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**Understanding the impact of eldercare on working women's lives:  
a pilot study**

by

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## Executive summary

This research was carried out in a large university in the north of England.

1. Responsibility for elder care is now a major issue for families, especially women. It often has an adverse impact on their economic and social well-being. Combining employment with elder care presents particular challenges.
2. Our survey suggests that around half the University's staff have elder care responsibilities, and more expect to take on elder care in the future.
3. There is a considerable additional burden of work for elder carers, which can be very stressful:
  - these staff are very conscientious about maintaining high levels of performance at work
  - most of them undertake elder care after working hours and one day per weekend, on top of caring for their own household and children/grandchildren
  - elder care is more unpredictable than childcare, typically including more and longer crises
  - although external support services (e.g. from local authorities) may exist, staff are often unaware of these, and elders frequently refuse to accept them.
4. Elder care impacts negatively on women's career development, including by limiting their ability to study for qualifications, undertake research, or seek promotion. This is particularly stressful for women academics now required to do a doctorate, some of whom have had to suspend studies.
5. Flexibility in the workplace, and information about available support (both within the University and from external services) emerge as key issues in enabling women to manage these challenges.
6. The role of line managers in helping women achieve flexibility is crucial. Whilst some appear to be helpful regarding elder care issues, others are unaware or unsupportive. There is currently no specific attention to elder care issues in managers' training or induction.
7. The University Counselling Service is viewed by line managers as an essential resource for staff involved in elder care, especially following bereavement. However, it is not completely confidential, as line managers' approval is needed for faculties/services to pay for the service.
8. Few staff involved in elder care are aware of University family-friendly policies that may apply to them. Some who had searched for these on the intranet had been unable to find relevant information.
9. HR staff are not aware of the extent of elder care as an issue for staff at the University, and it is not monitored. HR receive requests for dependents' leave for childcare but not for elder care. Requests from female staff for phased retirement may relate to elder care demands.

## Recommendations

- The University should aim to become a leader in best practice supporting employees who also have elder care responsibilities
- The university should subscribe to and utilise membership of *Employers for Carers*, the national on-line resource centre for employers supporting working carers.
- A Senior Manager of the university should be appointed as Champion for Carers
- HR should develop evidence-based, pro-active policy and practice to support employees who are also caring for elders, in line with *Employers for Carers* guidelines, including:
  - monitoring and raising awareness of elder care, promoting an elder care friendly culture
  - training for line managers on elder care and supporting staff involved in it
  - liaison with external sources of support for elder care, such as local authorities and national carer support programmes
  - timely referral for employees to expert information, advice and guidance on elder care and carer support; and to counselling services.

# **Understanding the impact of eldercare on working women's lives: a pilot study**

**Dr V Burr and Prof H Colley  
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This document reports on a small research project jointly supported by the University URF and HHS 'seedcorn' funding. The research was carried out with staff at a large university in the north of England and with local authority staff associated with the local carers' strategy between June 2013 and August 2014. The document outlines the main findings of the research and makes a number of recommendations for how the university might support its working carers in order to develop and retain them.

## **Background**

An ageing population along with cuts in public spending mean that care for elderly people is increasingly being provided by family members, often women, many of whom are also in paid employment. The proportion of elder caregivers who are employed is rising, and many of them are in full time work. Women have been, and continue to be, central in the provision of care within the family, including care for elders; and employed women are more likely than employed men to provide regular family care.

We are beginning to understand some of the impact of elder care upon women's working lives. Previous research suggests that women carers are less likely to be in full time work; they are also more likely than men to reduce their working hours, give up work altogether, or pass up opportunities for promotion or training because of caregiving duties. This research aimed to explore the situation and experience of women employed at a large university in the north of England who have elder care responsibilities and to understand this in the context of both the university's policies and practices and local authority provision.

## **Sample and methods**

### Interviews

#### *Academic and support staff*

Eleven women who were currently providing care for an elderly relative. They occupied a variety of academic and administrative roles within the university. Five of these women were re-interviewed after a period of one year to investigate any changes in their situation.

### *Line managers*

Line managers with experience of managing staff with elder care responsibilities were invited to take part, and two line managers were interviewed.

### *Human Resources staff*

Two members of the university HR team were interviewed to gain an understanding of the university policies and practices relevant to staff with elder care responsibilities, and HR awareness of the issue.

### *Local authority staff*

Four members of the local authority's carers' strategy staff were interviewed. They were responsible for the delivery of advice and resources to local carers as well as to employees of the local authority itself.

### Survey

An opportunity sample of 69 university staff (women and men) completed a questionnaire about their current and anticipated future elder care responsibilities.

## **Findings**

### Prevalence of care responsibilities

Of the 69 university survey respondents, 37 identified themselves as providing elder care either currently or in the past. Approximately one third of the non-carer respondents anticipated taking on elder care responsibilities in the future.

From census data, the local authority estimates the number of unpaid carers in their area to be over 40,000. The total number of hours of care provided is 967,000 per week, or 50.4 million hours per year. The average number of hours of care provided per carer was 22 per week. Local authority staff pointed out that since many people consider themselves to be just doing 'what a family member should' and do not define themselves as carers, the prevalence of caring roles is likely to be much higher than reported.

### The experience of elder care and its impact on paid work

The majority of the women we interviewed were employed full-time and ideally wished to remain so. Their experiences were typical according to the local authority's carers' strategy.

They were highly conscientious employees and reported high levels of stress as they struggled to care for an elder while continuing to carry out their work to their usual high standard.

I think it's that tension between them still wanting to do a full time job and still wanting to not let the team down and do a good job, but at the same time realising that they've got commitments to take that family member to hospital appointments or tests and all that kind of thing. (Line manager, support staff)

They typically fitted in routine care duties at either end of their working day, additionally using at least one day at the weekend for this purpose. This burden of care was in addition to the work involved in looking after their own homes, and some of the women fell into the 'sandwich generation' category, as they also had their own children still living at home. However, unlike childcare, elder care was seen as unpredictable; in addition to the regular care they provided, the women often had to deal with crises and emergencies which could happen at any time. The elderly persons they cared for typically resisted outside support, for example from social services.

But [*my mother*] is still by herself and she's very vulnerable. So it means a lot of visits, popping in, spending time with her, which is absolutely fine and I don't mind that and I want to do it. But it's just fitting it in, and then I've other family commitments on top of that, which you've to kind of prioritise that. So the eldest daughter has small children, so I'm whizzing up and down the country seeing her and then sorting out my mother at the other end. (Diane, academic staff)

So you've got your worry, you've got your time, you know, you've got your own home to run, as well as running [*my dad's*], you know. I think that's really, a bit stressed really, I think I just feel stressed continuously. (Gail, support staff)

Elder care responsibilities also potentially impacted upon career development. In addition to their full time jobs, several of the women were registered for a PhD. The challenge of studying for a postgraduate degree whilst fulfilling their other work and care duties was immense, and when elder care responsibilities demanded more time 'something had to give' and it was often their PhD studies that suffered. Some of our interviewees had suspended studies, and also talked about lowering their expectations of career advancement. Some of the women were considering reducing their working hours; our local authority interviewees pointed out that reducing hours or not accepting a promotion are likely to affect income (pension) later due to tax and NI credit changes, a fact which many carers are unaware of.

Career wise, I sort of felt as if I was on an upward trajectory, you know, I do a lot [...] I'm a director of our professional body and I teach at X University, I do loads of stuff. And I was doing that full time, but as [*my parents*] have got worse, I just felt as though I had to drop something [*her doctorate*] because I felt, you know, I had to prioritise things and they [*parents*] were more important. I wanted to do that for me, but I can't do that anymore, I can't go to conferences and I can't spare that-, that time is just not there. So that's a big thing - I'm 45 - to sort of say, 'OK, that's it'. (Stella, support staff)

I don't suffer stress, generally I'm very very good at noticing when I'm getting upset or anxious and therefore I deal with it and I've never had an issue. But this last six months [*since being required to do a doctorate*], I can see myself getting more and more wound up, and people have said to me: 'Are you alright?', and it's something that obviously it's nagging at the back of my mind, because I feel I should be [*working towards her doctorate*], but I've got this, this and this to do before I can do that, and I've just really struggled, because I don't take time for myself very often. (Michaela, academic staff)

The job that I'm doing now at Grade 5, it's definitely-, you know if I was to apply for it now, I don't think I'd get it, because it's a degree required and obviously I had the experience and I was, I'd worked at that level, but I don't think I'd get it if I was to apply for [*it now*] or to move away and apply for something at a similar level somewhere else. (Jessica, support staff)

The line managers we interviewed had direct experience of the impact of elder care upon female staff, and they confirmed the experiences reported above. They saw these women as dedicated, conscientious workers who did not want their work to be affected; but some faced a choice between continuing to work their normal hours and reducing their hours in order to provide the elder care that was needed. For some women their training/development had been interrupted or suspended, possibly affecting their future work. Such training was seen as dispensable, whereas their normal job and caring responsibilities were not.

#### Help and support

In order to manage both their routine and unanticipated care responsibilities, the women were reliant upon the understanding and flexibility of their line managers. They typically managed routine care by negotiating flexible working patterns. Often this meant working some very long days and/or taking work home. But during periods of heavy or unanticipated care demands, there was variation in their experience of line management; some praised their line managers for their flexibility and helpfulness while others felt their line managers either did not understand their situation or were not prepared to support them. Both



university and local authority interviewees felt that employers have less understanding of care issues that do not relate to the care of children.

I feel supported by my line manager, I feel as though I could go and discuss things with her and she'd help me to look for solutions. (Tracy, academic staff)

The policies are in place, but they're not that helpful because the decision rests with your line manager. (Angela, support staff)

My line manager probably doesn't even know my job really. But there's only me does it and all I got from my Dean were, 'Well yeah, you can reduce your hours, but your work will stay the same'. So I could have gone down to four days, but I would have had exactly the same amount of work to do. (Lesley, support staff)

So I just wondered if ever I wanted to reduce [*her hours*]-. Now we all know that as they [*parents*] come back having had children, they'll reduce [*their hours*] and do what they want, and in the faculty there are numerous settings for that. But I've a funny feeling if I actually went and asked for a reduction of hours, I'd be refused on that score [*i.e. elder care*]. (Gail, support staff)

The line managers reported that, in the cases that had come to their notice, these were where the women were requesting flexibility in working hours. They were emphatic that the role of the line manager is to be understanding, responsive and flexible wherever possible in order to meet the needs of such staff (and the section they work in) so as to enable them to continue doing their job well, rather than adding further to the stresses they were experiencing by being inflexible. A particular challenge for them was often not being able to judge the likely timescale of the problem, for example the impact of an elder having a fall. They aimed to 'catch the problem early' if they could, by getting to know staff and their circumstances, and looking out for early signs of problems. But in reality they often became aware of problems at the point when the women could no longer continue working effectively without support. In our survey, just over half of carers said their employer was aware of their situation. Since flexible working arrangements were principally negotiated with line managers, HR staff did not routinely become aware of how these related to elder care issues, and therefore of the extent of elder care problems for the university's staff generally. The nature of formal requests for flexible working were not routinely monitored by HR but it was felt that they were predominantly for return from maternity leave and for phased retirement. It was felt that some requests for phased retirement are likely to have elder care issues 'behind' them.

Where necessary, line managers were prepared to 'bend the rules' to allow staff to occasionally take time off work without annual leave, dependents' leave or flexible working in order to ease their situation and enable the women to continue working effectively. They would typically re-organise their staff resources to provide cover; they might also manage a more prolonged period of absence through a GP's sick note, since the woman was not 'fit to work'. However, they recognised that this was not without its drawbacks, since many employees do not want the stigma of a poor sickness record. They found colleagues to be sympathetic; there was no resentment towards staff who needed extra time off- people were aware of the complexities of each others' lives. Although bending the rules left them potentially vulnerable to criticism, they felt that this was preferable to introducing more policies as this would simply increase bureaucracy. They saw the role and attitude of management as vital in responding to these women's needs in an appropriate and helpful way. However, they were aware that not all managers across the university held this view. HR staff said that managers were expected to use common sense and be understanding and flexible where possible. However, managers who were 'rigid' would not necessarily become known to HR since their behaviour would have to be reported by the staff concerned. They said that there is currently no specific attention to elder care issues in managers' training or induction.

*Well it [*dependents' leave*] is there in Personnel, isn't it? But obviously these rules and regulations maybe aren't disseminated across the university enough, to Deans and then down again, about what are dependents, about what we're entitled to. (Lesley, support staff)*

The line managers highlighted the university's Counselling service as a resource they valued, especially for women whose elder care had been terminated by bereavement. Although there was a small charge to the faculty/service for this, it was felt to be well worth it, reducing the need to put in place part time cover etc. This service is especially valuable because a referral to NHS services could mean a significant wait for counselling that was urgently needed. However, it is not completely confidential, as line managers' approval is needed for faculties to pay for the service, and this creates reluctance to access it for some staff.

The working carers were often unaware of the university's policies relevant to their situation, or how to locate information about these. Only 13.5% of carers in our survey were aware of university policies that may apply to them. The line managers confirmed this; staff who tried

to find information on the intranet about the support available to them found that their searches did not lead them to the right information.

Understanding of the university's provision for dependents' leave was unclear; it was felt that many people saw this as only applying to childcare issues. With regard to requests for dependents' leave, the HR staff confirmed that the requests they received related to childcare issues; they did not seem aware of the kinds of elder care emergencies that regularly cropped up for the women we interviewed

So who do I ask that could actually tell me what I should be doing, because it's not for me, it's actually to make it better for my mum, you know. I'm sure there's other things out there that would make the quality of my mum's life better. I just don't know how to access them and my mum isn't in a place to do that herself, and that's the difficulty, that's when you feel that you're very-, that you could offer-, you could do things better for your mum if you knew what you were doing. (Felicity, academic staff)

In terms of local services, hah! I've never had such a hideous nightmare of trying to find out how to sort out what to do with my dad after he broke his hip. I still don't properly understand it, what you're supposed to pay for and what you're not supposed to pay for, and what's feasible and what isn't, and all the different types of care and privately, it's just-, it's a minefield. (Karen, academic staff)

Although a number of resources for carers are available through the local authority, most of our interviewees were not aware of these, and our local authority interviewees confirmed that awareness-raising was an ongoing challenge; carers often do not know where or how to access information, or have time to do this. GPs were seen by university interviewees as unreliable sources of advice and information for carers. Local authority interviewees acknowledged that more partnership working needs to take place to ensure GPs have the information to be able to advise carers on sources of information and advice.

#### Recommendations arising from interviews

A number of recommendations were made by working carers, line managers, HR staff and local authority staff (the recommendations of this study are presented at the end of the report):

##### *Working carers*

- Raise awareness across the university about the growing problem of elder care and its implications for employees.
- Raise awareness with carers about University policies and how to access them.

- A university contact person who could signpost carers to relevant information and advice both inside and outside of the university.
- An extended period of leave, after which the member of staff could resume their normal working hours and pay (comparable to maternity/paternity leave).
- Agreed, limited periods of reduced working hours
- Ensure that line managers are aware of their staff's circumstances, for example via appraisal.

#### *Line managers*

- Although 'rule-bending' was effective, the managers would like to see their discretionary powers written into university policy. This would also serve to legitimise requests for support in the eyes of working carers, who often were unaware of their entitlements.
- The counselling service should be retained for staff.
- A single point of information, or signposting to one, would be a major benefit since carers typically spend significant amounts of time trying to locate the advice or service they need.

#### *HR staff*

- Elder care awareness and how to respond to staff requests for flexibility should be part of line managers' formal training.
- Develop policies that help staff to manage their careers more effectively; the present flexible working policy did not necessarily help staff who later wished to return to full time work after a period of reduced hours, since it is likely that the remainder of their normal contracted hours would become filled by someone else.

#### *Local authority*

- Businesses need to take care seriously and to recognise the amount of time that it demands and its pattern; caring responsibilities can stop and then resume (perhaps looking after a different family member).
- Businesses need to recognise societal changes in the nature of conditions that demand care, such as early onset dementia, mental health problems and brain injuries. These mean that carers are becoming younger (30s and 40s) and need to pick up their lives again in their 50s.
- Flexibility in working arrangements is vital to enable carers to remain in paid work and avoid 'burnout'.

- Implementation of policy should be less discretionary for managers.
- Training for managers.
- Awareness raising to help people to identify themselves as carers and encourage them to seek support earlier in order to enable them to continue caring.

### Employers' best practice

A recent international conference on *Carers and Work-Care Reconciliation* at the University of Leeds drew together leading researchers and policy-makers on this issue, with a key focus on the role of employers in facilitating support for carers. In the UK, this work is led by the organisation *Employers for Carers* (EfC). Their website [www.employersforcarers.org](http://www.employersforcarers.org) provides a wide range of resources for employers and employees. These can be accessed through employer membership of EfC, and include the business case for supporting carers, along with legal and good practice guidelines, examples of best practice employers such as BT and University of Leeds, practical and policy resources, and research. Relevant legislation includes:

- The Carers (Recognition and Services) Act 1995
- The Carers (Equal Opportunities) Act 2004
- The Work and Families Act 2006
- The Care Act 2014

Some of the key issues that can be addressed at company level, as highlighted by EfC, include the following:

- Employers have moral and legal responsibilities for the health and well-being of staff involved in eldercare, and can make a very positive difference with few additional resources
- Awareness and normalisation of the issue of eldercare and of its challenges in the organisational culture is vital, since most employees are likely to become involved in eldercare at some time, and since its demands are very different from those of childcare
- A Carers' Policy should be built into HR policies across the board, and a Senior Manager appointed as a Champion for Carers
- Training for line managers on support for elder-carers is crucial to ensure employee take-up of support measures available.
- Equality of opportunity for staff involved in eldercare should be promoted and monitored
- Rapid signposting and referral to high-quality information, advice and guidance for elder-carers, available both within and outside the workplace, is essential to help them remain within the workforce and function effectively

- Referral to counselling services is also important
- Establishing a carers' peer support network, and promoting/contributing to events such as National Carers Week, would be very helpful.

In addition, a Eurofound report (Cullen et al., 2011) identifies detailed examples of company level measures to support employees involved in eldercare

### **Recommendations to the University**

- The university should aim to become a leader in best practice supporting employees who also have eldercare responsibilities
- The university should take out membership of *Employers for Carers*
- A Senior Manager of the university should be appointed as Champion for Carers
- The university's HR department should develop evidence-based and well-promoted policies and pro-active approaches to support employees who are also caring for elders, in line with EfC guidelines, including:
  - raising awareness of elder care and promoting a carer-friendly culture
  - training for line managers
  - liaison with external sources of support for eldercare, such as local authorities and national carer support programmes
  - timely referral for employees to expert information, advice and guidance on eldercare and carer support; and to counselling services.

**Reference:** Cullen, K., Gareis, K., Peters, P., Byrne, P., Mueller, S., Dolphin, C., Delaney, S. and Lilischkis, S. (2011) *Company initiatives for workers with care responsibilities for disabled children or adults*. Luxembourg: Publications Office of the European Union. Available online at: <http://www.eurofound.europa.eu/publications/htmlfiles/ef1062.htm> (accessed 11 September 2014).

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