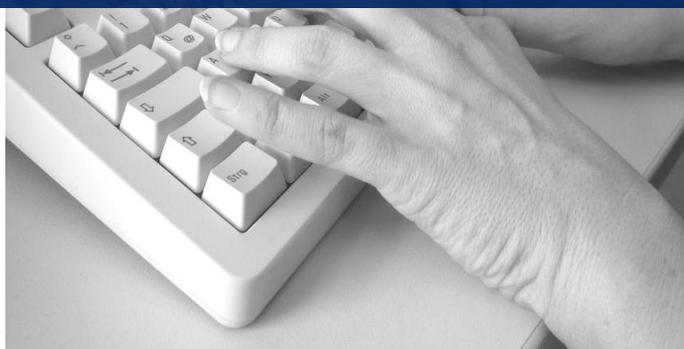


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CARERS@WORK

INTERVIEWS WITH WORKING CARERS: SUMMARY REPORT



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Demographic Changes and Caregiving

The UK's population is ageing due to increased longevity whilst fertility is declining (see Table 1). As the share of the aged population increases, so too does the need for care and at the same time, the number of potential caregivers is declining, due both to decreased fertility and the increasing onus on working more and longer.

As a result of demographic changes in the UK, by 2037 the chance of an individual aged 30-54 becoming a carer for an older individual will rise by 88%, thereby increasing the number of carers to 9.1 million.¹ Currently two and a half million people in the UK provide unpaid care for an adult whilst engaging in paid work. Of these, 1.5 million work full-time and 140,000 of these provide care for more than 50 hours per week. With regard to individuals working full-time and caring, the majority

(58%) are men; 89% of the 662,000 working part-time and providing care are women. However, what became apparent during the Carers@Work project was that often people do not define themselves as a 'carer' or that they provide 'care', instead seeing it as 'helping' or 'just doing what families do', and thus figures on care provision may be much lower than the real number of people supporting family members and friends.

In line with role theory, the dual positions of carer and employee can conflict and create role strain. These individuals are between twice and three times more likely to suffer poor health than those without caring responsibilities.² Table 2 demonstrates the more hours of care provided by an individual increases the negative effect on the carer's health.

Table 1: Life expectancy at birth, UK

	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Men	74.81	74.98	75.51	75.82	75.96	76.17	76.79	77.08	77.34	77.7	77.8
Women	79.82	79.86	80.33	80.54	80.59	80.52	81.16	81.31	81.68	81.88	81.88

Source: Eurostat, 2010.

Table 2: Health symptoms felt by informal carers by number of hours spent caring (2000/01)

	Number of hours spent caring per week (%)			Total (%)
	Under 20	20-49	50 or more	
Feels tired	12	34	52	20
Feels depressed	7	27	34	14
Loss of appetite	1	5	8	3
Disturbed sleep	7	24	47	14
General feeling of strain	14	35	40	20
Physical strain	3	10	24	7
Short tempered	11	29	36	17
Had to see own GP	2	8	17	4
Other	2	4	2	2
Health not affected	72	39	28	61

Source: General Household Survey, Office for National Statistics:

<http://www.statistics.gov.uk/StatBase/Expodata/Spreadsheets/D6496.xls>

¹ George, M. (2001). *It Could Be You: A Report on the Chances of Becoming a Carer*, London: Carers UK.

² Buckner, L and Yeandle, S. (2006). *More than a Job- Working Carers: Evidence from the 2001 Census*, Carers UK, report for Carers UK, ACE and University of Leeds: <http://www.carersuk.org/Policyandpractice/Research/Employmentandcaring/1207231086/MorethanaJob.pdf>

The Project: Carers@Work

The Carers@Work project sought to understand the challenges faced by working carers, and how employers can facilitate the reconciliation of these two areas. We conducted interviews both with working carers and employers identified in the literature as exhibiting ‘best practice’ in terms of their policies for carers. The project also aimed to identify transferable, innovative solutions that promote the reconciliation of work and care in four EU-member states:

- Germany;
- Italy;
- Poland;
- United Kingdom.

This summary report provides an introduction to the sample before focusing on the impact of care on work, the support the UK working carers’ used and their suggestions for improvement, as well as cases of employer best practice.

The UK Sample- interviews with working carers

The UK sample included 50 individuals who were either working for at least ten hours a week and providing care, or had until recently combined the two. In the case of the latter, the cared-for individual may have died and the interview therefore allowed the respondent to reflect on the care trajectory and its impact on work. In terms of the socio-demographic characteristics of the sample, these are outlined in Table 3.

Table 3: Socio-demographic characteristics of UK sample

Gender	Female	41
	Male	9
Age	20 - 29	1
	30 - 39	1
	40 - 49	11
	50 - 59	22
	60 - 69	11
	Non-response	4
Care Status	Carer	41
	Former Carer	9

With regard to the geographical location of the sample, the interviewees were principally from the south of England, in particular Oxford, but the inclusion of voluntary sector organisations and employers in the recruitment strategy also brought in participants from further afield. This allowed for the exploration of the impact of different local services as well as the provision by primary care trusts and local authorities (crucial in the allocation of direct payments).

Care

In terms of the level of care provided, as 29 of the interviewees lived with the person they cared for, it is not surprising that 30 out of the sample provided care every day and every night (the remaining one individual had their own home, but stayed over with the cared-for during the week whilst other relatives provided care at the weekend). Even carers who did not cohabit with the person they cared for provided a significant amount of care. For example, one female interviewee recounted the tasks she undertook for her mother with Alzheimer’s disease and arthritis who lived a short distance away:

“currently I go round and see her every day after work and spend 1-2 hours with her. Check that she’s taken her medication, check that she’s had lunch; check that she’s got something for dinner. She’s not allowed to drive so if she needs any shopping doing, I do her shopping. I take her to the dentist, I take her to the doctor, I remind her what it is that happened at any of those things. I manage all her finances, what else do I do, I do her washing, ironing, I organise for her to have a gardener and a cleaner and I look after them and pay them for their work”.

Often care activities would fluctuate with the care need; sometimes, sleep would be interrupted, or they would be called home from work, whilst at other times the level of care was comparatively low. In the case of the former carers, the recorded level of care for this project corresponds to the highest level as in these cases, towards the end of the provision of care, this was often provided by a hospice or a residential institution. Although at this time caring persisted in terms of visits, the provision of personal care and financial support, it was a reduction from when they personally provided care. As Table 4

Table 4: Reasons for care provision

	Number of Cared-for in Sample
Dementia	15
Dementia plus additional physical/ mental prob-	11
Old Age/ Falls	10
Stroke	9
Other ³	31
Total number of people cared for by sample (50 carers)	76

demonstrates, dementia was prevalent in the sample (as reflected in the quotes selected for this report), with 25 individuals suffering from the condition in some form and in some cases in conjunction with other illnesses. In terms of the cause of the care need, this was often complex, arising from a number of physical and/or mental illnesses combined.

This combination could create a difficult mix of care needs:

“my husband...has early dementia and he has lots of problems. He’s got problems with his heart, he has autonomic and peripheral neuropathy, he’s losing his sight and he is prone to falls, and he’s got other mental problems as well”.

Particularly with dementia, often the care tasks increased and changed over time, with the carer initially assisting with administrative matters and managing financial matters or running errands before gradually providing more personal care. In the case of those caring for individuals with dementia, the carer often became concerned when it was apparent they were struggling to manage their mail or household budgets as demonstrated by the following quote:

“with the power of hindsight you realise things have been going weird for a while but you’ve been either not aware of the signs you should be looking for or misattributing them... my mother... was running out of money, that was one of the first things, because she would be writing £20 cheques to charities... she would

³Including: multiple system atrophy, schizophrenia, depression, amputation, visual impairment, cirrhosis of the liver, cancer, arthritis and multiple sclerosis.

write a cheque to the donkey sanctuary and obviously that got on a mailing list that was then syndicated to another... So, every time she got these begging letters she would say, 'Oh, that's a good cause, I'll write a £20 cheque,' which of course meant that she went into the red and then there were bank charges... So, the whole thing was getting into a mess and I suddenly realised there was an issue here so we took control of her finances... and really that was the beginning I suppose".

The care situations therefore tended to fall into one of two categories: those that had slowly progressed over time (for example, in the cases of dementia and frailty) and those that were created by a sudden illness (for example, caused by a stroke, amputation, brain tumour, etc.). Correspondingly, the level of care differed: the care required for progressive illnesses increased over time, whilst for those looking after someone with a sudden illness the level of care would initially be intense, but

could decrease over time as the individual regained their faculties (see Figures 1 and 2). However, it was the case that those caring for individuals with a progressive illness would reduce the level of care they provided by enlisting increasing levels of support as time went on, forming a 'bell curve' of provision. Therefore, the level of care provided by those caring for individuals with degenerative illnesses increased over time until it reached a 'critical point' where additional support was obtained. Those caring for individuals with a sudden illness found the initial period contained the highest level of care provision which then reduced either when the individual regained some of their capabilities or as additional assistance was arranged. As a result of the changing nature of cared-for individual's condition, the balance of care and work is an extremely complex and changing terrain; the level and tasks are in flux, and as a result the strategies and support utilised are adapted.

Figure 2 Care Trajectory: Slow Progressing Illness

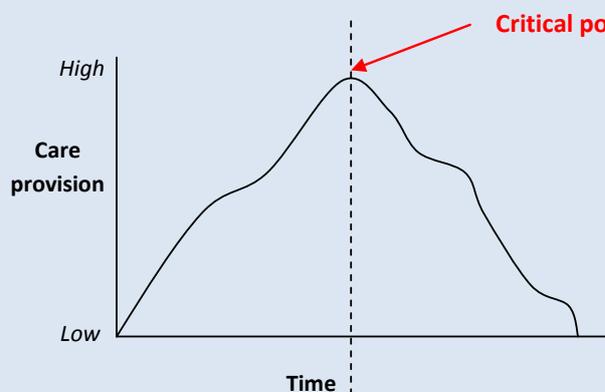
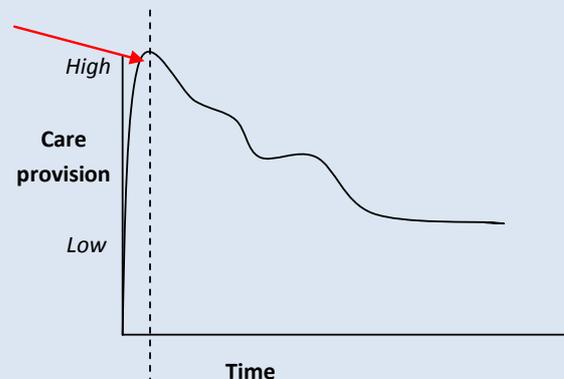


Figure 1 Care Trajectory: Sudden Illness



It became apparent during the interviews that in some instances, once an individual had started to provide care, they became the 'designated carer' within the family and would then care for more than one person at a time, or several people in succession. The vast majority cared for one or both of their parents. As a result of the inclusion of these multiple carers, the total number of cared-for individuals in the sample was 76.

Table 5: Number of people cared for

	1 Person	2 People	3 People	4 People
Number of sample	32	11	6	1

When asked about how they came to provide care, many of the interviewees were keen to highlight a sense of familial duty and reciprocity. This was expressed both by those caring for 'blood' relatives such as their own parents, but also for partners and parents-in-law. A female participant caring for her terminally ill father stated:

"my reasons for being a carer is because that's my dad, you know, and that's what I will do for my dad and that's how we are as a family, you know, if it was my mum I would do exactly the same, if it was anybody else, I would probably think about it because it takes an awful lot of your time, your energy".

For others, they had never really considered *why* they provided care - it was just a natural progression that went from 'looking after' a relative to becoming their carer. Indeed, in some cases the provision of care had become quite intense before the individual realised they what they were

providing was 'care' as opposed to support; in others, awareness-raising campaigns in the media or by their employer prompted the realisation. One female respondent who cared for her parents argued:

"I never actually saw myself in this role at all. I suppose I've been doing it for so long. It all started with my parents years and years ago and my father having had a stroke and not being able to run his business and the implications of that. I just saw it as something I had to do, never really saw myself in that role at all".

Aside from these reasons, carers often argued they were the most logical choice in comparison to other family members. For example, geographical proximity often played a large part in the decision between family members as to who would provide care, and as aforementioned did the marital status of the individual. Other family members (in a couple of cases, more closely related) lived some distance away or in other countries. This then also added to the care tasks as these family members needed to be kept informed of any changes to the cared-for individual's condition. For some, they were the only option available, as was the case for an interviewee who had cared successively for his parents and parents-in-law, noted

"in some ways it's a great thing being an only child because you get all the attention, some of it unwanted, but it does mean that when this situation arises and you have frail parents you are the only one bearing the load".

The quality of care and the feeling that the carer was the best person to provide support for their relatives was also cited

as a reason. The interviewees either had already had a negative experience of agency carers or had heard from others about the poor quality of care they provided:

“The problem with carers is they are always employed by somebody, they’ve always got far too much to do, too little time to do it...mornings were more of a problem because, like so many other people, he’d wake up in the morning and the first thing he’d want to do is spend a penny and he wasn’t able and they often didn’t turn up until an hour and a half after they were due. So, you can imagine it caused some pretty unpleasant problems, which I had to sort out”.

For some, the hours when the carers were available were not when the help was needed, particularly in the middle of the night for accidents and the wandering often associated with dementia.

Many of the respondents were keen to stress that their decision to provide care was motivated by a desire to ensure their relative’s quality of life would be maintained. For others, it was simply the case that they felt they could best evaluate their relative’s needs:

“we’ve had carers in and I can’t see how anybody other than me can adequately care for mum can’t see how anybody else can do that, even half as adequately as me”.

On reflecting on whether they would consider ending the provision of care, all carers said in spite of the difficulties, they were glad they had done it. Indeed

“I mean, if I had known what it was like, I’d still have done it because I think it’s one of the best things that I’ve done. I don’t think I could have lived with myself if I hadn’t but I know that a lot of people are not in that situation”.

Work

In terms of the other side of the work/care coin, around half of the sample worked 31 hours per week or more. Although relatively few of the interviewees had changed their employment to different industries, several had reduced their working hours. This in turn had an impact on their financial situation, as will be discussed later in this report.

For some, however, a change to new employment was necessary to facilitate the caring role. For example, one female carer moved from a well-paid job which reflected her qualification to work as a church administrator which significantly reduced her income. Her new employer was situated very close to her mother for whom she provided care and, when applying for the job, she was very clear about the constraints of her care role:

“it was set up from the outset that I would work for them on the understanding that if I had a phone call, I would just drop everything, because at the time that her husband died and she was still living independently and things, I had a full-time career job with the council at officer level and obviously I couldn’t possibly do that and care for her. So, I’ve come out of that and said, you know, ‘You get me for pittance, but the deal is that, you know, if I have to go, I have to go and nothing is going to stop me’, and they’re fine with that”.

Table 7: Working Hours of the Carers

Hours of Work	Number of carers
0 - 10	1
11 - 20	6
21 - 30	8
31 - 35	3
36 - 40	20
41+	2
Other ⁴	10
Total	50

The Impact of Care on Work

All of the interviewees cited at least some impact on work as a result of the combination of employment and care. These effects did however vary with some arguing their day-to-day activities were inhibited, whilst others felt that their long-term prospects have been hindered.

Daily Work and Concentration

In the more immediate sense, some of the interviewees felt that the combination of work and care had an effect on their work on a daily basis in that their concentration was impaired or they were interrupted by the care need. In terms of the former, for many of the respondents, the impact of combining work and care had an impact on their ability to concentrate due to fatigue. Interviewees reported that they were tired at work, which in turn impacted upon the quality of their output, particularly those caring for individuals suf-

⁴ Including one on leave of absence, two recently unemployed, one retired, five self-employed engaged in consultancy work (and therefore without fixed hours), one who worked in term time only and one currently writing a book.

fering from disturbed sleep and prone to wander. One female respondent caring for her husband suffering from multiple system atrophy argued

“it’s quite stressful being in this situation, and when you’re stressed, that’s when you do start to make the mistakes at work. Without really realising it, you’ll send an email and send it to the wrong person and stuff like that, because you’re trying to be quick or you’re slightly distracted”.

Even for those who felt their current employment was not affected by caring in terms of the hours worked or their position, they did feel that their work was adversely affected in other ways:

“I don’t think it’s had a big impact in terms of career but I do feel it’s affected my commitment to the job”.

Sometimes emergencies proved the most challenging aspect of combining work and care for individuals, but the ability of the carer to manage these depended a great deal on the nature of their work. For those whose work was flexible, visits to hospital were easier to manage but the individual was acutely aware that time would have to be made up at a later point to ensure the good will of their employer, as one female interviewee caring for her mother noted:

“I carry my mobile phone with me the whole time and she just rings up when she’s not sure about anything, if something happens in the house, and it has been known that I go home to sort it out and then go back to work and then make up the hours later in the week. You know, it’s not ideal, but that’s the nature of a) part-time working if you can juggle your hours and b) caring”.

Even those in academia or self-contained roles where flexibility was inherent felt that the care role meant they were unable to put themselves forward for committees or be as 'visible' in their departments as they might have wished. Some of the sample were able to work from home, or were self-employed and, although this allowed them to keep an eye on the cared-for person, it also brought its own challenges. For example, one female interviewee was employed by a local council in a different county, but the nature of her job meant she could do it at a distance from home. This was largely successful, but she did note

"I have to keep an ear open...it can be distracting sometimes and he can get bored and then he will be very distracting".

For those who were self-employed, cancelling work-related appointments and contracts with little notice was a great cause for concern as they were very aware that their income relied on maintaining their reputation and contacts.

Not only did actual emergencies affect the respondents' working lives; also the *anxiety* of being called out in an emergency also caused distress for some interviewees, as one female interviewee caring for her husband with early onset dementia noted:

"I suppose, I mean I got to this awful stage, which I can remember vividly, when every time my phone rang with an outside call I thought, 'oh god, it's going to be one of the carers suddenly can't find him or something's happened'. So I suppose, you know, I probably was not applying myself in the way that I should have been doing".

Another female interview, who was caring for her mother, great aunt and grandmother said:

"I constantly got my phone on in case somebody calls me, in case somebody needs me, especially my nan and I'm always worried something's going to happen. Because they're at that age as well, they easily fall over, both of them have broken things. It's just that constant worry something is going to happen... it's the constant worry of that next phone call 'someone's died now', that sort of thing. That is the main thing at work".

Conflict: Line Managers and Employees

Many of the interviewees had supportive employees and line managers, as well as working for employers with policies tailored for working carers. However, for some, the combination of work and care caused tension and conflict at work. In these cases, though there may have been formal policies in place for carers, they were filtered through line managers who were not always sympathetic: a key factor identified by Yeandle et al.⁵ in allowing individuals to successfully combine work and care. Indeed, in some cases, even when a working carer had a sympathetic line manager, this was not always a stable relationship; the interviewees employed by larger employers experienced a high turnover of managers, as one reported:

"The thing is I've had five different managers over the past two and a half years and different managers

⁵ Yeandle, S; Wigfield, A; Crompton, R and Dennett, J. (2002). *Employed carers and family-friendly employment policies*, The Policy Press for the Joseph Rowntree Foundation.

have adopted different approaches to the situation. Some have been very sympathetic and very supportive, and others they think you should leave work, which isn't an option".

Some were apprehensive about approaching their line manager due to their possible reaction. In the cases of the larger employers, even though the carer knew formal policies were in place, the office culture was an important deciding factor in determining their confidence in requesting special measures. One female carer looking after her mother, grandmother and great aunt recalled:

"I've heard people phoning in, saying they've got to go to an appointment with their mother or father, an emergency and then the manager gets off the phone and they go 'Oh not again, she's phoning again'. You don't want to hear that. It's serious. If they've got to go to the hospital, it's for a reason. It's not just for a 'oh you know I've got a bit of an ache'. They're ill and you've got to be there to support them and you don't want to hear the managers, you know, saying that kind of thing... I don't want to phone in one day and say my mum's seriously ill and know that some managers are going to say that".

In addition, in some cases, the comments from co-workers also provided an added strain:

"So there is always pressure, and the employees, they don't understand what you are going through. If I go in late after getting my mum on the bus, and then walk in, and because I work in Central London it takes me an hour and a half to get there, so by

the time you get into work you hear certain comments made at me like 'Are you on half day, or something?' It doesn't help".

For the majority of the sample however, their co-workers were supportive of their caring role, either emotionally or in terms of workload:

"two girls at work are superb. They're there and they text me over the weekend and say, 'We're going shopping, anything you need, you OK? Give us a shout if you need us,' and things like that, yeah, they're good".

As aforementioned, a number of the interviewees working for larger organisations in both the private and public sector had the opportunity to register as a carer. This would then entitle them to particular support such as carers' leave to allow them to attend appointments and emergency leave. There was a degree of variability in the amount of time allowed off, ranging from 15 hours per year in one local authority to five days. These policies gave the working carers a sense of security and reduced the amount of stress they faced when asking for time off:

"I put my name on the carer's register, if it's the case I need to go to the hospital with my mother in the morning and then I can go back to work, I know that's not a problem. I know it and I could work it back and I can just do it. No question, just book the appointment, and then get back to work. So that's a lot of stress off me now. Because when she had cancer, that was the worst. Working all those hours back and knowing as well we had more to work back... I don't worry too much about it now".

Within these large organisations, there were also carers' networks which provided a source of support and advice and in the case of the public sector organisation, feedback on carers' policies.

However, it was often apparent that the line manager acted as a gatekeeper for these policies. Indeed, it was sometimes the situation that the working carer only came to realise later that whatever support they received at work was a result of formal policies as opposed to just their line manager acting in a sympathetic way to 'bend the rules'. The interviewees working for smaller firms often were unaware of formal policies and relied on their line manager's discretion. In these situations, honesty was a strategy frequently employed as they felt that unless their line manager was kept abreast of developments at home, they could do little to support them. Indeed, some employees of smaller firms felt that strict policies were not necessarily appropriate for a small workforce where a 'common sense' approach should prevail:

"We have a formal policy in place, but it is a very small organisation... but yes, I mean there is no hesitation. The informality is, 'No, you go and deal with it'... I have to say my manager is usually very good because of how we work. I think we all work above and beyond the hours that we're supposed to, well I know we do, in good will gesture almost, and she is actually very good at saying, 'No, you've only gone for a couple of hours, don't worry about that bit, the number of times you've come in early or you've done that'".

On the other side of the coin were those working carers who were aware of company policies, but felt these were misinterpreted or in some cases, disregarded

by their line managers. In a number of the interviews with individuals working for large firms, it became apparent how things changed as line managers moved and brought their own interpretation of policy to their roles. This in itself created a particular point of tension for the working carers who were apprehensive of new managers and always felt that though they may have reached a good working situation with their current line manager, this could all change. Indeed, a female interviewee caring for her mother and father commented:

"What I found was that that was the policy was all very well, but actually what it came down to was your individual manager, because all of it was being routed - you know, the policy was there in the handbook, but you had to make like an application to your manager and an application around your work, so if they came back to you and said, 'Well, we don't think this is going to suit the workload,' then we can't do it, even though it says in the handbook you can apply for it. It's not possible".

One particular firm sought to reduce this risk by introducing a 'Carer's Passport' which identified the needs of their employees with care responsibilities which they could take with them as they moved positions within the company, or could give to new line managers to provide them with the context behind a particular set of working arrangements. The Carer's Passport for some interviewees within this organisation fostered a sense of security because should a new line manager move to their team, they would be aware of the demands the carer faced:

"I've got the [employer's name] Carer's Passport. I got some very good advice from someone who was one of my coaches about four or five

years ago with [employer's name], she said when you go for a job tell them up front you're a carer. Just say, 'you need to know that I've got this carer responsibility' and you need to kind of put your stake in the ground so that when you get very busy and they want you to travel and you need flexibility, you do need to be able to go back and say 'but I did tell you'".

Even in companies without this system, the availability of other policies helped to foster openness around caring issues and reduced stigma.

The interviewees themselves also sought to reduce the risk of their line manager declining leave requests or behaving inflexibly by ensuring they were generally on time, worked hard and did not leave early unless absolutely necessary. As one employee of a manufacturing firm noted:

"They tend to do it on you-scrub-my-back-I'll-scrub-yours-sort-of-thing. If you put yourself out to help them they will be more lenient with you".

Career Progression

With regard to the impact of care on career progression, for a few of the participants, the provision of care had been over a long period and for two, it began during their teenage years. This had a very big impact on both of their future career paths as neither could attend university as planned. For one, a female interviewee who had cared successively for her grandfather, aunt and her mother, to financially assist her family she took the first job available:

"it was a slouchy brain job... I would have been able to go to university,

and that would have changed everything. I might have still ended up working in libraries [her current employment], but I would have done it with a library degree".

The second individual has been caring for her mother since the age of fourteen who has a history of mental illness and subsequently developed dementia. She recounted the effect of this on her education and subsequent career path:

"I didn't do well at school because my mother was in complete crisis and I got very patchy A' Level results and I did have a university place but frankly it wasn't possible to leave my mother alone during a day, let alone a term, so that kind of went out the window... if I'd been a graduate and I hadn't had the kind of difficult experiences I would have progressed further because of my capabilities but I haven't, as things pan out I haven't done so badly but I have a streak of, as I say, self-determination... when a lot of people give up I just keep going".

The interviewee's who had been caring for shorter periods also argued that the combination of work and care had a detrimental effect on their future careers. Some felt promotion was out of their reach, and was potentially risky - few wanted to move jobs only to find the demands would not allow them to care. One female interviewee caring for her father suffering from heart and lung disease and terminal lymphoma as well as her husband with early onset dementia, when asked if she would have moved jobs replied:

"If I wasn't caring yes, I would definitely go for promotion or even move jobs should the opportunity be available to do that, but obviously now, looking at different careers and

things like that, I have to think about the implications for getting home and things like that. I would have to look at how long it would take me to get home if something happened, and what have you, so that is something I would have to take into consideration, but yes, if I wasn't in a position where I was caring I wouldn't think twice".

There was an apprehension among the interviewees regarding changing employment and at what point they would make their status as a carer known to their employer:

"Well even now, if I wanted to change work?... I would need a job where there was some flexibility in hours and it's very hard to go to an employer and the first thing on your mind is 'is there flexi?'"

Indeed, for those interviewees recruited from 'best practice employers' often they were reluctant to leave their employer due to their reputation as a good place to work for carers. For others, the time needed to apply for new jobs was not available. As aforementioned, a significant number of the sample worked in education, some of these in academia. Some of these individuals argued that the nature of their industry meant 'networking' and conferences are key to career progression, as one former carer noted:

"that's limited also my sort of job opportunities because I haven't been able to go to the places where I would meet the people who'd perhaps let me develop opportunities... going to conferences and things, just being out. So, I suppose the whole career development, by the time my mother died, I was a little too old for anyone to be interested".

Self-Employment

Those from the sample who were self-employed (five in total) were aware of the impact of care on their work as their source of income. Two of the five had taken early retirement to provide care and subsequently became consultants. For these individuals, self-employment worked well as they could plan in advance when they would provide their services and arrange alternative care accordingly. However, not all of the self-employed among the sample were as able to balance work and care. Though they would appear to be better able to meet the demands of care and fit them around their work, often the care role took up most of their time and energy, leaving little opportunity to focus on their business. For one woman who had been self-employed before the provision of care, her work as an artists' agent combined with care for her mother who had suffered significant falls 29 times over the course of a year felt:

"these sort of things wear you out, stress you out, and you come back home totally emotionally exhausted, and then you have to try and think what am I going to do to further my position with work. And anyone who's self-employed knows that you have to have an enormous amount of fight in you, just to further your progress in your work without any of this going on, but to, but to keep cheerful for mother and find the fight to work... I am going downhill rapidly with it all. I'm not doing myself any favours, and I give myself these talkings to 'you've got to get hold of yourself and get on with the work', but you know it's a constant sort-of turmoil that goes in your head, you know, and to stay absolutely focused on work, and then some calamity happens 'Oh

God', and the work becomes insignificant".

Another female carer caring for her husband with arthritis whilst running his former business noted:

"I have to remind [husband's name] 'look, when I'm not working, I'm not earning'. I do need to shut myself away. This is a business I'm supposed to be running".

The Broader Impact of Combining Work and Care

"They think I'm invincible but actually I'm an invisible person - they think that you can do everything".

Aside from the effect balancing work and care had on the former in terms of career progression, conflicts at work and concentration, the interviewees also reported wider-reaching impacts on their lives.

Time

The greatest stress factor for the interviewees caused by combining work and care was a lack of time. The majority spent the large part of their non-working hours providing care, which reduced the amount of time left to themselves:

"And the time - I feel as though the time's ticking every day. It's like a clock that beats in the morning and you think, right I've got to get this done by the night. And, you know, I give myself, you know, the sort-of a certain amount of time to try and get everything done".

A further pressure was added to the working carers by the opening times of many

of the services they needed to access. As these were often only available during conventional working hours, annual leave or flexi-time would have to be used in order to take the individuals they cared for to appointments. This also added additional pressure as in the case of annual leave, they would then have less time over the year to take a break, or in the case of flexi-time, they were aware that at some point, they would have to make these hours up.

Guilt and Internal Conflict

Connected to the lack of time, some respondents reported feelings of guilt and internal conflict related to work and care in that they were not able to give 100% to one or the other, or indeed, both. As aforementioned, time was for many respondents a source of stress and some interviewees felt that as time was at a premium, they could not spend as much quality time with the persons they were caring for as they might wish. With regard to care, some respondents felt that were often too exhausted to provide a level of care that would assuage their guilt. They often felt under great pressure to try and engage in 'fun' activities with the person they cared for, but often the combination of work and mundane care tasks meant there was little time or energy for these. The ability to take a 'time out' for themselves was also inhibited by feelings of guilt:

"And then the funny thing is you do get an hour or something, or you just think, 'I can't possibly do any more. I'm just going to watch silly television' or something like that. And you're just so exhausted, but feeling so guilty, you just, even the downtime is not enjoyable".

Financial Situation

As would be expected, the negative effect of combining work and care on employment has a knock-on effect on the financial situation of many of the interviewees. Often for the working carers there was a fine balance between the costs of additional care and the income from their employment. For some, the costs of the additional carers were weighed against their earnings. Thus their employment was not only crucial to provide the alternative care arrangements which enabled them to work, it also maintained an adequate standard of living, particularly in the single-earner households where they were caring for their spouse. There were also concerns for the future:

“it’s got much more ramification than just the day-to-day income, it’s what happens in the future- what about pensions, what does the state do for you? I think that most people who are essentially of an independent mind don’t want to be state dependent when they retire. They actually want to be able to enjoy what’s left of their life, and let’s face it, we’re all going to retire at 70”.

Stress, health and wellbeing

For many of the interviewees, the combination of work and care took its toll on their own health, both physically and mentally. In terms of the former, the physical nature of the care provided by some of the sample had led to back and joint problems. In some cases, the lack of time and stress also impacted on the carer’s diet, with some gaining or losing significant amounts of weight, as well as digestive disorders. The large majority of the interviewees cited fatigue as a problem and a significant proportion had disturbed sleep which in turn affected their general wellbeing. For several of the re-

spondents, their tiredness contributed to them contracting illnesses such as pneumonia, shingles and glandular fever. With regard to mental health issues, one female respondent caring for her mother with Alzheimer’s disease noted:

“sometimes I get very depressed...There’s some nights when you can’t get through to them, you’ve have a bit of an argument because they can’t understand where you’re coming from and you’ve answered the same question 400 times and you feel you’re something like a slave or an encyclopaedia and it’s all getting on top of you. And you just go to bed and you cry. You cry for them, and you cry for you. And that helps get it out of your system”.

For a few of the interviewees, psychotherapy provided a release and for others, medication such as antidepressants and sleeping drugs were helpful. In these cases, often the carer had to have reached their limits before they sought help, or were advised to do so by their doctor, employer or friends. In terms of those engaging in psychotherapy, this helped them to work through some of the frustrations related to caring, as well as providing an outlet for negative feelings about those relatives who were reluctant to help.

In the longer term, a small number of the carers argued their personality had changed as a result of their roles, either that they were more irritable due to tiredness, or were less carefree. One interviewee caring for her sister with cirrhosis of the liver commented:

“you’re doing it 24/7 you’re dying inside, you are dying inside because your one thought is that person you’re caring for, but you have to care for your husband, you have to care for your children, you have to keep the house how it should be, you have to do everything else that needs to be done, but you’ve still got to care and you get eaten away, you get bitter and you get twisted”.

Social life

The interviewees also recorded the impact of the work-care balance on other aspects of their life. Socially, many felt they could no longer go out, either because they were too tired, could not find replacement care or could not incur the extra costs. The following quotes demonstrate the impact on the interviewee’s social lives:

“I’m tied to the house; I am tied to the house until my husband goes to bed in the evening. I can go out then, but that tends to be 9pm and by the time you’ve done a full day’s work and then a couple of hours of caring, you’re not really in the mood for doing much socialising”.

However, for some of the interviewees, combining work and care did not mark the end of their social life, but it did mean it had to change. Socialising took the form of entertaining in their homes, or lunches while the cared-for individual was at a day centre. In some cases, new social circles opened up because of care, focused around carers’ groups, though some interviewees were reluctant to spend their free time engaged in activities that had a care focus.

For others, the combination of work and care inhibited potential romantic relationships, partly due to a lack of time to socialise and partly due to a reluctance to introduce someone new to an already complex situation. One female respondent working for a large retailer and caring for her mother with mental health problems and her father with dementia, she noted:

“I feel like a lot of my sort of aspirations have just had to go on hold. And also in terms of a relationship, it’s just like, ‘Well, when am I going to do that?’ and again that’s very frustrating, because I felt like I was at a stage where I wanted to create my own sort of life, family, and now I kind of think, ‘Well, how is that possible, in this scenario?’”

Family life

In addition, often the interviewees felt torn between care, work and the demands of other family members. Often time was the key factor in preventing the interviewees from seeing their families:

“I sometimes feel that I have to cut myself into so many pieces and [husband’s name], work, mum, we’ve got grandchildren I like to see, friends seem to be the bottom. The bottom of the pile for me at the moment. No, and it would be nice sometimes to wake up and think, ‘I can do what I want today without having to consider anybody else’, but that’s obviously not possible”.

In eight cases, the interviewee had teenage children in the home, which also could be a source of tension, particularly when the needs of the cared for individual had

to come first as an academic and author providing care for her mother suffering from dementia noted

"I probably didn't give my son as much attention as he needed. I don't think, or my husband really. It's difficult to show as much affection and concern as you might want to when you're exhausted".

One female interviewee reported that her 16-year old son no longer lived with her due to the changes brought about by her provision of care for her second husband with multiple system atrophy:

"my son was finding it very difficult to cope with living here, mainly because we've had to make so many changes... So he's gone to stay with his dad for a bit, and try and be a bit more settled".

In some cases, if the interviewee had taken on the bulk of the care task, they sometimes felt that their efforts were underappreciated by the cared for person in comparison to other family members who did less but whose visits had a 'novelty' factor. One female carer working in social services and caring for her frail mother recalled that when she went out:

"when I got back I opened the door and I got the, 'Oh, so you've remembered I'm here,' I said, 'Oh, hello mum,' anyway so my sister popped her head round the door, completely different attitude to her, 'Oh, hello, oh hello,' I thought, well that's nice, you know, here's me, I get the old abuse almost and [sister's name] gets all the, 'Oh hello, how are you?'".

These family members would visit occasionally or take the cared-for person on days out, causing resentment as the carers felt they were left with the mundane tasks instead of the 'fun' or positive aspects of care. Related to this, the level of support provided by family members also in many cases was a source of conflict. Often the interviewee felt they were left with the bulk of the care, and there were tensions arising from differences of opinion with family members. Despite their intermittent visits, some family members would express dissatisfaction with the care provided by the interviewee, which was a great source of distress. Often the interviewees were torn between the demands of work, the resistance of the cared-for individual to additional help and the opinions of their family members. The interviewees felt these family members, due to their sporadic help, were not fully aware of the demands they faced and thus their criticism was particularly hurtful, given their lack of practical help, as one interviewee explained about her relationship with her brother:

"Well, the trouble is he's abroad a lot, so he could never do anything regularly...he did actually ring me about two or three months ago and he'd been down and he rang and said 'Oh, it's about time we got them a cleaner, that toilet was disgusting and blah, blah, blah'...but as I say my mum would just freak at the minute if we got a cleaner".

Care

Related to the issue of time is that of impact on work and care on the provision of the latter. Often interviewees felt they were 'failing' at both work and care and that they could 'never do enough'. In some cases, these feelings were self-imposed but for others the cared-for indi-

vidual made it clear they wanted the interviewees to spend more time with them. For example, one female interviewee caring for her mentally ill mother argued she often felt manipulated as she tried to dissuade her from holidaying:

“You can see everything, you know, just go on the internet, you don’t really need to go anywhere’, you know”.

Another female interviewee caring for her husband argued:

“he is accepting of, as it were, normal working hours but he gets cross if, for example, I stop off at the pub on the way home, I go with my colleagues to the pub on a Friday night and if it’s longer than he deems suitable than he gets cross about it, which is, I suppose he’s on his own. He’s lonely, but he’s not going out and socialising with others because he doesn’t want to. The carer would take him but he doesn’t want to do it and so therefore his own social life is me and so it’s why I feel tied”.

In these situations, the interviewees knew that underlying these comments were feelings of loneliness but still often found them upsetting and a source of conflict.

The combination of work and care has far-reaching repercussions for those who strive to create a balance. The overarching pressure is a *lack of time* which in turn impacts upon family life and relationships, the care provided, and the ability to take a break. In addition, the interviewees also reported significant impacts on their work, both in the short-term with regard to concentration and their interactions with colleagues and in the longer-term via the curtailment of career progression. Nonetheless, the interviewees all did, or until recently, had combined work and

care in the face of these challenges. The following section will explore how working carers attempted to reconcile the two demands.

Combining Work and Care: Working Carers’ Stories

This research not only strove to explore the challenges working carers faced but also the successful strategies they utilised to achieve a balance. However, it became apparent that the categorisation of strategies into ‘successful’ and ‘unsuccessful’ was difficult- what may be successful at one point in time for one individual may not be the case for another working carer, or indeed, the same working carer at a different point in the caring trajectory. The nature of individual care needs means the level and tasks to be completed are in flux, and as a result the strategies and support utilised by the working carers are adapted. The most appropriate method of categorisation would be to create ‘ideal typical’ working carers according to the burden they face in terms of employment and care and the resultant strategies they utilise. However, it should be mentioned that in reality working carers do not remain statically in one category, but instead move in accordance with the care need and work demands.



The Supported Carer

Elaine works 32 hours per week at an academic institution in an administrative role. She also cares for her mother who is frail and prone to falling. Her mother lives with Elaine and her husband, who works part-time. The support from her family members who make sure her mother eats during the day has meant she has not had to alter her working patterns to accommodate care. Her mother also attends a day centre a couple of times a week. There is no official carers' leave at her work but if time off is needed to take her mother to appointments, her employer allows her make the time up rather than using annual leave.

The interviewees that could be included in this category did not have much recourse to company policies as either their work was sufficiently flexible (in these cases, they largely were unaware of any policies that might be available to carers at their work), or they had extensive support from their families or paid carers. As a result, upon reflection they did not feel their employment trajectory had been affected. Either these interviewees felt family relations had been improved by their joint involvement in caring, or where care was secured via social services or private providers, the lack of family support was a source of tension. Thus families were often the preferred source of support, but where this could not be secured or the care tasks were too personal, external assistance allowed the interviewees to continue to work relatively unrestricted. These 'supported carers' relying on state or private support reported high levels of stress related to the organisation of external carers particularly in terms of covering the costs.

The Supported Worker

Ian cares for his mother who has cancer and mobility problems due to arthritis and also has a father in residential care who has Parkinson's Disease. He is an only child and the rest of his family live far away. He works for a large employer from 9.00-20.00 Monday, 9.00-19.00 Wednesday and Saturday and 9.00-18.00 Saturday, leaving him Tuesday, Thursday and Sunday off to care. His mother receives additional help from carers on the days he is at work, the payment of which was covered by her Attendance Allowance. In addition, the company he works for has a dedicated leave for carers, which enables him to take his mother to her hospital appointments and attend meetings regarding his father's care. Ian also has a very supportive line manager who was aware of his caring role. He did not feel he would necessarily be unable to progress further with his current employer but could not see himself leaving for a different employer due to the range of carer-friendly policies he could already access.

A significant number of the interviewees worked for employers with formal policies available for carers. For these individuals, the combination of work and care was made possible by the policies available in the workplace in the form of carers' leave as their work did not allow for flexible start and finish times. Support for workers did also come in the form of managerial sensitivity and discretion which would allow them to make time up elsewhere if working carers' policies were not available. These accommodating policies and attitudes engendered a great deal of commitment to their employers, and a reluctance to move companies in case similar support was not available. Additional care was sometimes necessary for those interviewees caring for those who could not, for example, make their own lunch and in these cases, paid carers or day centres would cover these gaps.

The Flexible Worker

Anne cares for her mother with severe dementia. She also works full time as a Research Fellow at a University. In the early stages of her mother's illness, the flexible nature of her employment allowed her to work from home and keep an eye on her and take her to various appointments. As the illness progressed and her mother's needs became more acute, she found she had less time available for work and thus employed formal carers for a few hours during the day, funded by a mixture of her own assets, her mother's savings and Attendance Allowance.

Among the sample, there were those who were able to fit their work around the caring role. However, as the cared-for individual's health worsened, often these interviewees found it increasingly difficult to keep up with deadlines and work and would enlist additional support, either from formal agencies or family members. Though their work was flexible, they did note that the care role had a long-term effect in terms of career progression and their involvement in other aspects of work, such as committees and social events.

The Adaptive Worker

David began to care for his wife after a brain tumour left her with very limited mobility. The treatment has meant she is slowly recovering, but initially she lost ability to engage in personal care including dressing and washing herself or preparing food. At the time, David was working full-time in a job that required long hours and a large amount of travel. Initially, David tried to combine this employment and care, but an emergency at home made it clear he could no longer remain in his job, despite his line manager's sympathetic attitude. As a result, he took early retirement and as his wife regained some of her capabilities, he became a self-employed consultant. This new role allows him to plan periods of alternative care arrangements, including private carers and help from his children.

The strategy employed by the 'Adaptive Workers' was to alter their working patterns to fit better with their caring responsibilities. These adaptations came in many forms, including as the vignette suggests, self-employment as well as changes to working hours, roles and employers. The action taken had different repercussions for the interviewees - those who opted for self-employment tended to maintain their financial security as they were also receiving an early pension whereas those reducing their hours found the situation financially more difficult. Those reducing their hours either worked in jobs which lacked flexibility and formal policies (which prevented them from becoming a 'Supported Worker') or were caring for someone whose needs required more regular and intensive support.

Working Carers' Recommendations for Improvement

For Working Carers

During the interviews we asked the respondents what they would advise someone about to begin combining work and care to do, with the benefit of hindsight and experience. This was a fruitful way of getting them to reflect on what strategies they felt were most effective, and what factors had ensured this success. However, at the same time, they were keen to stress that each carers' situation would be different, and the advice they needed would have to be tailor-made.

In terms of employment, some of the interviewees advocated an **open and honest approach with line managers** with regard to caring responsibilities. They argued that unless their line manager was kept informed, they could not be expected to offer assistance or be sympathetic. Indeed, the interviewees suggested working carers inform their line managers 'sooner rather than later' in order to avoid the additional stress of providing them with the context of the care situation in an emergency, and potentially receive an unsympathetic response. As one interviewee argued:

I would say, 'Find out what your company's policies are on flexible working and carer's leave and all that kind of thing, and talk to your boss about it ASAP,' because I think it's not waiting for - I mean, sometimes your care situation might happen as a result of a crisis anyway. I mean, somebody might have a stroke and then suddenly they've got dementia, you know. But if it's a more gradual thing I think it's good to kind

of work out a plan earlier rather than wait for something to happen and then have to be reactive. So what I mean is find out what the policies are, and also it's like researching what other policies are, so you can present them, so if your company doesn't have a policy you can say, 'Well, what about X?'

A number also suggested approaching an employer with a **request to work flexibly**, as all workers in the UK are entitled to do. A significant number of the sample reduced their hours, worked flexi-time or worked from home. They did also acknowledge that in some cases, some types of employment could not offer a suitable degree of flexibility and the views about what to do in these situations were mixed. Some felt a move to more flexible employment would be the best strategy whilst others felt the carer should consider what they would be missing out on by moving employers, for example:

"A doctor has trained all those years...I think it would be wrong, really, if you've got that sort of skill, to give it up just to be a carer at home. Um, I think you'd get so frustrated. And I personally wouldn't expect anyone to do that for me....It can be done. But it does require the right amount of, the right sort of work, I think. You know, that you can fit in. But I do think that's necessary, to have that interest... I think it will be too awful if you gave up outside interests".

The majority did, however, feel that remaining in some form of employment was the best option, both financially and for

the carer's wellbeing and sense of self:

"I would encourage people whenever possible to stay at work. Unless you're a very unusual person, most people like to interact with other people...Especially if you're younger, you don't want to stop working too young".

For Employers

The interviewees advocated a variety of supports employers could provide, some based on what was available to them, and some based on what they felt could be improved upon. **Flexibility** around working hours was supported by the majority of the sample, although they acknowledged that in some forms of work, this may be more difficult than others. However, several of the large employers with front line staff had in place policies that provided some degree of flexibility for carers, such as **carer's leave** and mobility within the organisation to more suitable roles. Some of the interviewees advocated flexibility as the norm, so they would "not have to ask anybody, and not feel as if you're asking for a favour". Yet conversely, one interviewee who had experienced enforced flexibility in terms of irregular shift patterns with little prior notice found this particularly difficult to reconcile with care and moved to new employment. The case for flexibility was outlined by one of the interviewees:

"Just flexibility, flexible working is the norm, absolutely the norm and all the Government policies support it, all the HR professional accreditation support it and that there is more evidence to show that it is actually very good for productivity. It's good for engagement, it's good for well-being and it's good for productivity, it's good for social cohesion in

the workforce and it's good for social capital. And those things are the bottom line for businesses...it's about celebrating the fact that in the face of a demographic time bomb, we've actually got a workable solution".

The additional leave for carers offered at a number of workplaces was also seen very positively. In terms of the actualisation of these policies, the results were mixed. Though most felt that **formal policies** were positive, some argued that **managerial discretion** was the key:

"I'm sure if permission and approval and all sorts of things were delegated to the people who know you, it would work so much better. The other people don't know you and they want to stick by these rigid rules whereas the person you work with knows your work and knows you're going to do it if you say it and they'll move heaven and earth to fit it into what's possible and what's good for everyone, whereas if they just came down and said 'ooh no, this isn't in the rule book'".

What was felt to be helpful was a set of formal policies for the working carer to fall back on should the line manager be less than sympathetic about their caring role. Interviewees also argued that managers should not only be made aware of the policies, but also the logic behind them and the challenges that working carers faced through **training sessions** to encourage them to be more empathetic. Similarly, the inclusion of **information about carers' policies** at employee inductions as well as company intranet sites was suggested as helpful.

Best Practice Examples: Employer's Policies for Working Carers

In this section, the data collected relating to UK employer practices will be explored. The research team conducted interviews with HR managers and those leading on diversity and equality within organisations identified as providing policies to assist working carers.

Name: British Telecom (BT).

Sector: Telecommunications

Size: In the UK, around 87,000 employees; 105,000 people directly worldwide and a further 42,000 indirectly including agency and sub-contractors. A total labour force of 147,000.

Flexible Working

BT offers a range of flexible working arrangements to all staff:

- Term time
- Part-time
- Job share
- Home working
- Variable start and finish times.

In terms of the rationale behind this policy, flexible working is part of BT's work-life balance strategy which they argue ensures that their employees remain productive whilst also providing care for children and older people. From a business point of view, having a flexible workforce means they can provide a service on a 24/7 basis. They argue in their '2009 Sustainability Report - Changing world: Sustained values' that "We believe our customer service is improved when our employees feel satisfied with their work-life balance" (pg. 13). They also highlight the environmental benefits of allowing individuals to work from home, saving over 7,000 tonnes of CO2 each year by reducing travel to work as BT home workers avoid an average commute of 31 miles per day. In March 2009 BT had approximately 4,867 part-time employees, 352 job sharers and around 10,168 registered home workers.

Measure(s) available:

BT has a leave and flexible working portfolio, 'Achieving the Balance' which is for managers to help them make decisions regarding leave on an informed basis. The portfolio includes a number of measures, including flexible working, leave arrangements, a 'Carer's passport' and a carers' network.

"We've invested a huge amount of money and skills and training for BT people and we recognise that for a lot of people they spend a lot of their time at work and a lot of their life with BT. We want to support them through every step of their life. Caring responsibilities can come on overnight and you don't know how long they're going to last; they can be quite sporadic; they can be incredibly challenging. There are lots of emotional responses that our carers have and at the end of the day if we support them better, to be better carers and balance that better with their responsibilities as employees then we get to keep them at work, keep them productive, keep hold of the skills and the investment that we've made in people. At the end of the journey, from what our carers are telling us, they are more committed if we manage this period of need effectively". (Representative from BT's People and Policy team).

Leave arrangements:

- Special leave is an absence from work of half a day or more to meet an individual's needs.
- Casual leave: Up to 4 hours or half a day's paid leave to attend a one off appointment or deal with an emergency that does not fit within the special leave definition. The individual will normally be required to make up the time taken within a reasonable timeframe that should be agreed with their line manager, except in cases of distress.
- Discretionary Paid leave is with full pay (i.e. basic pay plus any London Weighting and assigned allowances).
- Discretionary Unpaid.

'Carers' Passport'.

This policy allows the employee to have conversation with their line manager about their caring responsibilities and help they might need. The Passport goes with them if they moved within the company and acts as an introduction if the line manager changes. This policy is for carers only, but BT also has the Health and Wellbeing Passport and the Disability Passport.

Carers' Network

This provides information and support for carers working for BT. The Carers' Network has over 100 members. In terms of the Carers' Network, a representative from the People and Policy team argues *"the Carers Network is about supporting each other and we're trying to get a bit of interaction going around what people are learning but also to inform me about what they think I need to do; be my expert panel and my critical friend, tell me in terms of policy what's not working, what's making it hard for them, what are the barriers?"*.

Time off to attend Department of Health's 'Caring with Confidence' course is available to employees who are carers.

Factsheets and advice - BT provide a range of fact sheets on their intranet including 'Helping you Care', 'Coming out of Hospital', 'Top Tips for Line Managers'.

Name of company: Marks & Spencer

Size: 73,000 employees in the UK plus 5,000 worldwide.

Sector: Retail

Flexible Working- The individuals approach their line managers first who can either create informal or formalised flexible working arrangements. If the line manager refuses a flexible working request, this has to be formalised. As a representative from HR stated: *"They then can appeal and then their appeal would be heard by another line manager. So, ultimately if they're not happy with the outcome they can obviously raise a formal grievance"*. The options include:

- part-time work,
- job sharing,
- term-time working.

Measure(s) available:

Marks & Spencer have a number of policies which can assist working carers. They also have the lowest employee turnover rate in the UK retail sector - 44% of all staff have been with the company for more than five years and 26% for more than ten. These policies are part of their retention strategy.

Special Leave is up to 48 hours for emergencies/ appointments. This type of unpaid Special Leave should not be counted towards the individual's absence, should not be taken into account during an absence review meeting.

Leave and Break: Carer Leave is four weeks paid leave, followed by 3-9 months unpaid leave for staff with two years' continued service. They would also still accrue holiday, and if they're at certain levels they will still keep things like company car payments and mobile phones. For longer periods, employees can take a Career Break of up to five years.

Also there is a helpline for employees and information on the intranet (People Guide). The helpline provides 24 hour confidential, independent advice for employees including general counseling, advice on debt or financial problems, legal problems, abuse, relationship difficulties and state benefits. Also the People Guide on the intranet with information on policies.

Name of company: Centrica/ British Gas

Sector: Energy

Size: 34,125 employees, 27,674 in the UK.

Flexible Working

Centrica have a number of different flexible working options including homeworking, part-time work, flexible start and finish times. Flexible working is available to all employees. 60% of employees work flexibly and 53% of flexible workers are male. Flexible working is found at all levels of the organisation. At junior grades it is 40% while in senior management it is 20%. All board members and directors are set up to work flexibly. In 2003 there was a project called "Martini" which was later re-named Work:wise, to allow employees, regardless of grade or statutory requirements, greater control over their work-life balance. At the same time, the project aimed to achieve a more efficient use of office space. The project also involved engaging with line managers and disseminating the positive impact of flexible working. 'Work:wise' champions ensure business strategy makes the most effective use of flexible working patterns. Centrica regularly feature examples of flexible working in their Corporate Responsibility Reports. Flexible working has also reduced environmental damage if employees can work from home. When Centrica merged with other companies, their property portfolio expanded, as did the costs. Therefore, they sold three buildings in 2003 which made homeworking essential.

Measure(s) available:

Centrica have a number of 'carer-friendly' policies in place, aimed at improving retention of skilled employees, as well as attracting potential employees to the company. In terms of the immediate benefits in 2004:

- Property savings of £10million per annum
- On average, annual mileage saved was 90 miles travel saving per person each week
- Work-life balance improved by 38%
- 55% of mobile workers felt their productivity had increased
- Employee engagement improved by 3.9%

In 2007 Centrica was involved in a study, by Cranfield University in conjunction with Working Families, to examine the impact of flexible working on performance. Key findings:

- 75% of employees felt flexible working was embedded in Centrica's culture
- 60% of employees work flexibly
- 41% of these employees have 'formal' working arrangements in place
- Over 50% of flexible workers, managers and co-workers of flexible workers felt flexible working had a positive effect on performance
- Flexible workers scored significantly higher on indirect performance related aspects such as: commitment; empowerment; job satisfaction; job fulfilment; and work-life balance (75%).

The measures available include a carers' network, carer's leave and flexible working.

Carers' Network: Established in 2004 to provide employees with support and advice. It has over 100 members.

Carers' Leave: Carers' leave is based on 'matched' leave against annual holiday entitlement. For example, for each day required an employee will need to take half a day's annual leave and half a day's planned carers' leave. It is used for planned events such as hospital appointments. Carers require a doctor's note to establish they are providing care. There is also a Career Break policy which allows individuals to take a more extended break from employment.

Emergency Leave: Carers can leave work to attend to an emergency.

"British Gas was one of the first UK companies to develop flexible employment policies to support staff with caring responsibilities. This makes it easier for employees to combine work and care, so they don't feel forced to choose between one of the other. Recruiting and training new staff can be expensive and unnecessary when a more flexible employment approach should ensure that existing, experienced people are retained".

Name of company: Oxfordshire County Council

Size: Largest employer in Oxfordshire- 20,000 employees (survey of staff revealed that 29% had caring responsibilities).

Sector: Public sector.

Measure(s) available:

Oxfordshire County Council has a range of policies available, including flexible working, planned carer's leave and a carers' network.

Flexible working, including: flexi-time; job share; annualised/ fortnightly hours; flexi-place.

- Flexi-time: employees can bank extra time off by working overtime. They can accrue up to two half days or a whole day off per month on top of holiday. The employee can start anytime between 7.30 and 10.00 am and finish between 3.30 and 6 pm if this is appropriate for their role.
- Different working weeks: nine day fortnights where employees do 37 hours per week, so 74 hours for the two weeks over nine days. Therefore the employee would have one extra day off a fortnight.
- Flexiplace- where possible, employees can work from home.
- Annualised hours, depending on the job.

"I think there's a really strong business case, that actually, because somebody's family situation has got difficult, you know, or somebody that they need to care for or support has become particularly ill, it might be for a fairly small window. For the sake of three months or twelve months being flexible with somebody, would you really want to lose 25 years of expert experience, and you know, being a really valuable member of the team. I don't think it's 'do it because it's nice to do it', I think if we don't do it, nobody will want to work here, we'll have no staff, it'll just be...it's a false economy to be too hard because it could be any of us at any time". The flexible working policy also allowed for a greater service coverage from 7.30-18.00.

Planned Carers' leave: 37 hours per year.

Carers network: an opportunity for carers in the organisation to meet up and feed into policy. For example, the Planned Carers Leave can be taken by the hour- this was an idea that came from the network, as in some instances a couple of hours for appointments would be better than using a whole day of leave.

Name of company: Sainsburys

Sector: Retail- a chain of 537 super-markets and 335 convenience stores;

Size: Employs around 150,000 people.

In terms of the rationale behind the flexible working policy, retention is key - for example, it takes six months to train a baker and Sainsbury's wish to retain those skills. In addition, the policy allows employees to achieve a work-life balance. For example, 25% of Sainsbury's workforce is under 25 years of age, so they offer flexible working for students in that they can have up to two weeks off before their exams.

Flexible Working

Sainsbury's will support requests for alternative working arrangements wherever possible. The flexible working policy is available for all staff who have 26 weeks' continuous service at the time they make their flexible working request. An employee's request for flexible working can include a request for a change to:

- The number of hours the employee works;
- The pattern of hours worked;
- The place of work including home.

Requests should be considered and decisions should be made with regards to the impact that any request will have on the business, rather than on an assessment of the validity of the reason behind the request. In effect, this means that if one employee's request should not be considered more important than that of someone else. The impact on the business should be the first consideration when deciding whether we are able to support requests. Employees can approach line manager informally and ask for flexible working, although there is also a formalised procedure. Employees should put their request in writing to their line manager and include the changes requested; the date upon which the proposed changes will be effective; whether an application has been made to a previous employer (only one application is allowed in a 12 month period); the reason for the request; and what impact the changes would have on the business and how they believe these may be dealt with.

Line managers in turn are responsible for meeting with the employee within 28 days of receiving the request; confirming in writing the decision made within 14 days of the meeting; ensuring that any contractual change is actioned; and confirming the right of appeal, if appropriate, and notifying the employee of the appeal process. The aim of this meeting will be to discuss the changes the employee has proposed, the impact of these changes and any possible alternative arrangement that might suit both the employee and Sainsbury's. A fellow employee or a Trade Union official may accompany the employee at the meeting.

The line manager must confirm their decision within 14 days of the meeting being held. If the employee's request is for reasons of childcare or, from 6th April 2007, due to carer responsibilities and is subsequently refused, then the reasons for the refusal must be confirmed in writing and must be for one of the following reasons:

- The burden of additional costs;
- The detrimental effect on the ability to meet customer demand;
- An inability to reorganise work amongst existing employees;
- An inability to recruit additional employees;
- A detrimental impact on quality and or performance;
- Insufficient work during the periods that the employee has proposed to work;
- Planned structural changes;

An employee may wish to appeal against a decision. This appeal must be made in writing within 14 days of the decision being made and should be sent to the local HR Representative. The appeal meeting must be chaired by a manager more senior to the original decision maker and must be grade C5 / 5S or above. Once heard, the decision of the appeal must be communicated in writing within 14 days of the appeal meeting. This decision is final and there is no further internal review process.

Summary

Though the working carers interviewed came from a variety of locations, socio-economic backgrounds, employment groups and dealt with a variety of care needs, they were some strong cross-cutting difficulties highlighted by the research. A key source of stress which in turn impacted on other aspects of their lives was a lack of time. Many cited this as a crucial stress factor with a knock-on effect on their working and caring roles in that they often felt they did not have enough time to do either adequately. Often they felt their work suffered, both in the short-term with regard to concentration and focus but also in the longer run in terms of career progression. In turn, moments with their families or friends were often the first things to be forfeited so as to provide the time for work and care. The inability to unwind, coupled with the pressures of the two roles in many cases led to mental and/or physical ill health.

In terms of the strategies utilised to combine work and care, the interviewees views on formal policies made available by employers varied. The majority felt a flexible approach with line managers able to operate discretion was the best way forward, particularly in smaller firms, yet they also felt the formal policies should be there as a 'back-up' should they receive a less than favourable response to request for support. The data from the enterprises in the UK also reflected this, with representatives from HR stating they preferred that well-informed line managers responded to employees' needs in a measured manner, with the formal policies acting as a failsafe should there be a dispute over the outcome of the request. The interviewees were also keen to stress that they 'paid back' their employer for any flexibility they offered by making up their hours where possible. They also emphasised they were aware that their employers also had requirements and thus they were careful not to ask for too much and sap their goodwill should there be an emergency and they require special dispensation.

In particular, formal leave and flexibility from employers were found both within our research and the literature as particularly important to working carers. The majority of individuals worked in companies either with formal measures or where these were not necessary due to the intrinsic flexibility of their employment. The former were particularly important in firms where the nature of work meant that flexibility of working times were not possible. Thus formal policies allowed for time off to provide care in terms of appointments and emergencies as flexitime was not possible. However, what was also apparent was that in some instances, the employee was aware of the policies available to them but came up against a barrier in terms of the knowledge of their line manager, both in terms of what is available but also the challenges facing working carers. In terms of the latter, those managers who had been carers themselves were argued by the interviews to be more sympathetic. For those working for larger employers, in some cases the high turnover in management was a source of stress for the interviewees who were concerned that though their current boss was understanding, this could all shift with structural changes. As a result, one large employer introduced a 'carers' passport' which would provide new managers with the context behind a particular employee's working arrangements and in theory make them more understanding when approached with requests. Therefore what emerges from the data is the need for awareness-raising within companies regarding their policies, not just amongst employees but also managers so as to make them more empathetic. The data reflects the importance of a supportive line manager in assisting individuals to reconcile work and care and information about the challenges carers face may facilitate this.