chapter 2 that TOIL is only available to certain grades and categories of staff. However, in the NHS Trust in particular it has become "custom and practice" and if workers can organise it and managers are willing and able to let it happen, it seems to work well:

"I do sometimes accumulate some time owing, where if I work late and things. I tend to use that perhaps with my mum. I was sort of going in late and then juggling my hours. Rather than starting work at nine, I was starting at 11 and then finishing later in the day." (Ariela Bond, part-time secretary)

Carers' leave

Of particular interest is how so-called carers' leave is viewed and used. Again, Chapter 2 highlighted the confusion over this term. Like managers, carers also do not properly understand what exactly is meant by carers' leave, or even whether it is available. Patricia Quinn (full-time residential social worker) told us: "I know there's leave for carers if they come up with somebody that's had a baby ... but I don't know about carers' leave", while Naomi Ormrod (part-time community care worker) said: "I probably didn't even know it existed".

However, those who have made use of it are very positive about its helpfulness:

"I had carers' leave once. My father had a heart attack. It was really bizarre. I'd just finished three months on the cardiac care ward and it was two days after – it was horrible. But it was a real eye-opener because I took the carers' leave. I was due on duty in the afternoon and they were brilliant, very very good. I had three days' carers' leave." (Angela Black, part-time staff nurse)

Counselling

Many carers are also aware of the existence of in-house counselling services and a few have made use of them at various times. Others talk about how counselling might have its uses but do not feel they need it at the present time, while some have made use of counselling services outside their own organisation. Georgina Harrison (part-time healthcare support worker), for example, in talking about caring for her parents, describes going to a voluntary bereavement care agency:

“I had to go to a counsellor after my mum died. I needed to talk to someone outside the family and scream literally and I couldn’t do that because my dad was so distraught. I went to [an agency] and the person who I spoke to, she was absolutely brilliant, you know. We sat together and she said, ‘If you want to scream, scream’. She said, ‘If you want to punch me, you can punch me’.”

Practical help

As in other research, a small number of carers talk about other forms of practical help, such as the availability of being able to work at home, being able to use the telephone at work to keep in touch with the person they are caring for (though with the advent of mobile phones, this did not assume the importance in our study that it has in previous research), and for one or two people, the availability of eldercare information (Watson and Mears, 1999).

The personal touch: supportive managers and colleagues

Flexibility

The importance of a supportive manager cannot be underestimated. This is a recurrent theme throughout the interviews with both groups and echoes other research in this area (Bond et al, 2002; Yeandle et al, 2002). Chapter 2 showed that managers themselves see face-to-face contact and being approachable, flexible and sympathetic as key to enabling carers resolve some of the workplace difficulties they face:

“When I was charge nurse for a number of years, I found it far easier, whatever the problem was, to say, ‘Look, take the time off you need. When you come back to work, we’ll work out how we’re going to manage that time out’. So, it’s trying to take the pressure off people that have been going through an awful lot of trauma at home. It seemed pointless to me to say, ‘I insist you come to work’. Because they come *to* work, but they wouldn’t be *at* work.” (NHS manager)

Our working carers corroborate this. Indeed, much of their talk about managers relates to ‘flexibility’. Managers help them to find their way around the system and work with them to try and match individual staff needs with the hours/shifts/days they want to work:

“He had a terrible pain behind one eye – he lost his sight and everything all within half an hour. And they just said, ‘We’re sending Graham home, he needs to go straight round the doctors. And she [the manager] just said, ‘Go. Sort it’. She said, ‘Have carers’ leave. Don’t bother about being here tomorrow or the next day. Take two or three days’ carers’ leave and let me know what’s going on’. And that’s what I did.” (Olive Potts, full-time day hospital manager)

Sympathetic managers

A related dimension, but one which is qualitatively different from flexibility, is the support of a sympathetic manager, as described by Cheryl Davidson (full-time day care unit manager):

“My line manager, when I was down a couple of weeks ago because of something untoward that had happened, he was very good and listened. I felt peculiar as well. I said, ‘I feel I’m taking up your time’. ‘No, no,’ he said. He was fine. He was a good listener and the actions I was going to take, he supported me and helped me through it. I can ring him. He is a nice person – easy to talk to.”

Although flexibility and sympathy do not always go hand in hand, many carers speak about how

sympathetic and understanding managers are of their situations.

Support of colleagues

A lot of the previous discussion is echoed in what carers say about the support of colleagues and, in particular, the importance of good relationships. There are many instances of carers talking about ways in which they are able to “work things out” within, and with, the support of their particular group or team. Ursula Vine, part-time home care assessor, says:

“My colleagues were absolutely wonderful. You know, they’d listen to me sometimes, you know, and they’d say, ‘Are you okay?’ And maybe I needed to offload and they were very supportive, you know. If I was panicking about something, they would be very willing to help [and] there were times when I did become really quite upset. It was affecting me ... I wasn’t an easy person, I don’t think during that time [and] I’ll never forget how lovely they all were.”

Having supportive colleagues is not just a one-way street: there is a recognition that, while you

Case Study No 2: Karen Lamont – a supported carer

Karen Lamont is a 46-year-old part-time district nurse and has been in her present post for just a year. She has looked after her 72-year-old mother since her father died of cancer some five years ago, although it is really only in the last two years that she has begun to have to do more for her mother. She also cares for her two preschool grandsons. After her father died, Karen found her full-time nursing home post increasingly problematic. She moved back into hospital nursing but found that the shifts and having to do nights every six weeks was too inflexible, given her caring role. She moved to work three days a week on a cardiology ward, where she stayed for a year, before taking on her current post.

Working part-time in the community now gives her much greater flexibility, and the six-strong district nursing team are able to manage the 24-hour-a-day service between them and provide *support to each other*. Karen relates how difficult she found it – even three years after her father’s death – to nurse patients dying of cancer. Between them, the team managed to be selective over who she went to see, or one of the others went with her so that she wasn’t on her own. She has also built up a *trusting relationship* with her manager: “It developed and fortunately we get on really well”. She also feels that her *professional role* and knowledge is beneficial when she has to deal with formal health services for her mother “because they know they’re not talking to someone who knows nothing”. Conversely, having helped care for her father has made her “realise what is involved so it enables you to give support to other people because you can understand”.

Although she describes her mother as “an active lady”, Karen does a lot of “the heavy things”, such as major shopping, hedge-cutting and lawn-mowing. She also takes her mother to her hospital appointments, where they monitor her angina. *Family* give Karen practical and emotional support – notably her husband, whose father also died of cancer. Although she is the second oldest of four sisters, she is the one who lives nearest (a 10-minute drive away) to her mother and sees her at least twice a week. Two of her sisters live in East Anglia and Yorkshire, while her youngest sister is about 10 miles away. Even though her sisters live away, Karen is adamant “that if anything happened, they’d be there like a shot”.

Karen also has two very good *female friends* – one local friend, of whom she says, “If it hadn’t been for [her] I think I might have just curled up in a corner” and another who lives in southern England but who is a reliable support because they brought up their families together. “We’ve always been a support network to each other ... and I talk to [her] a lot on the phone. You don’t have to tell [her] how you feel – she knows.”

Karen anticipates that her caring for her mother will gradually increase and that “What goes around comes around. You’re cared for, you care, and you’re cared for. That’s how it is”. Her advice for other carers is “Only do it if you want to. If it’s not something that you want to do – not everybody can do it – then don’t do it. Find another way around it. There are good care homes and because someone is in a care home, it doesn’t mean that the family doesn’t care – it means they can’t care.”

might be the one in need of help now, there may be another occasion when someone needs *your* help or advice. Not surprisingly, the key here is maintaining the feeling that this support evens out – albeit over a considerable period of time – and that you are neither exploiting your colleagues nor being exploited by them.

The role of personal experience and gender

The impact of whether or not managers themselves have direct experience of eldercare responsibilities seems to be viewed differently by managers and carers. Managers feel having experience as a carer benefits their staff because they are empathic and understanding of the juggling of roles that is required. On the other hand, our working carers say this is not a major factor. Rather, they see the ability to be flexible and sympathetic as something which is either part and parcel of who their manager is, or not, irrespective of their personal experience of caring.

Meanwhile, colleagues – and especially colleagues who are also viewed as friends – are regarded as particularly helpful when they too have similar caring experiences that can be talked about and exchanged. Hayley Irons (full-time health service manager) describes her experience:

“I suppose it’s conversation with some of my friends and different colleagues and certainly when I’m on secondment to the Department [of Health]. A colleague there has just gone through exactly the same, so it’s almost every week we’re comparing notes and, you know, supporting one another and letting off steam.”

A further issue relates to the gender of your manager. Interestingly, and unlike some other studies (Martin Matthews and Rosenthal, 1996), there is little evidence that this makes any tangible difference to how flexible, sympathetic and understanding managers are. We asked specifically about this aspect, so it may well be that a combination of the highly feminised workforces and the nature of the ‘business’ of both organisations means that this is not seen as a significant issue. Here are the views of two carers in response to whether they think having a female manager would make a difference:

“No. I can talk to [him] just like a lady.”
(Patricia Quinn, full-time residential social worker)

“Well, the person I had the problems with was male but I’ve also had two other male area managers who have been fine. No, I think it’s the attitude.” (Frank Gilbert, full-time social worker)

What seems to be more important – and which brings together issues around flexibility and sympathy – is what we call the building of a ‘bank of trust’.

The ‘bank of trust’: a good work history

The development of a ‘bank of trust’ between employees and their managers (and indeed between employees and their colleagues), or what managers refer to in Chapter 2 as employees having a good work history, is of key help when working carers need to ask for changes in their work situations:

“We have management meetings once every other month where we discuss all sorts of issues in that area – you know, from sickness-absence to stress, all sorts of things ... They work very much on the basis of, if somebody’s a committed, involved member of staff and they work well, then they get supported. It’s only when people aren’t, then they start saying, ‘Hang on. What’s going on here?’” (SSD manager)

From the perspective of working carers, it is evident that this bank of trust is something that takes time to develop and with which to feel comfortable. Rebecca Stewart (full-time meals-on-wheels driver) describes her manager:

“I’ve found her not, at the moment, not very approachable. That’s probably because I don’t know her very well, but she is the sort of manager who goes in her office and she is in her den and you don’t go [in]. But until I know her better, I will have to wait and see how it goes before I sort of approach these personal issues.”

Once established, however, a bank of trust appears to be very helpful for carers in terms of how confident, or not, they feel about asking for help.

knowledge I think gives me, you know, that advantage really. I know who to contact. I don't need to really ask around – I know who to contact.” (Linda Matthews, full-time community psychiatric nurse)

Being a professional: information and communication

What also seems to be particularly helpful is what we term 'being a professional'. These two organisations share a cultural ethos around care, which undoubtedly shapes people's perceptions and reactions, whether they are hands-on professional carers such as nurses or community-care workers or clerical and office-based staff. Moreover, a number of these carers work with, or have worked with, older people in their professional capacities. It would be surprising then if this did not have some influence, both in terms of the information and knowledge they have and are able to access, and in their relationships with each other and with older people.

Information and knowledge

For the managers, good information and communication with staff are of crucial importance, as was shown in Chapter 2. Carers also echo the importance of access to information. Even if they do not have the requisite information immediately to hand, they know how to get hold of it or, if not, who they can ask.

Being a professional also means that many working carers know how to find their way around the system. This is intimately linked with the knowledge they have acquired by virtue of their training and working in either health or social services. This knowledge can come in many forms: it may, for example, be knowledge of what is available and how to access it; it may mean that they know what is wrong with the older adult they care for, how they might react, or what would happen with particular kinds of treatments; or it may be that their experience enables them to ask the right questions and to challenge other professionals:

“I know the system. If we needed extra support, extra help, erm, just having that

Coping strategies

The carers also speak about how, through their work, they have learnt coping strategies that prove useful in terms of things like accessing and accepting both practical and emotional help; keeping their boundaries clear; being aware of how much or how little to give of themselves; and ensuring some personal space and time (see Chapter 1).

This is not to say that the juggling is easy or that dealing with your own older family members is a similar experience to caring for older patients in a hospital setting, or visiting clients in their own homes. It certainly is a qualitatively different experience for many people. Yet many have clearly learnt skills and acquired information through their work experiences that they are able to put to good use in their own caring situations (and sometimes vice versa too). Ursula Vine (part-time home care assessor) describes her experience:

“My brother, he used to come over every weekend. My sisters – two sisters – they live where mum was and my brother had quite a journey. It was difficult for him but he was brilliant... We just had a rota – we were very organised. We had diaries – you know, passing on information.”

She says she thinks it was her idea to use the care diaries, “because I've got the experience in the caring field”.

Beyond this, a few people also talk about helpful coping techniques that are unrelated to their professional experiences: the social worker who does martial arts; the day centre manager who reads avidly as a way of escaping her worries; the manager of a residential home and a community care worker who both have horses; and the office administrator who goes to classes at college.

Work as a buffer

Being able to use work-related knowledge, information and coping techniques means that, for many carers, work functions as a buffer rather than, as might be expected, an additional strain. They speak about going to work as important, both in its own right in terms of their identities as workers and as a way of dealing with the daily juggling act:

“I think work probably is a buffer. You know, I can relate to different things here and think, ‘Oh yes, that happened at work and I did such and such a thing’. And then I can pass on that knowledge to people at home, you know.” (Georgina Harrison, part-time healthcare support worker)

This accords with previous research that suggests that, by and large, work is indeed a buffer (Neal et al, 1993). However, it must also be remembered that these carers are people who have chosen to stay in employment rather than leave work in order to devote their time and energies to their informal caring responsibilities.

Help from friends

The previous discussion deliberately focused on aspects of the work environment that help working carers to juggle their roles and responsibilities. The final part of the chapter considers help from friends and family.

Case Study No 3: Euan Freeman – being a professional

Euan Freeman is 58 years of age and has been in social work for most of his working life, following a four-year spell in the police force in the mid-1960s. He has spent the last two years working part-time as a field social worker, specialising in work with adults with mental health problems. Prior to this, he spent two years as a part-time hospital social worker following seven months of “voluntary, early retirement” from his full-time social work post with a neighbouring local authority. Having retired, he then chose to return to work on a part-time basis, not because he had caring responsibilities but because “there’s always lots to do at home in my personal life ... so half-time work suits me”. He is clear that *being a professional* is also about having *boundaries* and keeping *time and space for himself*.

He is closely involved in the care of his parents-in-law, who are both in their 80s, and does a lot of babysitting for his three sons and one daughter who, between them, have six children. He also runs a football team, sails, keeps poultry, and has a caravan in Wales. His parents-in-law live within walking distance but both suffer from arthritis and both are beginning to experience memory problems. His father-in-law recently developed cataracts and had his driving licence taken off him, and though his mother-in-law does drive, she is “slowly losing her confidence”. Euan and his wife – who is an unqualified, part-time care worker in an old people’s home – take them to clinic and hospital appointments, help them with gardening and DIY activities and, importantly, use their *professional knowledge* to act as ‘referees’ when necessary because “[their] relationship is sort of volatile and stormy” and it always has been.

Over the years, Euan feels that social-work management training has encouraged a more *supportive approach* and he now has “a very supportive team, and a very supportive team manager”. The team consists of a (male) team manager, five qualified social workers, one unqualified social worker and four support workers. With their support, Euan is able to *swap days* around or *take a morning off* if need be. Working part-time also means he is able to schedule taking his in-laws to hospital appointments for when he has his days off. He also feels his *professional role* is a distinct advantage when it comes to things like knowing what benefits can be applied for, and how to fill in various forms.

As for the future, Euan says, “One of the things we’ve talked about is that possibly [my wife] would need to give up her work to be a full-time carer for one or both of them”. His advice to other carers would be: “Working with the people you’re caring for at their pace, really, and not imposing your own assumptions or your own ideas on other people ... identify what their needs are and work with the people being cared for to meet those needs. I suppose it’s about joint working, about working together – like everything else in life”.

The theme of help from friends is one that cuts across the boundaries between work and home – across the public and the private domains. Friends may be people known through work, acquaintances who have nothing to do with work, or a combination. However defined, the support of friends is spoken about by many working carers in terms of the practical kinds of help they give and the experiential knowledge they exchange, but particularly in terms of having someone to talk to and to share things with. In other words, friends are a vital help for the emotional *and* practical support they give:

“I had to go away for one week and it was my friend who looked after my mother here. He said, ‘Oh, don’t get her admitted into any home at all – we’ll look after her’. And for seven days they kept my mum at their house. And it’s the same thing [in return] – when their parents are here, or anything like that, if they need any help, I’ll be willing to help them.” (Daniel Evans, full-time doctor)

“I’ve got some very good friends at [work] and they know me personally and my family. I know them personally and their family, and what’s gone on and the problems they’ve had. The problems I’ve had. And if we’re working together we’ll sort of discuss things very, very quietly and that helps ... There’s about six nurses that I could trust my life with and I can say anything to them [and] there’s two very good friends that I’ve got. We help each other a lot in that way, and we meet and we’ll have lunch ... and we’ll air our views, sort of thing in inverted commas, and it helps.” (Georgina Harrison, part-time healthcare support worker)

Our sample of interviewees was too small to permit us to be categorical about gender differences in friendship support. However, there appear to be no hard and fast distinctions: indeed, the men tell very similar stories to the women about how both the practical and the emotional labour of working and caring can be helped by discussion with friends.

Help from family

Help from family, like help from friends, is talked about almost exclusively by carers themselves. In fact, only one manager, when asked what he thought helps carers to juggle responsibilities, replied, “help from family”.

On the positive side, carers tell numerous stories about the contributions family members make. Practical help might range from other family members doing the odd bit of shopping or telephoning to check on the older person, through to families who plan out in minute detail who is doing what, when, and how they communicate these things to each other.

Kathy Lancaster (full-time staffing manager) and Susan Timpson (part-time community care worker) talked about the family help they receive in looking after their fathers:

“If he’s got a problem and I’ve got a problem dealing with it, then I usually would ask my son and his wife if they can help. They’d shared things like going to see him in hospital and things like that. Visiting, they always go to see him if he’s in the hospital.” (Kathy)

“His two brothers are very good. The one comes every Monday; the one comes every Thursday. They’ll take him for a ride around. Yesterday his brother took him because it was a nice morning. And they’re a big help, really. But I mean, that’s all he’s got, his two brothers and me ... they’re very good. But you can’t rely on them, I think, because one’s 80 and one’s 82, you know, but then my dad’s only 78.” (Susan)

On the emotional side, there is also discussion about how helpful it is to talk things over with either a spouse or siblings. As with friends, our sample was too small to detect any gender differences: indeed, it appears that many of the women and the men receive and value this kind of support. What is also apparent is that the people who are cared for are often part of this picture – giving the carer reciprocal emotional support even if their circumstances mean they are unable to provide practical help. Talking about her mother, Georgina Harrison (part-time healthcare support worker) says:

“She’s very caring, you know, and she thinks a lot about the grandchildren – a terrific amount. I mean, I’ve got five grandchildren in America and one here, and they are her great grandchildren obviously ... and with all this trouble going on in America, she’s rang me up every single day since to see if [they are] okay.”

What also comes through in a lot of the interviews is how difficult it is, in many instances, to be categorical about who is, or is not, the main carer. For some people, this is very clear – perhaps particularly so if they are an only child – but for others the boundaries are, more often than

not, considerably blurred. In addition, it may be that these balances change in various ways over the years as the needs of both older dependant(s) and carer(s) alter. Angela Black (part-time staff nurse) told us:

“We’ve got this tight-meshed family, anyway, that are very, very supportive to each other. I mean, I’m one of six but my older brothers, my three older brothers, are actually from my dad’s first marriage but ... it’s a family thing. I think we’re very good at slipping in and out of the roles between us. We [all] do it – it’s no one person’s designated role.”

Summary

- Only a selected few of the range of family-friendly policies and benefits on offer are actually used on a routine basis by our sample of working carers of older adults.
- In times of crisis, and for regular caring responsibilities, people tend to make use of what is most familiar to them and what is easiest to access: annual leave and TOIL being clear examples.
- In contrast, using counselling and carers’ leave label employees as in need of help and are not straightforward to access.
- Having good relationships with managers, especially, and with colleagues more generally is crucial.
- Like all relationships, these take time to develop: there has to be the building of a bank of trust before most working carers feel comfortable about asking for specific forms of help or time off.
- The gender of a working carer’s manager, and whether or not they have had similar experiences, appears not to matter – at least not to the carers themselves.
- What helps more is the constellation of factors around being a professional. Working in health and social care settings provides sources of knowledge and information that might not otherwise be available, as well as helping carers to cope with the competing demands on them.
- Help from friends and family is also important, both on a practical and an emotional level.

The juggling act: what hindrances do working carers face?

Introduction

Not surprisingly, a number of the themes that appear when we examine the hindrances facing working carers are the direct opposite of some of the things that help. Figure 4.1 summarises these themes from the perspectives of both managers and carers. Each theme is then discussed in turn.

It is important to preface this discussion by saying that both managers and carers talk far less about the hindrances facing working carers than about what helps them. In contrast with the last chapter, this discussion begins with a look at the attitudes of family, then moves from the private, domestic sphere into the more public work arena.

Unhelpful family attitudes

Perhaps the clearest mirror opposite of what helps is seen when people recount stories about the lack of interest or the negative attitudes of other family members. While it would be unfair to make too much of this – and these working carers are, by and large, positive about family

members – some find this very difficult to deal with: it further saps their energy and ability to juggle demands.

The reasons why other family members might adopt unhelpful attitudes are very complex and often hard to pin down to a single identifiable cause. These difficult relationships usually evolve over time and their origins lie in a combination of factors. Being a nurse or community care worker may also mean that others absolve themselves of any responsibility because there is a professional in the family – one who knows what to do. For some, proximity can also play a part – they may simply have been the nearest person at the time informal care was required. Others have found themselves in their current situation by virtue of being perhaps the only daughter or son.

Patricia Quinn (full-time residential social worker) tells us about the attitudes of her family and the care she provides for her mother-in-law, who lives a considerable distance away in Bristol, and for her own parents, who live nearby:

“I’ve got a mother-in-law that’s 87. She’s from a big family – there’s six of them – [but] we do the caring. Have I got brothers

Figure 4.1: Managers' and working carers' views of what hinders

Managers' views	Working carers' views
<ul style="list-style-type: none"> • Multiple demands • Work and workload pressures • Unsupportive managers and colleagues • Staff overload • Organisational pressures and culture 	<ul style="list-style-type: none"> • Unhelpful family attitudes • Distance dilemmas • Multiple demands • Work and workload pressures • Unsupportive managers and colleagues • Health concerns • Organisational pressures and culture

and sisters? Yes. Has my husband? Yes. Do we share the caring responsibilities with anyone else? No. They [her sister-in-law and husband] took my mother and father-in-law ... to [near Bristol] because she lives round the corner, to care for them. But they don't. She's not a carer. I mean, she does what she can but...

"I've got one brother and he actually lives at home. I think he would do a lot more but, like most men, you have to ask and, like most people, my parents are very proud and they won't ask ... I would love for one of the people in the family to take responsibility. It would be lovely not to have to have to do it, but it doesn't happen."

Distance dilemmas

The travelling involved, and distance and time issues are clearly problematic for some working carers. Naomi Ormrod (part-time community care worker) recalls the time when her mother, who lived over two hours away in North Wales, was taken ill:

"At the time I was based [in the south of the county]. I lived 10 miles away from work, then, with my husband. I used to go to work and finish work at about 10.30am, whiz off up there (to North Wales), look after her and come back about nine [or] 10 o'clock at night, go to work the next morning ... Get up about 5.30am: [prepare] uniform for school; [send] one off to work; [make] sandwiches for school; make sure that if it was football, the kit was washed and ready; [make] everybody's sandwiches; [do a] general wash up and tidy up before I went to work. If I knew she wanted anything, I picked it up on my way. The car was always full of petrol, I just had a morbid fear of conking out somewhere in the middle of nowhere ... I don't even remember some of the journeys, and that is frightening. I have sometimes turned up at that house, on the drive, not even thinking I've left 10 minutes ago and that is frightening, you know."

Others, like Brenda Clark (see Case Study No 4), say that while they are currently able to manage distance and the travelling, they anticipate that either their own circumstances, or those of the care recipient, might change in the future and that long distance may then become more of a problem.

Another interesting aspect of distance is where proximity becomes problematic because it allows other family members to effectively devolve any responsibility for care and support to the nearest family member. We know from other studies (Phillipson et al, 2001) that the nearest person is, more often than not, a daughter and this is borne out in the present study too.

Importantly, the managers who were interviewed did not talk about attitudes of family or distance as hindrances to working carers: they were much more inclined to identify a range of interrelated issues associated with the work environment, including the multiple demands put on employees, workload pressures, unsupportive managers, staff overload, and organisational pressures and culture. Our working carers also identify with these issues.

Multiple demands

Both managers and working carers identify the pressures attendant on having to care for older people at the same time as juggling work with other family responsibilities. This might involve care for children and other family members, as well as perhaps looking after grandchildren during their days off and/or before and after school.

Hayley Irons (full-time health service manager) speaks for many carers when she says:

"I think you're constantly balancing between home life and work – between my immediate family and my children and, certainly before mum was in care, trying to keep that going. I mean there's so many balls in the air at one time ... I was running up before work and, I suppose it's the effect on your family really, because I'd stopped taking the children to school so I could go to my mother's before work and after work."

Case Study No 4: Brenda Clark – distance dilemmas

Brenda Clark is in her late 30s and works full-time as a clinical psychologist. She moved to her current post because it offered the prospect of promotion and has been with her present employer for about two years. At the time of interview, she was still on maternity leave after the birth of her first child and was hoping to go back part-time.

She lives with her husband in a small village in a remote rural area, *travelling for over an hour* each way to get to work. Since her mother died five years ago, she has been caring for her father, who lives on his own – *another hour's drive away* in the opposite direction. "It is quite hard to do the drive [home from work] and then drive up to [dad]," she says. However, despite the *multiple demands* on her time and energy, she visits him weekly and is in daily telephone contact. Her older brother lives near to her father and does a lot of the care, including a weekly shop, being the one 'on call' and showering him. "I have got the sort of easiest job, I suppose – my brother has got most of the job."

After her mother's death, Brenda's father suffered a heart attack and was very ill. Talking about this time, she says: "I had a strong feeling that I wanted to go and live [there] but my husband said it was a bit silly – we couldn't give up our lives to look after my dad". This means that the nature of what Brenda does for him has changed. Originally it was a lot of emotional and psychological support – "that's being part of a professional breed". More recently it has involved consulting with other professionals to organise various services, including a rota of carers – "It's a big part of his social life, the home helps" – getting him Disability Living Allowance, a pendant alarm, a scooter and a wheelchair, and moving him into a new flat. She feels that being on maternity leave has in fact made it easier for her to visit her father regularly. They also take him away on holiday.

At her former place of work, her manager was very understanding and supportive when her mother died: "He looked after me totally ... I just sort of came to a full stop, so he took over, which was very caring of him". However, in her current post she has this to say about *workload pressures* and the *organisational culture*: "I didn't tell my boss for a year that my dad was as ill as he was ... I got more close to my colleagues than my boss. It is more of a judgment telling your boss. I also wanted a promotion, so I didn't want to look as if I'd overloaded myself in other directions and wouldn't be there. I even got the promotion before I told her I was pregnant".

Brenda sees herself maintaining the caring role she has for her father and her advice for other carers would be: "It's a bit like with a baby – never turn anybody down who wants to help ... include them and work as a team. I think everybody is better off that way".

Euan Freeman (part-time social worker) is a grandparent as well as a carer and told us:

"I think sometimes it's quite hard work, especially if we have several of the grandchildren. For example, a few weeks ago over the weekend, we needed to have four of the grandchildren. [My wife] was

working Saturday afternoon and Sunday afternoon so I had the four and it was quite a lot of work because they're only little."

Multiple demands may also arise where adult children have, for reasons associated with divorce or their own job situations, returned to live in the family home.

Work and workload pressures

Clearly, concerns around multiple demands are closely bound up with overarching workload issues and how flexible, or not, people's work schedules are. We have already seen the importance that both managers and carers place on the notion of flexibility as being key to helping working carers juggle their competing demands and responsibilities. However, as shown in Chapter 2, managers are also clear that this flexibility is not available to all staff at all levels in either organisation. The extent to which work circumstances can be shaped around caring responsibilities depends on an individual's level in the organisation, and on the nature of the job.

The interviews with working carers corroborate this. They too note the lack of flexibility inherent in certain jobs, which in effect have to be done 24 hours a day, seven days a week, 365 days a year; and often involve a shift work system. Sometimes this hinders their ability to ask for help and support, especially if they also know their team is hard-pressed. For some, time pressures and the relentless demands of the job are considerable. Others, particularly part-time workers, can feel out of touch with information or with what is happening:

“There was another reason why I went part-time and that was because when I was working full-time, I was actually averaging 40, 45 hours a week and the whole thing was just getting ridiculous ... There were two occasions when the department had to pay me an additional week's work because there was no way I could take the time off.”
(Lynn Marks, part-time social worker)

Unsupportive managers and colleagues

Given the importance of a supportive manager noted in Chapter 3, it is interesting that managers themselves, but not really carers, are the ones to cite examples of where carers have been hindered by unsympathetic responses to their difficulties. Managers speak about how individual discretion sometimes means that policy is interpreted in different ways, which is seen as unfair.

“I can think of one example where I know one senior staff nurse applied for compassionate leave. Her son, who is handicapped, was going in for some serious operation – a series of operations – not at a local hospital, and the manager told her she should use her annual leave and time in lieu. And to me I thought, I don't believe that. And this member of staff, while I don't know her personally but professionally, she's worked here a considerable time and she's considered 'a good egg'. You know, previous good service record. When she comes to work, she works to a very high standard, and I thought that was unbelievable.” (NHS manager)

As discussed in Chapter 2, this can cause resentment in teams, and towards managers, particularly where workers witness abuses of the system and a lack of action.

In contrast, working carers are far less likely to identify unsupportive managers – or indeed unsupportive colleagues – as a hindrance, though there are one or two examples of where managers have been less than helpful in responding to pressures on staff:

“I did ask at one stage if I could do less ... that was when my son wasn't doing his homework and I asked if I could do maybe two nights – just a Saturday and Sunday – and make up the rest of the hours in the daytime. And my boss, who's retired now, she said 'No, because it's all changed and you have to sign a new contract'. When a job comes up now, anybody that applies has to sign a contract to say that they're willing to do evenings, weekends, mornings, afternoons – any hours asked of them – which is stupid because social services are sort of biting their noses off to spite their faces really.” (Melanie Newman, part-time community care worker)

Case Study No 5: Cheryl Davidson – carer overload

Cheryl Davidson is aged 55 and works full-time managing a social services day centre for older people. She has been in her present post for nine years but in this area of work for 20 years. An indication of the *work pressures* she is under can be gauged by the fact that the interview took place in the unit's dining area, and there were constant interruptions throughout the hour-and-a-half.

While her own children were growing up, Cheryl cared for her mother, who began to develop Alzheimer's Disease when she was in her early 50s. Cheryl was working part-time at this point. Her mother lived with her during the week and with her sister at the weekends. Although her own mother is now dead, Cheryl and her husband have been caring for her 81-year-old mother-in-law for the last three years. Up until nine months ago, she lived in her own home but, following a fall and hospitalisation, she is now in a sheltered housing scheme. She is visited by private carers, but Cheryl still calls on her at least one evening a week and every weekend.

Prior to the move, Cheryl was finding it increasingly difficult to "carry on". She spent *hours travelling and caring* every day of the week: "I need to be in work at eight in a morning and I finish about five. I was going from [home] to [mother-in-law's] in a morning to get her washed and changed. I was going back after work. It is an hour's journey from here [work] to her house and then another hour back home. So, it was adding another six hours on to my working day". Cheryl's younger sister has also suffered a stroke and she often comes to her house for the day on Saturday with her young daughter, "because my brother-in-law gets a bit fed up with being the main carer". In terms of *multiple demands*, her own daughter also has two little boys, and Cheryl sometimes takes them with her to visit their grandmother when she goes on a Saturday or Sunday.

While work is important to Cheryl and she feels her knowledge of the ageing process is a great help in her relationship with her mother-in-law – "she trusts me" – she is acutely aware of being *overloaded* both practically and emotionally. In her position, "they don't like" people job-sharing, but she would welcome having a deputy, "that I could truly share confidential information with ... or the practical workload". She says her *line manager* is a sympathetic person but he does not really know about her situation and, in any case, is based some 13 miles away at headquarters.

The demands and responsibilities of her work, combined with her informal caring, have *put stress* on her marriage and her *health*: "[My husband] is so uptight about it all, it's caused arguments between us. She has caused us a lot of heartache this last year". Reflecting on the year, she says it is only "when things ease off a bit, you realise how very exhausted you are, emotionally and physically" and at the end of a recent training workshop she found, "I couldn't get up and walk away because I knew I was just crying. There was me left, and I said, "What am I doing? Pull yourself together". A few weeks prior to the interview, she also discovered that she had high blood pressure.

Cheryl sees her current situation as "a big improvement to what it was six months ago" but envisages major changes in the future. If her mother-in-law came to live with them, she says, "I would seriously have to consider taking a work break ... and having people come into help". This is not her preferred option, but she feels her mother-in-law "will want me with her as much as possible and I'll be torn again". Her advice for other carers is: "For all you're very emotionally involved [and] you might want to do absolutely everything, try and look at it a little bit more objectively. Try and get advice and support to make sure that you both are getting the best out of you being the carer, because there is lots of things on offer today".

Staff overload and health concerns

Closely related to the previously discussed issues is what managers identify as staff overload. By this they mean that although information is helpful to carers, simply keeping up to date with the latest policies and guidance on family-friendly issues can be difficult, due to the pressure of work. Frontline staff – and managers – are bombarded with paperwork and often feel so overloaded that family-friendly policies are only considered in times of crisis.

Working carers, on the other hand, tend to see overload in a somewhat different light. Certainly they too talk about the demands of paperwork, but for them overload is more likely to manifest itself in concerns about their own health (see Chapter 1), in particular their lack of energy, feeling worn out and being stressed. Rebecca Stewart (full-time meals-on-wheels driver) says:

“It built up. Some days I’d get to mum’s and she’d start straightaway, ‘Can you do this?’ – didn’t even say hello to me some days. And I’d think, ‘Mother, give me a chance’. I said, ‘I’ve been on all day’, and I’ll go there stressed out already.”

Gail Harper (full-time staff nurse) also recalls what happened to her:

“I wasn’t looking after myself as well as I should do because I was trying to be everybody’s carer, not only at work but at home too, and showing everybody I’m very professional and I can do this job. But it just hit me and that was it, and I think my body said ‘That’s enough’ and that’s why it shut down and couldn’t cope any longer.”

demoralisation does not help those trying to juggle their work and caring responsibilities.

Carers too talk about the long-hours culture and the increasing demands of paperwork. Some wish that things could be different, with more flexibility to work different hours or shifts. Emma Forrester (part-time domestic) explains:

“It’s getting everything done and especially now, like, ‘cause it’s very heavy, hot work and by the end of the week, you sort of start to feel it, with the heat and everything else, and all the paperwork, ‘cause there’s a lot of paperwork ... there’s rules and regulations and you have to fill in all the forms, what you’ve done and everything.”

Melanie Newman (part-time community care worker) says:

“I enjoy my job. I like doing what I do. I like working for social services. Erm, I’d rather do less hours than more now for the reason I mentioned. I’m getting tired, you know.”

In addition, the organisational culture – and indeed subcultures in different parts of the organisations – do not facilitate an exposure of personal details related to caregiving as we saw in the earlier case study of Brenda Clark. Managers feel that employees are often silent about their caregiving responsibilities, particularly in comparison with their childcare duties. This lack of openness often means that it is only when a crisis arises that managers are told the true situation.

Organisational pressures and culture

Finally, in the view of managers, one major hindrance to working carers is the organisational culture of “having to be seen to be coping” and to be “seen to be working long hours”. Both militate against carers asking for flexibility and help. We saw in Chapter 2 that managers in both organisations, but particularly in the SSD, feel that staff are not valued enough, and the consequent

Case Study No 6: Ursula Vine – the reluctant worker

Ursula Vine is aged 52 and works as a part-time home-care assessor – setting up care plans for people aged 65 and over, implementing and reviewing the plans, and liaising with a variety of other professionals. She started as a home help before going into social work and has worked for the department for 14 years. She does not currently have caring responsibilities, but had been involved in the care of her terminally ill mother, who had died a year before the interview.

Just after her mother was diagnosed with cancer, she fell and broke her femur and was hospitalised. "We got together and, as a family, we decided ... we would literally give our time to look after her in her own home," Ursula explains. The family consisted of Ursula, her two sisters and brother – all of whom had *multiple demands* with their own jobs and families. Her sisters lived near their mother but her brother was over 100 miles away: "He used to come over every weekend – it was difficult for him but he was brilliant". Ursula was reluctant to take on the caring role – she had just changed her working hours and taken up a permanent post and did not want to jeopardise it. Although her part-time post was "convenient in some respects, financially it wasn't" and she felt that her mother's social worker "left it up to me and I didn't want that role. I was a carer [professionally] and I wanted someone else to be doing it".

As the one with relevant *professional experience and knowledge*, Ursula suggested they use *a system of care diaries* because their mother "had no memory of anything ... we had to record everything that we'd done and things that had happened because you couldn't just ask her". They found this very useful: "We had rotas for everything. We had different duties – one sister, she'd go in the morning and she'd be there all morning and she would get the shopping in because she would be giving the dinner, or she would get the dinner ready as I came and I was able to give mum the dinner. I would stay initially until six o'clock but that became a bit of a strain after a while – then the night carer would come and then another carer would come later on".

The diaries and rotas involved a whole battery of *other professional helpers*: a social worker, the doctor, district nurses, night-sitters, carers to wash and dress her mother (because she was uncomfortable with her own children doing this), a Macmillan nurse, and respite in a local hospice. "The care plan covered every minute of every day. Mum was never on her own. It had to be [organised], otherwise we'd not have managed really." The rotas were changed and updated as Ursula's mother got worse.

The constant juggling put *stresses and strains* on them all. Despite the *support* of the team Ursula worked with and of her manager, who was very good – "if I needed to change anything" – Ursula became *ill* herself. She had to have a few weeks off work but still keep going to her mother's. One of her sisters also lost her job due to the *inflexibility* and demands of the children's home where she worked: "They just decided they wanted her to change her hours. Well, because we'd got this rota going, we really couldn't continue to look after mum if she'd have moved those hours. So they made it so difficult for her and she was so upset that she decided that, you know, she'd have to finish".

Towards the end, Ursula says, "We were all so stressed. We were tired and there was friction in the family. That sounds petty but that's how it gets. But we managed to keep it together ... there was no sort of fighting in front of her or anything [but] there was tension". Looking back, Ursula feels angry about the responsibilities she had to take on, the travelling she had to do, the work and social things she missed out on: "I did resent it at times because it took over my whole life really and I thought of nothing else". Although what she wants more than anything else is a full-time job, she says she now feels "redundant" and has "lost confidence". Her advice to other carers is: "You have to be organised [and] forward-thinking – look to the future".

Summary

- Managers and carers tend to talk far less about the hindrances facing working carers than about what helps.
- Lack of interest, and the unhelpful attitudes of other family members, can be very difficult for carers to cope with.
- Distance, time and the amount of travelling involved are problematic for some carers, or may become so in the future.
- Other family members may devolve responsibility for care and support to the person who lives closest to their older relative(s). More often than not, the closest carer is a daughter.
- Many managers and carers are aware of the multiple demands being made where care of an older adult has to be juggled with other family responsibilities (children, grandchildren, and so on) as well as with work.
- Inflexible work schedules and the pressures of the job are hindrances to juggling competing demands and responsibilities.
- Managers themselves identify “unsupportive managers” as a hindrance; carers are more inclined to say that managers and colleagues might “make things difficult” rather than directly refusing to help.
- Managers believe that carers are overloaded and finding it increasingly difficult simply to keep up to date with the latest policies and guidance on family-friendly issues.
- Carers tend to see overload in more personal terms, and are concerned about the effects of working and caring on their own health.
- The long-hours culture in both organisations, combined with a belief that people need to be “seen to be coping”, works against carers revealing details about their situations or asking for help. This is in marked contrast to childcare issues.

Conclusions and policy implications

Introduction

The study on which this report is based aimed to evaluate workplace and other strategies used by working carers of older people to help them manage work and care roles. It sought to: identify what works for carers; elicit carers' views on managing work and care; articulate employer perspectives; and identify where partnerships can develop to respond to the needs of working carers. In this chapter we draw together the findings, but first we discuss three overarching themes that have permeated the study. These are:

- recognising differences within, and between, organisations
- balancing versus juggling
- the potential for partnership.

The chapter concludes with a consideration of some of the policy and practice implications arising from the study.

Recognising difference within, and between, organisations

Both the two public sector organisations chosen for the study have large, female-dominated workforces. They arrange, provide and deliver health and social care to older people, as well as to an array of different client groups. Highly skilled and well-paid professional work contrasts with low-grade manual work and there is little evidence from this study that caring is restricted to particular groups of employees. Indeed, the diversity of care-work situations and combinations is a feature of this study, with caring being

undertaken by both full-time and part-time employees; by women and men at all levels in the two organisations, and in all kinds of jobs. Thus in addition to their paid caring roles as doctors, nurses, occupational therapists, social workers, community care workers and managers of various kinds, as many as one in 10 employees are providing care for older adults in an informal capacity as daughters, sons, spouses and friends. Some carers are therefore simultaneously engaged in dual, hands-on personal care in both the public and private spheres, sometimes travelling long distances to work and to the person they care for. Others are managing care arrangements nearer to home and living in close proximity to work. Few are co-resident, though, as we saw in Chapter 1, one in three live within 10 minutes of the person they care for.

Similar diversity in the nature and location of work exists within the two organisations. Much of the office-based work is carried on in outlier offices and hospitals, in rural and urban areas, and in a range of settings such as day care, residential care and within people's own homes. Many employees are daily travelling long distances to deliver formal care services to people. Consequently, the nature of both formal and informal caregiving in this study varies enormously. On an informal level, the majority of carers are providing care for less than 10 hours a week, and largely engaged in practical tasks such as shopping and transporting the care recipient. For others, caring is more extensive and demanding. However, whatever their current circumstances, everyone is aware that caring is not a predetermined, permanent or unchanging activity, nor is it just a simple choice between caring or working. Its unpredictability and its intermittent nature mean that generalised solutions common in the childcare arena, and a

'one size fits all' response (Phillips, 1995) from employers, are likely to be inappropriate.

It is also evident that family-friendly policies designed to meet the needs of working carers are still evolving and being tested in both organisations. Implementation of many policies is still in its infancy and, as was shown in Chapter 2, robust systems of review and monitoring of uptake are yet to be developed. To date, the organisations have little overall information about who benefits or not, nor are policies being evaluated. An understanding of what works for carers and for managers, in which situations and for whom, is lacking. This is perhaps surprising given the very clear ethic of care apparent in the National Health Service and in social services (Williams, 2001). It is also an interesting paradox that organisations such as these, which espouse the need for responsive and flexible services for clients and patients and operate a 24-hour-a-day, seven-days-a-week, 365-days-a-year service, find that this can in turn impose considerable constraints on many employees, who themselves have informal caring responsibilities.

All these factors influence the extent to which working carers are able, or not, to take advantage of family-friendly policies in the workplace. Such complexity also makes it difficult to provide strict guidelines to cover every potential situation. Thus flexibility, manager attitudes and discretion were found to be key factors in this study.

Balancing versus juggling

In both organisations, managers clearly see work and care as a duality – a balancing act between the needs of the organisation and the needs of carers in the workforce. For carers, the issues were more often expressed in terms of juggling multiple roles and responsibilities around work, home, career development, family, caring responsibilities and social life rather than a simple duality. However, each had some appreciation of the other's viewpoint.

Not surprisingly, managers also tend to look at the bigger picture and are concerned with organisational checks and balances, with fairness and consistency, and with what the rules state in terms of implementation. For carers, meanwhile, juggling work and care is self-evidently more of a

personal issue. Yet, at the same time, this group of carers have a strong sense of commitment to their work, and to patients and service users. They are unwilling to let colleagues and clients down, sometimes to the detriment of their own health. Indeed, for most, caring is not something they allow to interfere with their work, and they report that the greatest impact of caring is on their social lives and holiday time. In fact, many carers say that work acts, among other things, as a buffer to stress. Thus any training and information that might be developed needs to recognise that the starting points are different for managers and working carers.

Implementing family-friendly policy and practice across such complex organisations and ensuring a fair and consistent but individually sensitive approach within each organisation is therefore difficult. What helps managers to implement policy hinges on their knowledge of their staff, support from colleagues, and the ability to adopt a flexible approach. Indeed, one of the key messages from carers and managers alike is the importance of the personal touch, and all those we interviewed were in favour of more contact between staff and managers. However, flexibility and associated manager discretion are intricate and complex notions. As we saw in Chapter 3, formal flexibility in terms of things such as access to TOIL may not in fact provide sufficient flexibility for working carers, who might need to take time off at very short notice and without applying for leave in advance. It is under these kinds of circumstances that manager discretion often comes into play, perhaps permitting people to go home in their lunchtime to check on their care recipient, come to work late or leave early in order to take their older relative to a hospital or doctor's appointment. In essence, what this means is that flexibility is usually only achieved by negotiation and through the building of a bank of trust rather than being seen as an entitlement or right. Even for these organisations, which advocate a person-centred approach in their dealings with clients and patients, there is evidently more scope for them to apply this ethos to their own employer/employee relations.

The potential for partnership

If the understanding and implementation of family-friendly policy and practice is, as we have seen, complex and patchy, then support to working carers through partnership arrangements between public, private and voluntary agencies is virtually non-existent. However, this is an area ripe for development. Most of these working carers have considerable professional experience and networks that they can call on to assist them in their caring situations and in their employment. Professional knowledge of other agencies is seen as helpful in enabling them to juggle their roles and responsibilities. Pooling knowledge of helpful contacts and organisations as a resource, and as a basis for the development of joint initiatives, is something that could clearly be progressed in the future.

Moreover, both these organisations have a mandate to develop joint working in their provision of services to older people. Such a shift in thinking, together with a look at the kinds of schemes to assist carers in employment that exist in other sectors, needs to take place – for example, telephone helplines directly linking social and healthcare agencies with the workplace. The development of such partnerships may therefore include not only other public- and voluntary-sector organisations but also the private-business sector, which may well have similar profiles of working carers. There is scope here too for a managers' forum to develop cross-sector initiatives such as the pooling of information.

Implications

The findings of this study have relevance for both national and local policy and practice. In this concluding section, we draw out a range of implications for employers, managers, carers in employment, trade unions, local and national government, practitioners and policy makers.

The nature of policy

Work-life balance is not just about finding a balance between work and care, but is a complex juggling act that requires a variety of different

policies and responses in the workplace and in the wider community.

Against a changing demographic background, the development of family-friendly policy and practice needs to address the question of whether or not eldercare should be separated out from other kinds of caring responsibilities. This study has highlighted some of the differences between the care of older people and childcare, notably the difficulties of disclosing and talking about such responsibilities to managers, the unpredictability of eldercare in terms of time commitment, and the considerable distances travelled by some carers to provide care. Combined with the fact that most carers are married, that many also have multiple responsibilities and are caring for dependent children and (sometimes) grandchildren, and that both men and women are tending to work longer hours, this makes juggling work and care extremely difficult. It also suggests that both organisational and cultural changes are needed alongside practical solutions.

A whole system approach?

Some managers advocate the adoption of what they call “a whole system” approach: one which does not place the primary focus on meeting just childcare needs of staff but which develops and considers the need for, and impact of, policy on all staff and across both childcare and adult care needs. Linked with this approach is the need for managers to be aware of policies and to be part of an organisational culture change which both understands and accepts that employees have to take time off to accommodate their caring responsibilities, and will need help and support to do so. In fact, we would suggest that a holistic approach means that employees should have the ‘right’ to ask for the kinds of flexibility they currently have in relation to childcare.

In developing a whole system approach, there is a balance to be struck between generalised solutions (which are more common in the childcare arena) and the more customised, tailor-made solutions which might be needed to address the very diverse needs of working carers of older adults. However, a sharing of ideas between child and eldercare would also be useful. For example, the implementation and use of innovative schemes such as the day care vouchers

available for childcare could usefully be considered in relation to adult care and could operate through a mixture of government and employer finance.

Practical responses

From the perspective of managers, it is clear that what they want is informality and flexibility but within some clearer structures. They recommend stern repercussions for those who abuse the system but would also like to see appeals' panels put in place. They would also like regular monitoring and reviews of policies and practices, as well as an assessment of the 'fairness', or not, with which these are being applied to staff. Greater sharing of information across departments and between managers is also desirable.

In terms of mainstream policies and practices, it is evident that working carers make most use of familiar, tried-and-tested policies such as TOIL and annual leave to meet their care needs rather than designated family-friendly policies that are often difficult to access and may label them as in need of help. Although widespread, and a finding not unique to our study, using personal entitlement to annual leave in this way is, we would suggest, controversial and may be an issue of particular interest to trade unions.

Moreover, it appears that few carers in our study have extensive networks of services and benefits they can call on for support. Thus other practical solutions for carers revolve around developing telephone helplines, putting people in touch with each other, and introducing them to carers' networks. More flexible interpretation of compassionate leave, a framework and ethos that allows working from home, time off with pay, and counselling services, are also suggested. Together, these practical responses can contribute to increasing awareness of carer issues and entitlements.

Advice and information

It is evident that even carers in this study, who because of their professional roles might well be expected to know about available policies, benefits and services, do not have extensive knowledge and information. For carers at work, there is still a need to have accessible and

relevant information about what their employers provide.

Beyond this, they also need to know about what is available in the wider community to assist both themselves and the people they care for. As we saw in Chapter 1, use of formal services by these working carers is low. In particular, they identified a need for greater accessibility to personal home care rather than, as might be expected, respite care. In other words, support is being sought for the more routine aspects of care, and employers – in partnership with others – may well be able to assist in this. Moreover, carers also identified a desire for information about useful voluntary groups and for regular updating of carers' information.

Training and raising of awareness

For managers, one of the difficulties highlighted in this study is the extent to which policies can be tailored to meet the needs of individuals, how this is negotiated, and at what point managers might refuse requests from carers. Manager discretion is a key finding, and broadening awareness of what difficulties and circumstances carers face, alongside what can help them, is essential information in coming to a decision about an individual's circumstances. Similarly, the style and attitudes of managers differ. Overt discussion and exploration of these differences may help raise awareness of carers' needs among managers and lead to greater sensitivity and equity of treatment.

Managers also need to know what time they can legitimately permit carers to devote to their caring responsibilities. Training in relation to implementation of policies and good-practice guidelines for managers may be helpful here. However, managers also feel that staff have a responsibility to read and keep abreast of what policies are in place.

Communication

No amount of information, training and guidance is of use unless it is accessible and communicated to those who need it. Both managers and carers advocate wider publicity about family-friendly policies and benefits, particularly around flexible working practices, along with better induction

material for employees and regular updating of policy.

There is a role too for trade unions in communicating to their members what is available at the workplace and in the wider community, as well as working with employers to make sure that eldercare is seen as a legitimate workplace issue. Beyond this, ensuring that up-to-date information about policies and practices is available to members is crucial, as is promoting a sense of 'entitlement' within the workplace so that carers of older adults come to feel they have a 'right' to ask for leave or increased flexibility.

Conclusion

Patently, not all workplaces are the same and the two public sector organisations in this study are different from many, in that they have highly feminised workforces and a lot of staff with a dual role in caring both professionally and informally. The working carers surveyed and interviewed are also, in some senses, a select group in that they have chosen to stay in employment and combine their informal caring responsibilities with their formal paid work. The development of future policy and practice therefore needs to consider these factors.

Policy makers will also need to look at the difficulties facing this sector more generally. We have already noted the possibility that attempts to improve services for clients and patients may, inadvertently, lead to erosion and damaging of the working practices and conditions of employees. Additionally, issues of recruitment and retention, commonly regarded as organisational drivers, are not necessarily eased by the introduction of family-friendly developments at the workplace. In fact, carers in this study did not mention family-friendly policies and practices as an incentive to stay with their employer. A concerted effort to look at the bigger picture of such organisations, in which staff are working long hours in emotionally difficult and stressful jobs, is overdue. Carers in this study are highly committed to their jobs as well as to their informal caring responsibilities, and they should be recognised and valued for the services and support they provide in both spheres.

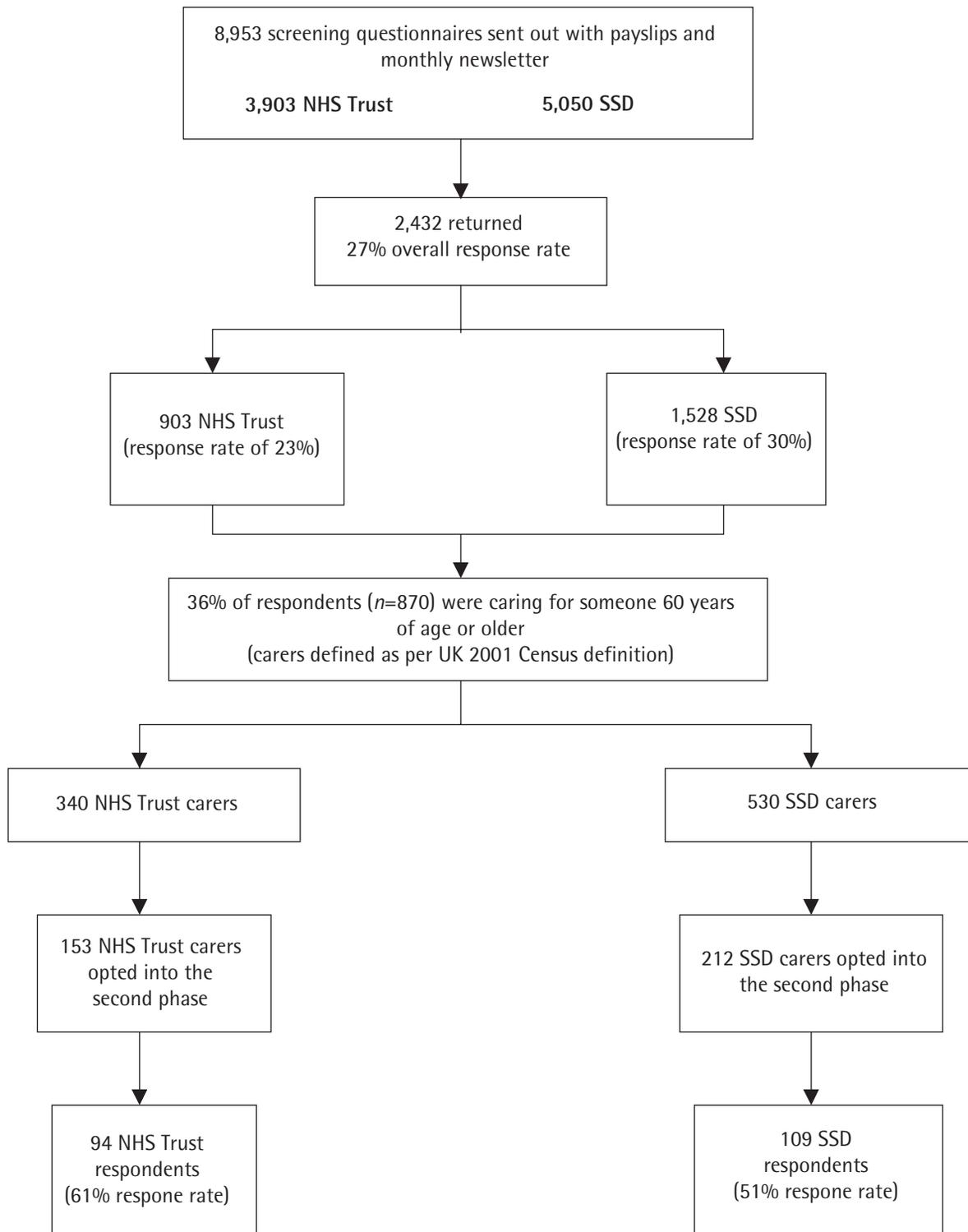
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A

Appendix A: Research design



Appendix B: Carer interviews

Topic guides outline

A Caring responsibilities

- Current caring duties
- Who is the primary carer?

B Juggling work and care

- Work duties
- Work/care stress

C About job

- Do they do hands-on care?
- Is work a buffer or stressor?

D Formal assistance

- Use of policies
- Knowledge of policies
- Assistance of agencies
- Is eldercare information needed?
- Caring scenarios
- Flexibility of carers of children versus carers of older adults

E Informal assistance

- Do colleagues help?
- Do managers help?
- Coping with crisis
- Bank of trust

F Future

- Caring and work experience
- Own care desires
- Preparedness of organisation
- Advice for future carers

Characteristics of interviewed carers

		NHS Trust 23	SSD 21	Total 44
Gender	Men	4	3	7
	Women	19	18	37
Marital status	Married/cohabiting	19	16	35
	Divorced	1	3	3
	Widowed	2	0	2
	Separated	0	2	2
	Single (never married)	1	0	2
Ethnicity	White	21	19	40
	Asian	1	0	1
	Caribbean	0	1	1
	Missing	1	1	2
Age	Average	50	52	51
	Range	32-70	38-62	32-70
Children	Children living at home (18 years or under)	6	8	14
Working hours	Full-time	10	12	22
	Part-time	9	8	17
	Job share	2	0	2
	Other	2	0	2
	Missing	0	1	1
Household employment	Working couple	18	12	30
	Female only working	0	3	3
	Male only working	1	1	2
	Single-female household	3	5	8
	Single-male household	1	0	1
Caring	Caring for older adults	22	19	41
	1 person	16	11	27
	2+ people	6	8	14
	Multiple carers (for at least one older adult and child of 18 years or under)	6	6	12
	Former carers	1	2	3
Who is cared for	Mother	12	10	22
	Father	5	6	11
	Mother-in-law	5	5	10
	Father-in-law	0	3	3
	Other	10	7	17

Appendix C: Manager interviews

Topic guides outline

A Work/career history

B Family-friendly policies

- The origin of policies in the organisation
- Staff/manager communication
- Manager training
- Policy utilisation rates

C Implementation

- Managerial experience in implementing policies
- Vignettes used

D Evaluation of policies

- Employee satisfaction
- Employer advantages/disadvantages

E Public/voluntary/private strategies/partnerships

- Community care service collaborations

F Personal situation

- Personal experience with policies and training

G General discussion topics

Characteristics of managers

		NHS Trust	SSD	Total
Gender	Men	2	5	7
	Women	6	2	8
Marital status	Married/cohabiting	8	6	14
	Single (never married)	0	1	1
Ethnicity	White	8	7	15
Age	Average	43	45	44
	Range	27-56	38-54	27-56
Working hours	Full-time	8	7	15
Household employment	Working couple	7	6	13
	Male only working	1	0	1
	Single-female household	0	1	1
Caring	Caring for older adults			
	1 person	2	1	3
	2+ people	0	0	0
	Caring for adult younger than 60	2	0	2
	Former carers	1	2	3
Who is cared for	Mother-in-law	0	1	1
	Grandmother	2	0	2
	Stepfather	1	0	1
	Husband	1	0	1