

# Hidden in Plain Sight

## Report of survey findings

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# Table of contents

<b>Executive summary</b> .....	<b>1</b>
<b>1. Introduction</b> .....	<b>5</b>
The survey questionnaire .....	5
Analysis.....	6
<b>2. About the respondents</b> .....	<b>7</b>
Responses received .....	7
Demographic information (Q2 to Q6) .....	7
Carer status (Q7) .....	8
History of caring (Q8) .....	9
The person cared for (Q9) .....	10
<b>3. Combining caring with work responsibilities</b> .....	<b>11</b>
Informing employers about caring responsibilities (Q10 and Q11).....	11
Issues carers face at work (Q12) .....	15
Positive experiences of being supported at work (Q13).....	20
Mixed views about support from work (Q14).....	21
<b>4. Impacts of caring</b> .....	<b>23</b>
Impacts of caring on the carer and their work (Q15).....	23
Impacts of caring on career opportunities (Q15 and Q19) .....	25
<b>5. Institutional policies and employee assistance schemes</b> .....	<b>29</b>
Availability – and awareness of – policies and assistance for carers (Q16, Q20, Q23) .....	29
Perceptions of policies for carers (Q18).....	31
Use of employee assistance schemes (Q21 and Q22) .....	31
<b>6. Making change</b> .....	<b>33</b>
Employer support for carers (Q24) .....	33
Top three improvements requested (Q25) .....	37
<b>7. Other comments (Q26)</b> .....	<b>38</b>
Other issues .....	39
<b>8. Discussion</b> .....	<b>42</b>
<b>Annex 1: Survey questionnaire</b> .....	<b>44</b>

## Executive summary

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1. Following the publication of guidance arising from a resolution ('Rights for Carers') at the 2015 University and College Union (UCU) Congress, UCU carried out a survey among its members to explore the issues facing people who are in paid employment, but who also have unpaid caring responsibilities for a family member or friend.
2. The survey contained 26 questions (both open and closed) and was administered to UCU members using Survey Monkey between 12 March and 13 April 2018.
3. The findings of this survey provide a snapshot of the experiences of unpaid carers among UCU members. However, given the self-selecting nature of the sample, it is important to bear in mind that the findings should not be taken as representative of the experiences of carers within the wider membership of UCU. Those who took part in this survey are likely to be carers with the most challenging or difficult experiences, as these individuals will be keen for UCU to know about their experiences and to take action to address the issues they raise.

### *About the respondents (Chapter 2)*

4. The analysis was based on 1,676 responses. More than two-thirds (68%) of respondents were female; three-quarters (74%) were aged 45 or over; three-quarters (78%) worked in higher education; and two-thirds (66%) were in full-time employment.
5. Most of the respondents taking part in the survey (83%) were carers. Carers were more likely than non-carers to be female and over 45. Carers were also more likely to be in part-time employment (25% of carers worked part-time, compared with 18% of non-carers).
6. Slightly less than half of the carers in this sample (46%) had been a carer for less than five years. Over a quarter (28%) had been a carer for more than 10 years. Around two-fifths of carers (41%) said that the person they cared for had some type of physical health condition (including a life-limiting condition such as kidney failure or lung disease, or a terminal illness). Nearly a third (30%) said the person they cared for had a mental health condition (including a learning disability). Over a quarter (28%) said the person they cared for had both a physical and a mental health condition. Respondents who were caring for someone with a mental health condition were more likely to have longer careers as unpaid carers than those caring for someone with a physical health condition.

### *Combining caring with work responsibilities (Chapter 3)*

7. Two out of five carers in this sample (39%) reported that they had **not** told their employer about their caring responsibilities. The three main reasons given for not informing their employer related to (i) their expectations or fears about their employer's response; (ii) their lack of knowledge / information about who to inform and what help might be available to them; and (iii) their own choice to keep the information private. Reasons mentioned less often had to do with (iv) the way their organisation defined the role of carer; (v) the nature of their relationship with the person they cared for; and (vi) the stigma they felt regarding the mental health needs of the person they cared for.
8. It was relatively uncommon for survey respondents to say that they had informed someone at work (usually a line manager or colleagues) about their caring responsibilities, and that they

received a supportive response. In such cases, carers usually said they had **not** informed (or were wary of informing) their Human Resources Department.

#### Issues faced by carers at work

9. While some carers reported that the issues they faced as work were relatively minor in nature, others were clearly trying to juggle what were essentially two full-time jobs. The issues faced by this group included: (i) the need to take time off (sometimes at short notice); (ii) unrealistic expectations from people at work; (iii) a lack of support or flexibility from employers; (iv) difficulties managing their time; (v) an inability to take part in conferences, meetings, etc. outside of normal working hours; (vi) an inability to relocate for better work; and (vii) financial worries.

10. A subset of the respondents in this sample reported that they were carers for a family member living overseas. This group raised all of these same issues but, in many cases, these were exacerbated by (i) a refusal by their employer to acknowledge their caring responsibilities, (ii) the substantial time and cost of having to travel abroad frequently, and (iii) the need to pay for healthcare for a relative living in another country.

#### Positive experiences of being supported at work

11. Although carers generally focused in their comments on the struggles they faced at work, some also reported more positive experiences of being well-supported by a sympathetic line manager or colleagues. Carers often saw their colleagues, in particular, as supportive, with three-quarters (75%) of carers answering 'yes' to the question, 'Are your colleagues supportive of your caring needs?' It was less common for people to say that they felt supported by their manager – or by 'the senior management' of the organisation.

12. Where respondents found support from colleagues and / or managers for their situation, it was clear this was appreciated, made them feel valued, and gave them the flexibility they needed to be able to cope with often very challenging caring responsibilities.

#### Mixed views about feeling included at work

13. Alongside the relatively positive perceptions carers had about the support they received from colleagues, views were mixed in relation to perceptions of feeling supported and included at work more generally. Only half of carers (50%) said they felt 'supported and included' at work. Some thought that, because they were casual workers or working part-time, they were excluded from opportunities at work. Others thought they were seen as 'not being committed enough' to their work, and as a result, were marginalised and passed over for promotion.

#### Impacts of caring (Chapter 4)

14. Carers were asked, 'What impact does caring have on you and your working life?' Some carers had only occasional or light family caring responsibilities and so reported relatively minor impacts – for example, the need to attend occasional hospital appointments, or periodically visit an elderly parent at the weekend. However, others reported significant and severe impacts, as described below.

#### Personal impacts – social, mental, physical, financial

15. Carers repeatedly said they felt stressed, exhausted, drained, isolated, lonely, helpless, angry, frustrated, hopeless and overwhelmed. People reported suffering from insomnia, disrupted sleep, difficulties concentrating, memory lapses, tearfulness, depression and anxiety. Carers often said

they had not been able to have a proper holiday for many years because they had to use their annual leave to care for a family member. Relationships with friends and colleagues were affected because people had no time for socialising. Some also commented that the severe strain they were under had led to their own ill-health, or exacerbated an existing long-term health condition.

### Work-related impacts

16. Carers also discussed the impacts of caring on their ability to (i) participate in academic life, (ii) manage their workload, (iii) progress in their career and, (iv) in some cases, earn an income that they could live on. Research activity was reported to be the aspect of work most likely to suffer. Carers said they struggled to find the time and energy needed to apply for grants and / or manage research projects. Some said they found it impossible to concentrate, write, or develop new ideas when they were exhausted, stressed and distracted. This affected their ability to publish – which in turn affected their prospects for promotion. Others reported being expected to take on less attractive administrative or teaching duties, with heavy marking responsibilities and fewer opportunities for advancement.

### Impacts of caring on career opportunities

17. Nearly two-thirds of carers (63%) said that their caring responsibilities had a negative impact on their career opportunities. This view was expressed both by those who worked part-time and by those who worked full-time – although carers who worked part-time often reported that the mere fact of working part-time meant that they could not progress in their career.

18. Carers often said they chose to turn down opportunities for promotion or offers of additional teaching hours because they knew they would not be able to commit the time to the job, or they were too stressed or exhausted to take on new challenges. However, it was also common for carers to say that they had been passed over for promotion – in some cases even when they were more experienced than the candidate who got the job – because they were not seen as committed enough. This had ramifications for their earning potential and left some struggling to make ends meet or worrying about the future.

### Institutional policies and employee assistance schemes (Chapter 5)

19. There were low levels of awareness among the respondents to this survey (both carers and non-carers) about their organisational policies and support schemes for carers. Three-quarters of respondents did not know (i) if their college / university had a policy covering carers, (ii) if it had an employee assistance scheme or (iii) if their institution provided support to student carers.

20. In addition, among those who **did know** that their college / university had a policy covering carers, almost half (46%) said they did **not** know if the policy was effective. Moreover, carers were more likely than non-carers to say that the policy was **not effective**.

### Use of employee assistance schemes

21. Carers were asked if they had been referred to their institution's employee assistance scheme, and if their employer provided them with support via its employee assistance scheme. Interestingly, slightly fewer carers said they had been referred to their organisation's employee assistance scheme than were receiving support from it: 45 said they had been referred compared to 56 who said they were receiving support. These figures equate to just 4% of the more than 1,200 carers who answered these questions.

### *Making change (Chapter 6)*

22. Carers were asked: 'What can your employer do to support you in your caring role?' The top three actions desired by this sample of carers were: (i) to allow flexible working practices (80%); (ii) to provide paid carers' leave or a carers' allowance (66%); and (iii) to develop a carers' policy (59%). Around half of carers (49%) thought that there should be staff training within their organisation to understand the needs of carers, and 47% thought that support in the form of a career break or sabbatical would be helpful to them. Around a third of carers (32%) wanted their employer's support for signposting or having a private place to make phone calls when at work (31%).

23. Carers also frequently highlighted a need for improvements in (i) the behaviour of managers (including the need for training of managers), (ii) timetabling of teaching duties, (iii) implementation of flexible working policies. In addition, some wanted their university or college to provide specific services (including counselling, carer's support services, financial advice, etc.) or informal support in the form of a carers' network. Some also suggested very small, practical changes, such as having access to a parking permit or being able to participate in meetings online.

24. Alongside the changes which could be made by their employers, some carers also suggested that change was needed within the culture of higher / further education. Respondents called for greater compassion and care from their employer, and a culture which acknowledges that people have lives outside of work. It was also common for carers to make suggestions that related to higher-level issues requiring action across the further education / higher education sectors (rather than by a single employer). These suggestions often related to employment terms and conditions (including unpaid leave and career break arrangements), recruitment and career development practices, or financial matters.

25. When asked to identify the improvements that would **most** support work-life balance for working carers, the changes topping the list were: flexible working practices (including the option to work from home), more realistic workloads, adjustments to teaching timetables, and cultural and attitudinal changes.

### *Other comments (Chapter 7)*

26. At the end of the survey, respondents were invited to provide any other comments. Two new issues were raised relating to (i) the disparity between policies for parents, and those for unpaid carers and (ii) the challenges of dealing with health and social care services on behalf of a loved-one.

### *Discussion (Chapter 8)*

27. The findings of this survey indicate a widespread lack of support for unpaid carers within colleges and universities. However, this picture was not uniform since some carers reported feeling well supported – by their colleagues, by their line manager and by their organisation. At the same time, there were inconsistencies reported in relation to (i) how institutions define 'carers', (ii) how individual line managers responded to requests for support, and (iii) how flexible working is delivered in practice.

28. It is not clear why such variations exist. However, what **is** clear is that those with more positive experiences of being supported by their employers reported being able to cope better with their responsibilities – at work, as well as outside work.

# 1. Introduction

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1.1 In spring 2016, University and College Union (UCU) produced guidance for its members and union representatives to promote a better understanding of the issues surrounding carers and their rights at work. This work arose from 2015 UCU Congress resolution, 'Rights for Carers':

*'Congress notes that progress has been made in family friendly rights which are there to support parents at work. This includes support for disabled children up to 18. Rights for carers of adults are more precarious with differences in the number of days given and whether these are paid. There are rights to request flexible working, and disability rights in the Equality Act. The Care Act 2015 which came in April, sets out other entitlements. It is often difficult to navigate the various rights available for carers at work.*

*Congress calls upon the NEC to produce a negotiating pack which includes:*

- 1. Rights of all workers in relation to caring including the Care Act 2015*
- 2. Rights in relation to supporting a disabled person*
- 3. Negotiating checklist and model agreement.'*

1.2 Subsequently, in March and April 2018, University and College Union (UCU) carried out a survey among its members to explore the issues facing people who are in paid employment, but who also have unpaid caring responsibilities for a family member or friend who has an illness, disability, or a mental health condition.

## The survey questionnaire

1.3 The survey was administered to UCU members online using Survey Monkey between 12 March and 13 April 2018. UCU members were contacted by email and invited to take part.

1.4 The survey questionnaire was in four sections and contained 26 questions. It included both closed (tick-box) questions and open questions inviting free text comments. The structure of the questionnaire was as follows:

- Section 1 (Questions 1-6) asked for basic demographic information about the respondent (e.g. age, gender, whether they worked in further or higher education, regional location, and employment status).
- Section 2 (Questions 7-15 and Question 19) explored the experiences of carers, including the issues they have faced at work, and the impact of caring on their personal life, work and career.
- Section 3 (Questions 16-18 and Questions 20-23) sought information about whether respondents' institutions had policies covering carers and / or an employee assistance scheme.
- Section 4 (Questions 24-26) invited views about what changes were needed within colleges and universities to better support the needs of carers. This section also contained a final question inviting any other comments.

1.5 Most of the questions were addressed to people with current caring responsibilities; however, questions in section 3, which asked about institutional policies and employee assistance schemes, were relevant to non-carers. In addition, Question 25, which invited views about ways of improving the work-life balance for working carers, could also be addressed by non-carers.

1.6 A copy of the survey questionnaire is included at Annex 1.

## Analysis

1.7 Frequency analysis was carried out on the responses to all closed questions. Qualitative analysis was undertaken in relation to the responses to open questions to identify the main themes and the range of views expressed in respondents' comments.

1.8 Comparative analysis was undertaken in relation to a subset of the questions to identify differences in the experiences of carers and non-carers. However, as the survey did not involve a randomly constructed sample, no attempt was made to measure the statistical significance of these differences.

1.9 Responses to the first main question in the survey (about whether the respondent is currently a carer) indicated that a sub-group of respondents had no experience of caring, as defined for the purposes of this survey (i.e. anyone who cares, unpaid, for a friend or family member who – due to illness, disability, a mental health issue or condition – cannot cope without their support). Some in this group identified themselves as carers, but later said they were parents of a child who did **not** have an illness, disability or a mental health condition, while others in this group responded to the survey as non-carers. A second sub-group indicated that they had **previous** experience of caring, as defined by the survey, but were not currently carers. Some of these individuals ticked 'yes' in response to the question, 'Are you a carer?' because they wanted to share their experiences with UCU. Others in this group answered 'no' in response to the question, 'Are you are carer?' but nevertheless went on to reply to all the questions in the survey intended for carers.

1.10 In relation to the analysis – for the purpose of consistency – where a question was clearly addressed to current carers, the analysis is based on the responses from those who identified themselves as carers at Question 7 ('Are you a carer?'). No attempt has been made to filter out responses from those who ticked 'yes' to Question 7 but who then went on to say (at some point in their response) that they did not currently have caring responsibilities, or that they were not carers according to the definition given in the survey.

1.11 Given these anomalies, the results presented in this report for the closed questions should be treated with caution. Despite these limitations with the quantitative data presented, the qualitative data (i.e. respondents' free-text comments describing their own experiences) is valuable. However, it is important to keep in mind that the findings here should not be taken as representative of the experiences of carers within the wider membership of UCU. Those who took part in this survey are likely to be carers with the most challenging or difficult experiences, as these individuals will be keen for UCU to know about their experiences and to take action to address the issues they raise.



## 2. About the respondents

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2.1 This chapter presents information about the respondents to the survey, including their status as carers or non-carers. It also provides very basic information about the needs of the people cared for by the carers.

### Responses received

2.2 The survey received 2,600 responses. Of these, 924 were removed because they were blank – that is, the respondents completed the first few questions (in section 1 of the questionnaire) and may have completed Questions 7 and 8 in section 2 of the questionnaire, which asked: ‘are you a carer’ and ‘how long have you been a carer’ – but they completed no further questions.

2.3 The analysis set out in this report is therefore based on the remaining 1,676 responses. These contained responses to at least three questions beyond those that asked for demographic information.

### Demographic information (Q2 to Q6)

2.4 More than two-thirds (68%) of the respondents identified themselves as female (Table 2.1); nearly three-quarters (74%) were aged 45 or over (Table 2.2); more than three-quarters (78%) were employed in higher education (Table 2.3); and two-thirds (66%) were in full-time employment (Table 2.4).

**Table 2.1: Q3 – Gender of respondents**

Gender	n	%
Female	1,130	68%
Male	525	32%
Other*	5	< 1%
<b>Total</b>	<b>1,660</b>	<b>100%</b>

\* Other: Included those who self-identified as ‘non-binary’, or who preferred not to state their gender.

**Table 2.2: Q2 – Age of respondents**

Age	n	%
18-24	7	< 1%
25-34	111	7%
35-44	296	18%
45-54	567	34%
55+	667	40%
Prefer not to say	24	1%
<b>Total</b>	<b>1,672</b>	<b>100%</b>

**Table 2.3: Q4 – Sector**

Sector	n	%
Higher education	1,293	78%
Further education	361	22%
<b>Total</b>	<b>1,654</b>	<b>100%</b>

**Table 2.4: Q6 – Employment status**

Employment status	n	%
Full-time	1,096	66%
Part-time	400	24%
Casualised	77	5%
Other - Please state*	95	6%
<b>Total</b>	<b>1,668</b>	<b>100%</b>

\* Other: Includes people who were retired and PhD students.

2.5 Most of the respondents (83%) were from England. Respondents in Scotland comprised 10% of the sample, those in Wales made up 5% and those in Northern Ireland 3% (Table 2.5).

**Table 2.5: Q5 – UCU region**

Region	n	%
England		
London	114	15%
Yorkshire & Humberside	96	12%
North West	90	11%
South East	77	10%
South West	69	9%
West Midlands	56	7%
East Midlands	53	7%
Northern	45	6%
Eastern and Home Counties	30	4%
South	17	2%
<b>Total England</b>	<b>647</b>	<b>83%</b>
Scotland	77	10%
Wales	38	5%
Northern Ireland	21	3%
<b>Total (all regions)</b>	<b>783</b>	<b>100%</b>

Percentages may not total 100% due to rounding.

### Carer status (Q7)

2.6 Most of the respondents taking part in the survey (83%) identified themselves as carers (Table 2.6).

**Table 2.6: Q7 – Are you a carer?**

	n	%
Yes	1,386	83%
No	290	17%
<b>Total</b>	<b>1,676</b>	<b>100%</b>

2.7 The carers in this sample were more likely to be female (70% of carers were women, compared with 30% of men) (Table 2.7), and older (78% of carers were 45 and over, compared with 60% of non-carers) (Table 2.8). Carers were also more likely than non-carers to be in part-time employment (25% of carers worked part-time, compared with 18% of non-carers) (Table 2.9).

**Table 2.7: Carer status, by gender**

Carer status	Carers		Non-carers		Total	
	n	%	n	%	n	%
Female	963	70%	167	58%	1,130	68%
Male	406	30%	119	41%	525	32%
Other	3	0%	2	1%	5	0%
<b>Total</b>	<b>1,372</b>	<b>100%</b>	<b>288</b>	<b>100%</b>	<b>1,660</b>	<b>100%</b>

**Table 2.8: Carer status, by age**

Carer status	Carers		Non-carers		Total	
	n	%	No	%	n	%
Under 25	5	0%	2	1%	7	0%
25–34	66	5%	45	16%	111	7%
35–44	231	17%	65	23%	296	18%
45–54	491	36%	76	27%	567	34%
55+	576	42%	91	33%	667	40%
<b>Total</b>	<b>1,369</b>	<b>100%</b>	<b>279</b>	<b>100%</b>	<b>1,648</b>	<b>100%</b>

**Table 2.9: Carer status, by employment status**

Employment status	Carers		Non-carers		Total	
	n	%	No	%	n	%
Full-time	902	65%	194	68%	1,096	66%
Part-time	347	25%	53	18%	400	24%
Casualised	59	4%	18	6%	77	5%
Other - Please state	73	5%	22	8%	95	6%
<b>Total</b>	<b>1,381</b>	<b>100%</b>	<b>287</b>	<b>100%</b>	<b>1,668</b>	<b>100%</b>

## History of caring (Q8)

2.8 Respondents who said they were carers were asked how long they had cared for another person. Slightly less than half (46%) had been a carer for less than five years. However, over a quarter (28%) had been a carer for more than 10 years. (Table 2.10).

**Table 2.10: Q8 – How long have you been a carer? (carers only)**

Number of years as a carer	n	%
0-5 years	631	46%
5-10 years	355	26%
10-15 years	165	12%
15+ years	216	16%
<b>Total</b>	<b>1,367</b>	<b>100%</b>

## The person cared for (Q9)

2.9 Around two-fifths of carers in this sample (41%) said that the person they cared for had some type of physical health condition (including a life-limiting condition such as kidney failure or lung disease; or a terminal illness). Nearly a third (30%) said the person they cared for had a mental health condition (including a learning disability). Over a quarter (28%) said the person they cared for had both a physical and a mental health condition (Table 2.11).<sup>1</sup>

**Table 2.11: Q9 – Are the needs of the person you care for primarily related to...?**

Condition	n	%
Physical health (including life-limiting conditions or terminal illness)	563	41%
Mental health issue or condition (including learning disability)	409	30%
Physical and mental health condition	386	28%
<b>Total</b>	<b>1,358</b>	<b>100%</b>

2.10 Respondents in this sample who said they were looking after a loved-one with a mental health condition were more likely to have longer careers as unpaid carers than those looking after someone with a physical health condition. Among those who said they had been caring for 10 or more years, 40% were caring for someone with a mental health condition. By contrast, only 29% of this group were caring for someone with a physical health condition, and 32% said they were caring for someone with both a physical and mental health condition (Table 2.12).

**Table 2.12: Condition of person cared for, by length of time caring**

Condition of person cared for	Physical health condition		Mental health condition		Physical and mental health condition		Total	
	n	%	n	%	n	%	n	%
Number of years as a carer								
0-5 years	319	49%	158	24%	172	27%	649	100%
5-10 years	150	42%	100	28%	106	30%	356	100%
10 or more years	111	29%	153	40%	122	32%	386	100%
<b>Total</b>	<b>580</b>	<b>42%</b>	<b>411</b>	<b>30%</b>	<b>400</b>	<b>29%</b>	<b>1391</b>	<b>100%</b>

<sup>1</sup> It is worth noting that some carers stated (later in the survey) that they were caring for multiple individuals – e.g. two elderly parents and other elderly relatives; elderly parents and one or more disabled children; or a partner with a serious illness and a disabled child.

### 3. Combining caring with work responsibilities

3.1 This chapter presents findings from five survey questions. These questions, in section 2 of the survey questionnaire, explored carers' experiences of combining their unpaid caring role with the responsibilities of their paid work, and their perceptions of the support they have received at work. Chapter 4 will consider the impacts of caring – on both the personal and working lives of carers.

**Question 10:** Is your employer aware of your caring responsibilities? [Yes / No]

**Question 11:** If NO, why have you not informed your employer?

**Question 12:** What are the main issues you face at work as an unpaid carer?

**Question 13:** Are your colleagues supportive of your caring needs? [Yes / No]

**Question 14:** As a carer, do you feel supported and included at work? [Yes / No]

#### Informing employers about caring responsibilities (Q10 and Q11)

3.2 Carers in this sample were asked (Question 10) whether their employer was aware of their caring responsibilities. Three out of five (61%) said 'yes' while two out of five (39%) said 'no' (Table 3.1).

**Table 3.1: Q10 – Is your employer aware of your caring responsibilities? (carers only)**

	n	%
Yes	830	61%
No	538	39%
<b>Total</b>	<b>1,368</b>	<b>100%</b>

3.3 Those who answered 'no' were asked a follow-up question (Question 11): 'Why have you not informed your employer?' This was an open (free text) question, and 508 respondents provided comments. An analysis of the comments identified three main themes, which related to (i) the carer's expectations or fears about the employer's response; (ii) the carer's lack of knowledge / information; and (iii) the carer's own choice. Less common themes included: (iv) the way the respondent's organisation defined the role of carer; (v) the nature of the relationship between the carer and the person they cared for; and (vi) the stigma felt by the carer regarding the mental health needs of the person they cared for.

#### *Carer's expectations or fears about the employer's response*

3.4 The most common reason given by respondents for not informing their employer about their caring responsibilities related to their concerns about – or expectations of – their employer's response to this information.

3.5 Some respondents simply believed their employer would be unsympathetic.

*'Hardly going to be sympathetic – in fact would worry about their own deadlines and wonder whether my home life affects work life.'* (Female, higher education)

*'The current atmosphere / culture is not conducive to supporting those who have challenges.'* (Male, higher education)

3.6 Others pointed to their own (previous) experience, or the experience of colleagues, which indicated that sharing this information with their employer was unlikely to result in a helpful response.

*'Previously, a request to reduce my timetable for a specific time period as unpaid leave was met with an insistence that I permanently reduce my contract. So, I don't think the organisation is especially supportive.'* (Female, further education)

*'Previous FE employer used my husband's condition (effects of two strokes) against me when I needed, on rare occasions, to accompany him to hospital appointments. [They] insisted [I take] time off without pay and brought it up during redundancy discussions. He was in hospital for 4.5 months and in all that time I only missed four days because I swapped classes with other staff or only visited after college hours.'* (Female, further education)

*'My employer can't manage to care for my colleagues with poor health. Other than the annual request for special dispensation in timetable design, it's not mentioned.'* (Female, higher education)

*'I struggled to get compassionate leave when my father was diagnosed with terminal cancer and given a few weeks to live. I was told instead to take annual leave because 'it can take a long time' (for a person to die). He died 10 days later.'* (Female, higher education)

3.7 Some feared that if their employer knew about their caring responsibilities, it would be used against them.

*'They are appalling and would discriminate against me.'* (Female, higher education)

*'The person who decides my teaching timetable has been bullying me for years. Even though this colleague has already faced an internal investigation for upsetting several members of staff, my university seems to be unable to deal with his behaviour. He is still very much in place, with unlimited power, and still upsetting colleagues, including me. Therefore, and given that such a serious matter has not been resolved by my employer, I do not think my caring needs will be taken into account by the university I work for. Also, and based on negative past experiences, I keep my caring responsibilities quiet for fear this colleague will use them against me, as he has done in the past.'* (Female, higher education)

3.8 Respondents also voiced concerns about the possible effects on their current job security and / or prospects for future promotion if they were to share information with their employer about their caring responsibilities.

*'My employer is so demanding regarding workload. Any sign of weakness means you are considered fodder for redundancy.'* (Female, higher education)

*'I am on a fixed term contract. I worry my contract won't be extended if they feel I can't fully commit to the job.'* (Female, higher education)

*'I am hoping to obtain a permanent position and feel that there would be an assumption that I cannot commit to a demanding role while caring for my husband.'* (Female, higher education)

*'I am an early career academic currently working within a four-year probationary period at [University]. I feel it would adversely affect my chances of getting tenure if I tell my employer I am a carer.'* (Female, higher education)

*'I'll cope until it seems essential to inform them. I have no feeling they will be particularly supportive and absences / work hour adjustments may go against my career progression.'* (Male, higher education)

### **Carer's lack of knowledge / information**

3.9 The second main theme in carers' responses to the question, 'why have you not informed your employer?' related to a lack of knowledge or information. Some respondents said they were not aware that there was anything their employer could do to help them.

*'There are no means of doing so. How my employer can help me with this is unclear.'* (Female, higher education)

*'Not aware that I could or that it would make any difference to my position or situation'* (Female, higher education)

*'I was unaware that my responsibilities as a carer was something that I should identify to my employer. Maybe I need to reconsider this.'* (Male, further education)

3.10 Other respondents were unsure about who they should tell.

*'I am not sure who to inform, and why I should be informing them.'* (Female, higher education)

*'I have informed my line manager (HoD) but only when I needed to in order to change my work pattern. Otherwise I have not and would not know how to, or whether it was appropriate.'* (Female, higher education)

*'I'm not aware that my work has any policy relating to this role that would benefit me.'* (Male, further education)

3.11 In addition, given the concerns and fears voiced by so many respondents, some simply thought that the disadvantages of telling their employer were likely to outweigh the benefits of any help that might be available to them.

*'I'm not sure what they can do to help. I would have to take unpaid leave and I can't afford to do that as I have a family to support and am the only earner.'* (Female, higher education)

### *Carer preferred not to tell employer*

3.12 The third main theme in the responses from carers had to do with their own preferences. Some carers simply did not want their employers to know about their caring responsibilities. While some may have preferred to keep this information to themselves because they were concerned about their employer's reaction (as discussed above), it was clear from the responses that there were also other reasons. Some felt this aspect of their lives was 'none of their [employer's] business', preferring to keep this information private.

*'I feel it is too private.'* (Female, further education)

*'I want to carry on life as normal and don't want such a sensitive issue to be made public.'* (Female, further education)

3.13 Others felt that they were coping well, and able to juggle their caring responsibilities with their work – without having to discuss the matter with their employer.

*'I only work part-time and manage my caring outside of work hours.'* (Female, further education)

*'Hasn't proved an insurmountable problem in juggling home and work so far – I would if it came to the crunch.'* (Male, higher education)

3.14 However, in some cases, their ability to cope was because they shared their caring responsibilities with a spouse or other family member who had a more flexible working pattern.

*'I'm blessed to be married to a man who works part-time in a job that lets him go as and when necessary to care for our son.'* (Female, higher education)

3.15 Finally, some respondents chose not to speak to their employers about their caring responsibilities because they wanted to protect the privacy of the person they cared for. In a few cases, the person they cared for was a colleague at work.

*'I am respecting the privacy of the person I care for. She would not want it.'* (Female, further education)

*'My partner did not wish the condition to be disclosed.'* (Male, higher education)

*'My partner does not wish to disclose his illness, so I do my best to limit whom I tell.... There needs to be a lot of trust with a person before you tell them about things like this.'* (Female, higher education)

*'Because I don't want to damage the person I am caring for, who is also a colleague.'* (Female, higher education)

### *Other reasons for not informing employers*

3.16 Occasionally, survey respondents gave reasons other than the three discussed above for not informing their employers about their caring responsibilities. These included that:

- The definition of 'carer' used by their employer does not cover the type of care provided by the individual.



*'Definitions of caring are based on life threatening, permanently limiting, or terminal conditions only.'* (Male, higher education)

*'My university's definition of caring responsibilities is that the person cared for has to live with the carer. This does not describe my situation.'* (Female, higher education)

- The person they cared for was a friend, rather than a family member.  
*'Because the person I care for is a friend not a family member, so I wouldn't expect any allowances to be made.'* (Female, higher education)  
*'I care for a friend not a relative.'* (Female, further education)
- They felt stigmatised or felt the person they cared for may be stigmatised.  
*'Stigma. I care for my son with acute mental health issues since a small child. We have no formal diagnosis and he has been in and out of residential care. My employer knows I have children but not that I am primary carer for my 13-year-old son, or that he has these issues.'* (Female, higher education)

### *Positive experiences of informing employers*

3.17 It was relatively uncommon for survey respondents to say that they had informed someone at work (usually a line manager or colleagues) about their caring responsibilities, and they received a supportive response. However, in such cases, people usually said they had not informed (or were wary of informing) their Human Resources Department.

*'I have told my line manager, she understands it as she is also a carer, but the heads of the institution and HR don't know.'* (Female, higher education)

*'I dropped to part time when my mother became ill two years ago and in her terminal stage and death, my colleagues and immediate manager were most supportive and able to cover for me in emergencies. I took no special leave, but the non-paid-work days and annual leave covered the situation. Thus, whilst my immediate manager / employer was aware of the situation, there has been not input from the wider organisation and its HR policies. My observation of HR and senior Faculty management here did not lead me to suppose that such input would be helpful.'* (Female, higher education)

### **Issues carers face at work (Q12)**

3.18 Carers were asked (Question 12): 'What are the main issues you face at work as an unpaid carer?' This was an open (free text) question, and 1,314 carers provided comments. These provided a snapshot of the wide range of difficulties and demands that carers were coping with. While some reported that the issues they faced as work were relatively minor in nature, others were clearly trying to juggle what were essentially two full-time jobs, with consequent impacts on their own mental and physical health. (The impacts of caring will be discussed in Chapter 4.)

3.19 In terms of the issues they faced at work, there were several recurring themes in respondents' comments including (i) the need to take time off (sometimes at short notice); (ii) unrealistic expectations from people at work; (iii) a lack of support or flexibility from employers; (iv)

difficulties managing their time; (v) an inability to take part in conferences, meetings, etc. outside of normal working hours; (vi) an inability to relocate for better work; and (vii) financial worries. Each of these issues is discussed further below and, at the end of this section, consideration is given to the way these issues affect people who have caring responsibilities for a relative living overseas.

### *Needing to take time off (sometimes at short notice) to help the person they cared for*

3.20 Respondents reported having to take time off from work during crises, for example, if the person they cared for had a fall or became suddenly unwell. Some highlighted the particular challenges of having to be available for a family member who had autism, dementia or a mental health condition, whose needs were often very unpredictable.

3.21 Carers also reported needing to be available during work hours to receive calls (from doctors, paid carers, or from the person they cared for) and to arrange hospital visits and other appointments on behalf of the person they cared for. Having to use up their annual leave to attend appointments and provide ongoing care to a loved-one was also a common experience for carers.

*'Taking time off for meetings with support agencies. Getting calls in work from family members when things have gone wrong.'* (Male, further education)

*'My mother, due to her brain injury, sometimes calls work which I feel self-conscious about. I have been called to the hospital very last minute during work hours. If you are needed to go and support someone at a hospital visit / test you have to use annual leave; there is not an option to claim it back.'* (Female, higher education)

### *Unrealistic expectations from people at work*

3.22 Respondents repeatedly highlighted that, even when their line manager or colleagues were aware of their caring responsibilities, there was seldom any change in work-related expectations or demands. Moreover, even in situations where carers had decided to reduce their working hours to part-time to better manage their caring responsibilities, they were often still expected to attend work-related meetings on their non-working days.

*'I have recently gone part-time (0.5) to spend more time supporting my father who is 95 and living alone, with poor sight and hearing. The most difficult thing for me at the moment is that while my paid hours have gone down by half, my workload has not changed at all. My line manager is sympathetic but with eight PhD students for which I am first supervisor, nine as second supervisor, with responsibilities for an MA programme and for campus-based teaching, as well as REF outputs I cannot at the moment do all I am required to do in the hours I have allocated to me at work. I have gone from being guilty when I am with my father because I am not working, to being guilty when I am not with him because I am working far too much and still don't have enough time to spend with him.'* (Female, higher education)

*'I have set days as a carer – it is difficult when my employers expect me to attend on days I don't normally work, for meetings, etc.'* (Female, higher education)

*'I've been able to continue working full-time but, for academics, the problem is there is no clear definition of what constitutes full-time. We are measured purely*

*on outputs and not the time required / invested to achieve outputs. To achieve all that is expected involves working far in excess of 40 hours per week, and this is not always compatible with care.’ (Male, higher education)*

### *Lack of support / inflexibility from employer*

3.23 Some respondents reported that they had been able to agree flexible working patterns with a supportive line manager, or that colleagues had rallied around to cover for them at work during a crisis. These types of positive experiences will be discussed in relation to Question 13 below. However, such experiences appeared to be relatively unusual. It was more common for people to report not being allowed any time off during term time, not being granted unpaid leave when they requested it, not being given permission to work flexible hours, or work from home. There were also cases where the carer had – in contrast – been pressured to reduce their working hours or to take early retirement.

*‘My immediate superiors could not have been more helpful and empathetic, But the inflexibilities of timetabling are a recurrent problem.’ (Female, higher education)*

*‘My line manager knows about my situation but has never spoken to me about this or asked me what kind of support I would like in place at work to help me manage my caring responsibilities. I tried to forewarn him that I may need time off during the three months when my father was terminally ill – in the last months of his life – and that this might possibly affect my teaching, but he did nothing about this. Consequently, when my father died, I had to teach a week later while also trying to organise my father’s funeral and care for my mother who was living with me at the time. There was no one who could cover my teaching and nothing had been put in place despite my line manager being aware of the fact that I may be off work and would need compassionate leave when my father died.’ (Female, higher education)*

*‘I am not a full-time carer but share caring responsibilities with others in my family. It is therefore difficult to negotiate any support from employers. When I asked about the possibilities of going part-time I was offered a voluntary severance package. I haven’t raised the possibility of part-time work with my employers since.’ (Female, higher education)*

*‘Workload at times, particularly a lack of flexibility and support for working at home when not required to deliver face to face lectures or interactions with colleagues – meetings etc.’ (Male, higher education)*

### *Difficulties managing time*

3.24 Respondents repeatedly stated that they struggled to cope with the many conflicting demands on their time. It was common for people to talk about having to ‘juggle their lives’ to find a way of balancing their caring responsibilities with their responsibilities at work. This problem was often exacerbated when the person they cared for (usually an elderly relative) lived at some distance from the carer’s place of work.

*'Balance between looking after my mother who lives a 40- to 50-minute drive away and my work / family life.'* (Female, higher education)

*'Time – it is difficult to juggle being a carer (Alzheimers and vascular dementia) and being in a state of mind to complete all the components of this job, and physically having the time to complete them.'* (Female, further education)

*'Trying to adequately balance work and home pressures. My son who has an auto-immune condition has very unpredictable ups and downs in his state. My university commitments are very fixed ahead in time, and I have to travel for two hours each way on a good day to work and back.'* (Male, higher education)

*'Time management, timetabling, attention focus for work preparation, administration, marking and research.'* (Male, higher education)

### ***Inability to take part in work-related meetings / events outside normal working hours***

3.25 A very common issue faced by carers was the difficulty (impossibility, in some cases) of taking part in academic conferences or seminars which involve travel away from home, or of attending any meetings or events outside normal working hours. This issue was raised by those who had relatively light caring duties as well as those with very heavy duties.

*'The demands of caring meant that I was frequently unable to attend seminars or meetings after 5.00 pm. I have not been able to attend a conference away from my home town since 2001.'* (Male, higher education)

*'I cannot take on roles such as external examiner or attend conferences that require me to be away from home overnight as Mum needs care during the night. I am less able to network with colleagues as I tend to leave campus as soon as I have finished my work to travel home to care for Mum.'* (Female, higher education)

### ***Inability to change jobs***

3.26 Some commented that they could not relocate for a better job because they needed to live / work close enough to an elderly relative to be able to continue providing support.

*'When I had caring responsibilities, the bullying was relentless. The Head of College knew I could not move because of family ties.'* (Female, higher education)

*'Being an early career academic and a carer is difficult. I am limited in the jobs I can apply for because I can't re-locate.'* (Female, higher education)

### ***Financial worries***

3.27 Worries about money, job security, the cost of travelling (often a great distance) to look after elderly parents, and the escalating costs of purchasing help from paid carers were some of the issues that many carers faced. At the same time, some respondents were also coping with being a single person, or a single parent, and therefore had only their own income to rely upon.

*'[I am not] able to officially work part-time, because it's impossible to make ends meet as a single parent on less salary. I'm a single parent to an autistic child, who*

*cannot cope with after-school care, so I have to pick her up every day at 3pm. I feel I am in a limbo, as I don't earn enough to buy in specialist afterschool care, and at the same time, I'm not able to put in sufficient hours to even work to my current full-time contract due to my caring responsibilities.'* (Female, 1789)

*'I began work on an hourly paid basis as I needed school holidays. However, despite teaching for more than 10 years I have not been able to obtain a permanent contract. I began work as a support worker. I was initially eligible for carer's allowance and had to be very careful not to work even 15 minutes too much or I would lose all my carer's allowance and be financially penalised for working too much. I lose pay if I take time off for appointments with my child as I cannot make up the hours at another time. Working hours can be inflexible.'* (Female, further education)

*'I was made redundant in my previous position and I believe that my carer responsibilities might have been a factor in this.'* (Male, higher education)

*'Specialist childcare costs more than I earn and, as they are regulated by CQC (Care Quality Commission) rather than Ofsted, they can't accept childcare vouchers, which adds considerably to the cost. This also makes me feel like I am being taxed extra for having a disabled child.'* (Female, higher education)

### **Experiences of caring for a relative overseas**

3.28 A subset of the respondents in this sample reported that they were carers for a family member living overseas (elsewhere in Europe, in South Asia, or in North America). These respondents raised all of the same issues discussed above but, in many cases, these issues were exacerbated by (i) a refusal by their employer to acknowledge their caring responsibilities, (ii) the substantial time and cost of having to travel abroad frequently, and (iii) the need pay for healthcare for a relative living in another country.

*'My mother lives abroad where there is no NHS. She keeps falling and fracturing joints, so I now send more money home than I used to. When I went home last summer to care for her, my department head told me that if I took the time off as compassionate leave, I would be unpaid for that period.'* (Female, higher education)

*'I am a migrant and my parents, who both have cancer, live in Italy.... My line manager does not seem to accept that I am a carer for parents who live in another country, so I took annual leave twice to attend to care duties. I did take one month unpaid care leave in the past at another institution and faced no problem with that, but my line manager back then was accepting that I had care duties abroad. Generally speaking, I stopped talking about this in the workplace because I felt my role as an unpaid carer is unrecognised given that my parents and I live in different countries.'* (Female, higher education)

*'My mother lives in another country and she has a live-in carer I pay for. However, I would like to be able to go back for a few consecutive weeks during the summer or other term breaks and my employer resists annual leave longer than a couple of consecutive weeks. They want us to show up on campus regularly even out of term*

*time. There is a 9am-5pm culture of presenteeism which does not facilitate research, let alone caring.’ (Female, higher education)*

*‘Working and living in the UK and having my family in another EU country, I spent large chunks of time at home to arrange for my father’s care and deliver direct care.... Costs included air/train travels, care of my pets – yes they are a cost and a responsibility too – and for my parent’s care. I would not change a thing of what I did, but it nearly killed me physically, mentally and financially. Not sure of what one can do in these situations. I was then on a research contract and suspending work would be a career and financial suicide.’ (Female, higher education)*

*‘My duty of care is not taken into account by my employer; I am on a 35% permanent FTE at [University]. Yet, when I asked not to have classes scheduled for Fridays and Mondays so that I can assist my father (who has died since then) in Hungary, I was denied this sort of help five years ago. When my mother’s health deteriorated this past summer and I anticipated frequent travels abroad as a result, I wrote to [University] HR, given that, based on my past experience I could not hope for departmental support. [University] HR have not even replied or acknowledged receipt of my email, although I re-sent it several times and to different people. In other words, duty of care is made to look non-existent by my employer.’ (Female, higher education)*

### Positive experiences of being supported at work (Q13)

3.29 Although respondents’ comments at Question 12 largely discussed the struggles they faced as a carer, some also reported more positive experiences of being well-supported by a sympathetic line manager or colleagues. Carers often saw their colleagues, in particular, as supportive, with three-quarters (75%) of carers answering ‘yes’ to the question (Question 13), ‘Are your colleagues supportive of your caring needs?’ (Table 3.2).

**Table 3.2: Q13 – Are your colleagues supportive of your caring needs? (carers only)**

	n	%
Yes	967	75%
No	329	25%
<b>Total</b>	<b>1,296</b>	<b>100%</b>

3.30 In their comments, respondents usually distinguished between their ‘colleagues’ on the one hand, and their ‘line manager’ or ‘senior managers’ on the other. Respondents often reported feeling supported by their colleagues, but it was less common for people to say that they felt supported by their manager – or by ‘the senior management’ of the organisation.

*‘As an institution my workplace has not been supportive in any way, but there are individual colleagues who have been supportive.’ (Female, higher education)*

*‘Absolutely no understanding or help from management and at a structural level. Colleagues were sympathetic and as helpful as they could [be], but I just had to muddle along.’ (Female, higher education)*

*‘Most colleagues are supportive, line management less so, though head of school is OK.’ (Male, higher education)*

3.31 However, some were very aware that their supportive colleagues could only do so much to cover for them; others reported feeling worried about imposing on their colleagues.

*'I have put 'yes' to the next question (13), but the reality is it is actually much more complicated. Colleagues on the surface are sympathetic but without systems in place to support someone formally, they end up suffering by having to take on some of my workload duties. When everyone is already massively overworked this causes resentment.'* (Female, higher education)

*'Whilst my employers are flexible and sympathetic, there are times when I can't take time off, because I have un-moveable obligations. This causes me anxiety. It is likely that I will have to take a period of compassionate leave soon to care for my mum whilst my father goes into hospital, and I worry about the impact on my colleagues who may have to cover some of my role.'* (Female, higher education)

3.32 Where respondents found support from colleagues and / or managers for their situation, it was clear this was appreciated, made them feel valued, and gave them the flexibility they needed to be able to cope with often very challenging caring responsibilities.

*'I was lucky to have a couple of very supportive colleagues who would field phone calls to my work phone (dad didn't necessarily understand which number he was ringing) and chat to dad if I wasn't there.'* (Female, higher education)

*'My department is generally very supportive and value their staff. Once in a while I need to shift my working hours, and I am able to do so without any questions being asked.'* (Female, higher education)

*'My daughter has lung cancer and I need to help her after her chemotherapy sessions, and sometimes with her children. My managers have been extremely sympathetic and supportive – in fact they could not have done more. They let me have time off when I need it, and never make me feel that I am asking for something unreasonable. This support goes all the way up the management hierarchy. So I am very grateful for their support, and there are no issues at all at work.'* (Female, higher education)

### Mixed views about feeling included at work (Q14)

3.33 Alongside the relatively positive perceptions carers had about the support they received from colleagues, there was a more mixed picture in relation to their perceptions of feeling supported and included at work more generally. Question 14 of the survey asked: 'As a carer, do you feel supported and included at work?' Only half of carers answered 'yes' to this question (Table 3.3). These findings are consistent with the mixed views expressed in people's comments about the issues they face at work (Question 12), and the impacts of caring on them and on their working life (discussed below).

**Table 3.3: Q14 – As a carer, do you feel supported and included at work? (carers only)**

	n	%
Yes	646	50%
No	647	50%
<b>Total</b>	<b>1,293</b>	<b>100%</b>

3.34 Although Question 14 did not specifically invite further comments, carers often noted that their status as casual workers or part-time employees meant that they were excluded from opportunities at work. Others thought that they were perceived as ‘not being committed enough’ to their work, and as a result, were marginalised and passed over for promotion.

*‘I also believe that many of my issues re. inclusion at work ultimately stem from being part time rather than directly from the caring role.’ (Female, higher education)*

*‘There is an expectation that people will arrive very early each morning, but I just cannot achieve this in the current circumstances. Feel that I am overlooked for opportunities to contribute in the workplace and seen as less committed. Makes me feel inferior and marginalised.’ (Female, higher education)*



## 4. Impacts of caring

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4.1 This chapter discusses findings from two questions in the survey which asked carers to describe the impacts of caring. The first (Question 15) was an open question which asked about the impact (i) on the carers themselves and (ii) on their work. The second (Question 19) was a closed question which specifically asked carers whether their career opportunities had been diminished due to their caring responsibilities. If carers answered ‘yes’ to the latter question, they were asked to provide details.

**Question 15:** What impact does caring have on you and your working life?

**Question 19:** Have your career opportunities been diminished due to your caring responsibilities? [Yes / No] If yes, please state.

### Impacts of caring on the carer and their work (Q15)

4.2 Carers were asked (Question 15), ‘What impact does caring have on you and your working life?’ The comments made in response to this question overlapped to a large extent with those made at Question 12. Some carers had only occasional, or light family caring responsibilities and so reported relatively minor impacts – the need to attend occasional hospital appointments, or periodically visit an elderly parent at the weekend.

4.3 However, others reported significant and severe social, mental, physical and financial impacts. Those who were looking after a relative outside their own home also often pointed to impacts on their family life (time available to spouse, partner, and children) and relationships within their family.

4.4 Not surprisingly, these significant personal impacts also had an impact at work – on people’s ability to (i) participate in academic life, (ii) manage their workload, (iii) progress in their career and, (iv) in some cases, earn an income that they could live on.

4.5 In general, carers did not separate the **personal** impacts of caring from the **work-related** impacts. Instead, they saw them as inter-related and overlapping, as illustrated by the quotes below.

#### *Personal impacts – social, mental, physical, financial*

4.6 Carers repeatedly said they felt stressed, exhausted, drained, isolated, lonely, helpless, angry, frustrated, hopeless and overwhelmed. People reported suffering from insomnia, disrupted sleep (because the person they care for wakes several times in the night), difficulties concentrating, memory lapses, tearfulness, depression and anxiety. As mentioned in Chapter 3, carers often said they had not been able to have a proper holiday for many years because they have to use their annual leave to look after a family member. Relationships with friends and colleagues were affected because people had no time available for socialising.

4.7 Carers reported feeling like they were being pulled in many different directions, and not able to give the best of themselves to anything. Some felt ‘bad’, or ‘guilty’ that the demands of work did not allow them to spend sufficient time with the person they were caring for, whom they loved (in

some cases, a spouse or a parent with a terminal diagnosis). Others felt a sense of guilt because their caring responsibilities required their colleagues at work to cover for them.

*'Very stressful due to conflicting demands – mainly the emotional strain of the illness the person I care for has (worry about them), but also the worry around not feeling like I'm doing my job as well as I am expected to.'* (Female, higher education)

*'Caring for someone with physical and mental health issues is emotionally draining as well as physically hard at times. This means I have less energy and enthusiasm for the research and teaching I love. These two aspects interact, so that increasingly I feel unable to cope.'* (Female, higher education)

*'I would often feel isolated and while those colleagues who knew about my situation (i.e. those colleagues who are also friends) were broadly sympathetic, the pressures on their own time meant that they could do little by way of offering practical support, and if they did provide such practical support, then I had the burden of guilt from knowing that I'd added to their load. In general, I think the pressures of work and caring led to burnout for me.'* (Male, higher education)

*'I care for two people: my mother with dementia and brother with cerebral palsy. Paid care is expensive (hourly rate is way more than I earn per hour) so much of the responsibility for care falls on myself. This means that I often need to work from home, where I can be quite distracted if either of my mother or brother are having a 'bad day'. For example, I personally have to stay home on Mondays and Fridays to look after my mum and brother and try to fit in work around helping them out. Other days, where I have carers come in to allow me to go into university, I'll often still struggle as there may be issues at home or general care admin to catch up on, or I am quite simply tired out. This means I have ended up with a very unstructured work schedule, where I often fit in work in the evenings or weekends. Working in such a way manifests negatively in a couple of ways: firstly, it makes it hard to 'switch off' from work or care and simply rest; and secondly it feels like there is always so much to do as you are thinking about both work and care tasks at the same time (like trying to do two full-time jobs at the same time). The main direct impact on myself is general fatigue, stress and lack of time for myself. There is also the guilt of not always being able to give my work 100%, which I would love to do.'* (Male, higher education)

4.8 Some also commented that the severe strain that they were under had led to their own ill-health, or exacerbated an existing long-term health condition.

*'I am exhausted. I am constantly stressed and feel as though I am failing to care well or work well. I am absolutely broke in financial terms – my partner can no longer work, so we rely on my salary; I have recently had to change jobs to get out of a very bullying situation, but now of course only earn part-time wages. I find it almost impossible to sleep well, and my own health – physical and mental – is suffering. I look after my partner AND my parents, and also have a long-term condition myself, but somehow have to support people AND work AND try and be*

*a happy, well-rounded and efficient colleague and wonderful human being. I can't do this for much longer!' (Female, higher education)*

### **Work-related impacts**

4.9 Carers with relatively light or occasional caring responsibilities sometimes said that they managed to find the right balance between caring and work. Some carers also made a deliberate choice to focus on looking after a family member, accepting that this would have an impact on their ability to advance in their career. These types of experiences and perspectives were relatively unusual among the carers in this sample. It was more common for people to say that they simply had less time and mental energy for work.

4.10 Research was reported to be the aspect of work most likely to suffer. Carers struggled to find the time and energy needed to apply for grants and / or manage research projects. Some said they found it impossible to concentrate, write or develop new ideas when they were exhausted, stressed and distracted. This affected their ability to publish – which in turn affected their likelihood of promotion. Others reported being expected to take on less attractive administrative or teaching duties, often with heavy marking responsibilities and fewer prospects for advancement.

*'It never goes away and never will. It's here for the rest of my life. I made a conscious decision to put my family and my child ahead of my career. I am perfectly aware that I am stuck at Senior Lecturer position and there is no further way for me to progress. I have been burdened with a lot of management and administrative tasks (because I am not research active), which means there is no career path for me at my university.'* (Female, higher education)

*'My son requires 24:7 care. We do have some complex care support (during school hours and a few nights/week). While I have just about managed to continue working full-time, I have not had the same flexibility as my peers to conduct research activities outside of 'normal' working hours. This has impacted considerably on my ability to write large grants or papers and prevented me from moving my research aspirations forward. In turn, this has led to an ever greater proportion of my work allocation being steered towards teaching and admin. There has never been any suggestion of lessening the teaching load to help balance opportunities to conduct research. To some extent I feel like I'm viewed as a research write-off. This has also had a huge impact on promotion prospects, as these are entirely determined by research outputs, not contribution to teaching (unless on a teaching-focused contract). I have been in post as a lecturer for 10 years, I have had significant caring responsibilities for my son, and at times my wife as well, for a period of almost seven years. Every time I mention promotion at my PDR [personal development review], the response is "get a big grant".'* (Male, higher education)

*'My career as a researcher is finished. I can no longer work the sixty or seventy hours a week needed.'* (Male, higher education)

### **Impacts of caring on career opportunities (Q15 and Q19)**

4.11 In their comments at Question 15, carers frequently highlighted the effects of their caring responsibilities on their careers. In addition, Question 19 in the survey specifically asked about this:

‘Have your career opportunities been diminished due to your caring responsibilities?’ As Table 4.1 shows, nearly two-thirds (63%) said they had. Responses to the follow-up question – ‘If yes, how?’ – largely echoed the responses at Question 15. Therefore, comments made at Question 15 and Question 19 regarding work and career impacts are discussed together here.

**Table 4.1: Q19 – Have your career opportunities been diminished due to your caring responsibilities? (carers only)**

	n	%
Yes	813	63%
No	485	37%
<b>Total</b>	<b>1,298</b>	<b>100%</b>

4.12 There was a recurring view among carers that the time they spent caring for a family member or other loved one prevented them from taking advantage of opportunities to further their career. This view was expressed both by those who worked part-time and by those who worked full-time – although carers who worked part-time often reported that the mere fact of working part-time meant that they could not progress in their career.

*‘I have to work part-time. My employer said you can’t be a Principal Lecturer and work part-time, so I have to be a Senior Lecturer.’ (Male, higher education)*

*‘I was a senior manager before becoming a carer. I was unable to find a part-time post at senior level, so now have a post that pays (pro-rata) approximately 50% of my previous post and has no managerial responsibility at all. It is impossible to get part-time managerial posts.’ (Male, higher education)*

*‘I wanted to become a programme leader but am unable to as you have to work full-time.’ (Female, further education)*

*‘I have been told that I have not been awarded promotion as my part-time status ... prevents me from doing senior leadership roles that would lead to promotion.’ (Female, higher education)*

4.13 Carers often said they chose to turn down opportunities for promotion or offers of additional teaching hours because they knew they would not be able to commit the time to the job, or they were too stressed or exhausted to take on new challenges. However, it was also common for them to say that they had been passed over for promotion – in some cases even when they were more experienced than the candidate who got the job – because they were not seen as ‘committed enough’ whereas the person who got the job was more ‘flexible’. This had ramifications for their earning potential and left some struggling to make ends meet or worrying about the future.

*‘It has killed my chances of pay rise and or promotion for the foreseeable future.’ (Male, higher education)*

*‘Sometimes it has been almost impossible. It means all there is, is work and caring. No social life. I have had to work all night maybe four or five times this year and I’m too old to do that. I haven’t had a weekend off since last August. I feel completely torn because I can’t work fewer hours because my pension is tiny; I can’t get promotion to improve my position as there is no time for research. The next five years until I can retire looks really, really grim; my mum will get worse*

*and worse and I will still have to work full-time. And then I'll be living on a really low income.'* (Female, higher education)

4.14 Other career-related impacts described by carers have been discussed elsewhere in this and the previous chapter (i.e. inability to travel to attend conferences; inability to attend work-related meetings outside of normal office hours; feeling forced to work part-time; inability to relocate for work; etc.). Other impacts (not already mentioned) included:

- Significant delays in completing a PhD – or abandonment of a PhD
- Compulsory redundancy
- Demotion
- Resignation from job / early retirement
- Inability to get the experience needed to progress in their area of work
- Being 'under-employed'
- Being bullied at work for not 'pulling their weight'
- Feeling that they are not taken seriously at work
- Inability to socialise informally with colleagues / peers

4.15 Some (female) carers perceived that the barriers they faced to advancement in their careers were related more to the fact that they were women, rather than because they were carers. These respondents suggested that their caring responsibilities – i.e. that they were unable to devote every evening and weekend to their career – simply provided an excuse to discriminate against them in the workplace.

*'My teaching contract does not include research time, but I need research and publications to advance my career. I have also been told by my Head of School (my line manager) and my Head of Subject Area that the only way for any academic to advance their career is to work every evening and weekend. This is discriminatory for anyone with caring responsibilities – usually women.'* (Female, higher education)

*'Not sure how much of it is caring responsibilities and how much is being a 55-year-old female? I cannot stay late for additional meetings or talks, and these things are noted.'* (Female, higher education)

*'Caring is a gendered activity – more women than men take on caring responsibilities for older parents<sup>2</sup> – and there is a significant gender imbalance in management in UK universities. In higher education, the most recent figures (for the 2013/14 academic year) show that women comprise 45 per cent of academic staff yet account for only 22 per cent of professors, 35 per cent of deputy and pro vice-chancellors (PVCs), and 20 per cent of vice-chancellors (ECU, 2015a); Shepherd, 2017). In my university my line manager is male, the dean of my school is male, the pro vice chancellor for research is male, the deputy vice chancellor is male, the head of HR is male, the chief operating officer is male, the finance officer is male and so is the VC. The chances that any of them is caring for an older parent – or trying to juggle work with caring – I should think are pretty slim. Certainly, in*

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<sup>2</sup> Respondent cited the following reference: <https://www.carersuk.org/news-and-campaigns/features/10-facts-about-women-and-caring-in-the-uk-on-international-women-s-day>

*my view, this accounts in no small part to the lack of understanding or support for women in my situation. I have included the fact that I have caring responsibilities in my PDR for the past few years and the fact that this has a negative impact on my ability to achieve a reasonable work-life balance, but nothing has been done about this in that no support has been offered. No one has even mentioned it or approached me about it. Not once. This is upsetting, and it only makes life more stressful.'* (Female, higher education)

4.16 This perception was not necessarily shared by male carers. However, one man attributed his ability to achieve a good work-life balance to the leadership of his female colleagues in a faculty of education.

*'I'm extremely fortunate in that I happen to have ended up teaching on a suite of very non-traditional programmes which allow me maximum flexibility.... I think it's because I work in an education faculty, with a record of leadership by women, that things have been so flexible.'* (Male, higher education)

## 5. Institutional policies and employee assistance schemes

5.1 The third section of the survey contained seven closed questions asking respondents about their institution's policies and their employee assistance schemes for carers. Five of these questions were relevant to both carers and non-carers, while two were relevant to carers only.

**Question 16** (All respondents): Does your college / university have a policy covering carers? [Yes / No / Don't know]

**Question 17** (All respondents): If YES, which of the following does it have? [Carers' policy / Flexible working policy / Family friendly policy / Other – please state]

**Question 18** (All respondents): Is the policy effective? [Yes / No / Don't know]

**Question 20** (All respondents): Do you have an employee assistance scheme? [Yes / No / Don't know]

**Question 21** (Carers only): Have you been referred to the employee assistance scheme? [Yes / No]

**Question 22** (Carers only): Does your employer provide you with support via its employee assistance scheme? [Yes / No / Don't know]

**Question 23** (All respondents): Does your college / university provide support for student carers? [Yes / No / Don't know]

### Availability – and awareness of – policies and assistance for carers (Q16, Q20, Q23)

5.2 The survey findings indicated that there were low levels of awareness among the respondents in this sample about their organisational policies and support schemes for carers. Overall:

- 72% of respondents said they did not know if their college / university had a policy covering carers (Table 5.1)
- 76% did not know if it had an employee assistance scheme (Table 5.2)
- 75% did not know if their institution provided support to student carers (Table 5.3).

**Table 5.1: Q16 – Does your college / university have a policy covering carers? (all respondents)**

Carer status	Yes		No		Don't know		Total	
	n	%	n	%	n	%	n	%
Carers	271	21%	115	9%	929	71%	1,315	100%
Non-carers	41	15%	18	7%	208	78%	267	100%
<b>Total</b>	<b>312</b>	<b>20%</b>	<b>133</b>	<b>8%</b>	<b>1,137</b>	<b>72%</b>	<b>1,582</b>	<b>100%</b>

**Table 5.2: Q20 – Do you have an employee assistance scheme? (all respondents)**

Carer status	Yes		No		Don't know		Total	
	n	%	n	%	n	%	n	%
Carers	178	14%	146	11%	982	75%	1,306	100%
Non-carers	17	8%	23	10%	182	82%	222	100%
<b>Total</b>	<b>195</b>	<b>13%</b>	<b>169</b>	<b>11%</b>	<b>1,164</b>	<b>76%</b>	<b>1,528</b>	<b>100%</b>

**Table 5.3: Q23 – Does your college / university provide support for student carers? (all respondents)**

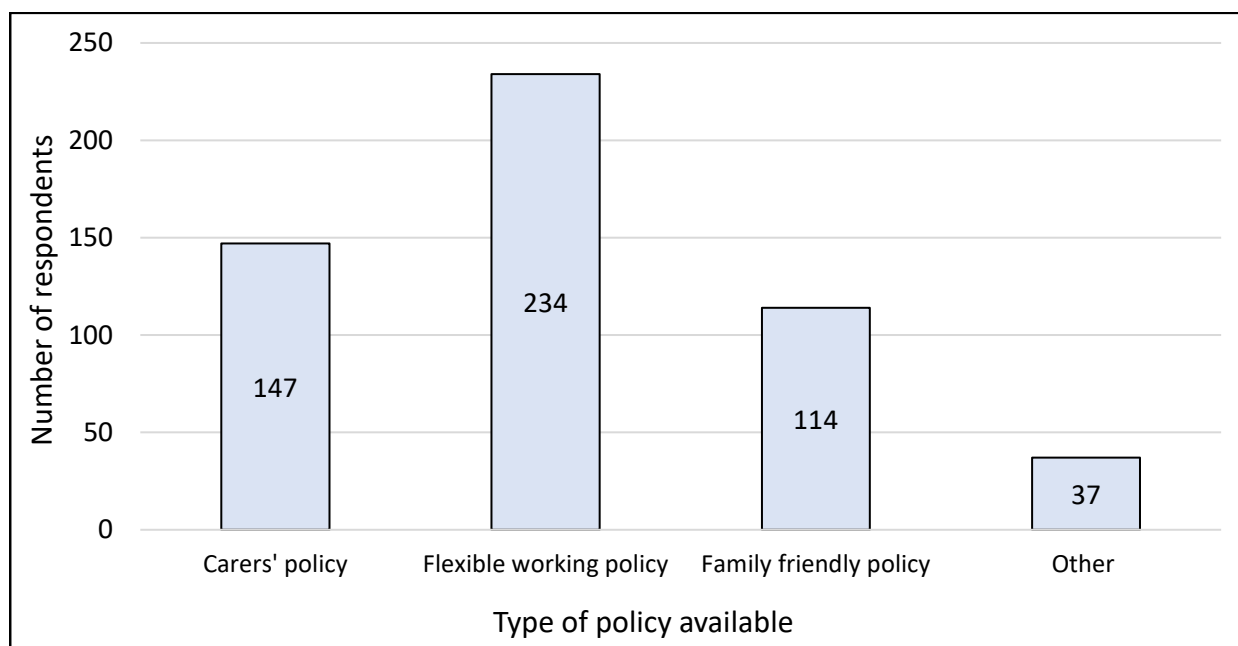
Carer status	Yes		No		Don't know		Total	
	n	%	n	%	n	%	n	%
Carers	242	18%	91	7%	978	75%	1,311	100%
Non-carers	37	16%	12	5%	185	79%	234	100%
<b>Total</b>	<b>279</b>	<b>18%</b>	<b>103</b>	<b>7%</b>	<b>1,163</b>	<b>75%</b>	<b>1,545</b>	<b>100%</b>

5.3 In addition, carers were only slightly more likely than non-carers to answer ‘yes’ to these three questions:

- 21% of carers (compared to 15% of non-carers) were aware that their institution had a policy covering carers (Table 5.1)
- 14% of carers (compared to 8% of non-carers) knew that their institution had an employee assistance scheme (Table 5.2)
- 18% of carers (compared to 16% of non-carers) knew that their institution provided support for student carers (Table 5.3).

5.4 Respondents who knew that their college / university had a policy covering carers were asked (Question 17) which of the following policies it had: (i) carers’ policy; (ii) flexible working policy; (iii) family friendly policy; or (iv) other policy. A total of 309 carers and non-carers replied to this question. As respondents could select more than one type of policy, the total number of policies identified was greater than 309. Figure 5.1 shows that 234 (out of 309, 76%) said their institution had a flexible working policy; 147 (out of 309, 48%) said it had a carers’ policy; and 114 (out of 309, 37%) said it had a family friendly policy.

**Figure 5.1: Q17 – Which of the following (policy) does your college / university have?**



*This question was answered by 309 individuals who said their institution had a policy covering carers. Figures total more than 309 because respondents could select more than one type of policy.*

5.5 Thirty-seven (37) respondents said their organisation had some other type of policy covering carers. When asked to provide more details, around a third of these said they ‘didn’t know’, were



‘not sure’, or ‘couldn’t remember’. The remaining two-thirds of this group identified the following types of policies which they believed were relevant to carers:

- Policy on young adults who need carers
- Policy on student carers
- Policy on time off for dependents / dependent unpaid leave policy
- Family leave policy
- Athena Swan Silver award (received for demonstrated commitment to gender equality)
- Career break policy
- Carers leave policy (including those which specify a maximum number of weeks leave)
- Parking policy (this may refer to a policy on who is allowed to have a parking permit)
- Special leave / compassionate leave / contingency leave policies
- Well-being policy.

5.6 A few respondents said that their institution was currently developing (or about to launch) a revised flexible working policy or a policy on working compressed hours. One respondent said their organisation did not have a policy on carers, but instead had ‘carers guidelines’. Another commented that their institution’s policies did not apply to them because of their status in the organisation as an hourly paid lecturer. A third respondent said their employer had a policy to support carers in travelling to conferences.

### Perceptions of policies for carers (Q18)

5.7 Among those who **knew** that their college / university had a policy covering carers (n=312, see again Table 5.1), 309 of these answered Question 18 which asked whether the policy was effective. Almost half of these (143 out of 309, 46%) said they did not know. Moreover, carers were more likely than non-carers to say that the policy was **not effective** (36% vs 23% respectively). Only a fifth (20%) of the 309 respondents who replied to this question **knew** that their institution had a policy covering carers **and** believed that the policy was effective (Table 5.4). This equates to 61 respondents out of the 1,500+ people who responded to the questions in this section of the survey.

**Table 5.4: Q18 – Is the policy effective? (all respondents whose institution had a policy covering carers)**

Carer status	Yes		No		Don't know		Total	
	n	%	n	%	n	%	n	%
Carers	54	20%	96	36%	119	44%	269	100%
Non-carers	7	18%	9	23%	24	60%	40	100%
<b>Total</b>	<b>61</b>	<b>20%</b>	<b>105</b>	<b>34%</b>	<b>143</b>	<b>46%</b>	<b>309</b>	<b>100%</b>

### Use of employee assistance schemes (Q21 and Q22)

5.8 Finally, carers were asked if they had been referred to their institution’s employee assistance scheme (Question 21), and if their employer provided them with support via its employee assistance scheme (Question 22).<sup>3</sup>

<sup>3</sup> An employee assistance scheme is an employee benefit programme that assists employees with personal and / or work-related issues that may impact their job performance, health, mental and emotional well-being.

5.9 Interestingly, slightly fewer carers said they had been referred to their organisation’s employee assistance scheme than were receiving support from it – i.e. 45 said they had been referred (Table 5.5) compared to 56 who said they were receiving support (Table 5.6). These figures equate to just 4% of the more than 1,200 carers who answered these questions.

**Table 5.5: Q21 – Have you been referred to the employee assistance scheme? (carers only)**

	n	%
Yes	45	4%
No	1,206	96%
<b>Total</b>	<b>1,251</b>	<b>100%</b>

**Table 5.6: Q22 – Does your employer provide you with support via its employee assistance scheme? (carers only)**

	n	%
Yes	56	4%
No	621	48%
Don't know	607	47%
<b>Total</b>	<b>1,284</b>	<b>100%</b>

## 6. Making change

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6.1 This chapter discusses findings from the final section of the survey which invited views from respondents about what changes their employers could make to better support them in their caring role, and to support a better work-life balance for working carers. There were two questions on this subject – one closed (intended for carers only) and one open (which was relevant to carers and non-carers).

**Question 24** (carers only): What can your employer do to support you in your caring role? Please indicate from the list.

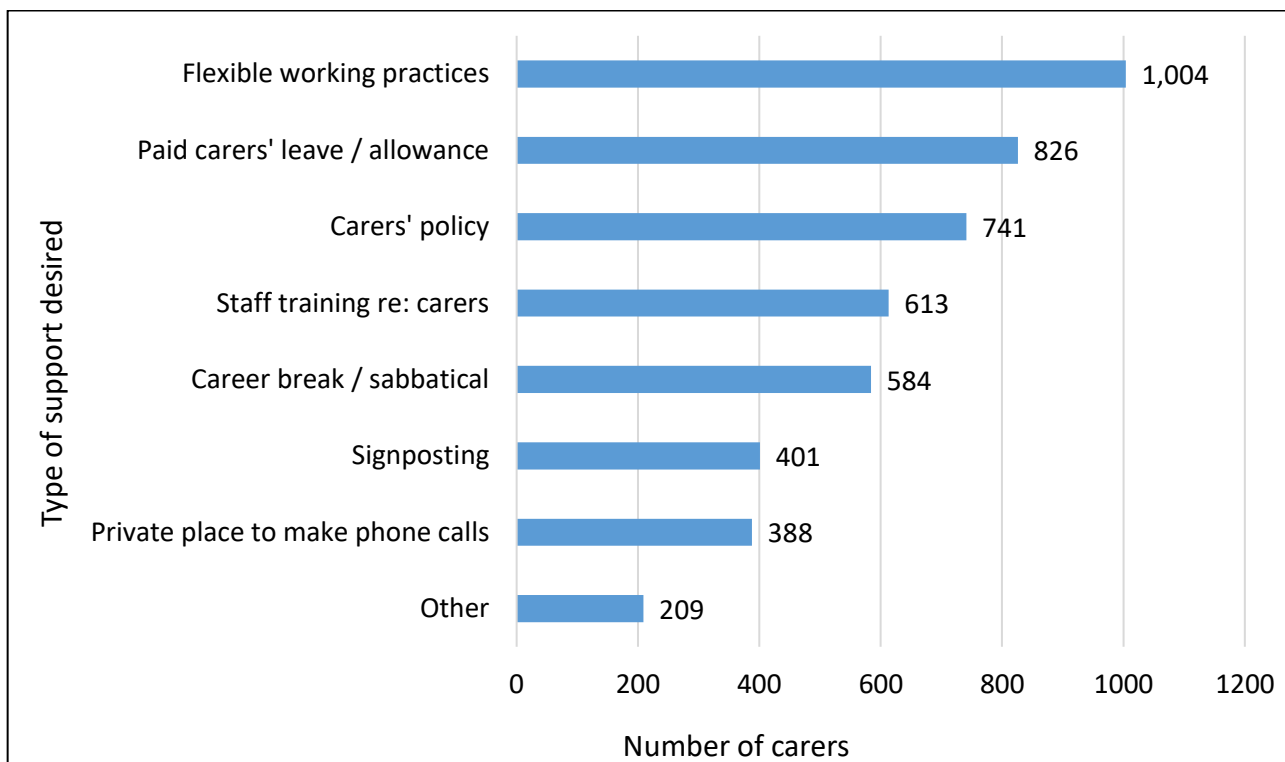
- Carers' policy
- Signposting
- Flexible working practices
- Paid carers' leave / allowance
- Career break / sabbatical
- Somewhere private to make calls
- Training to understand the needs of carers for all staff
- Other – please state.

**Question 25** (all respondents): What three improvements would most support work-life balance for working carers?

### Employer support for carers (Q24)

6.2 Altogether, 1,251 carers replied to Question 24, which asked: 'What can your employer do to support you in your caring role?' Respondents were asked to select one or more actions from a list provided. Figure 6.1 shows the number of carers selecting each action. The top three actions desired by this sample of carers were: (i) to allow flexible working practices (n=1,004, 80%); (ii) to provide paid carers' leave or a carers' allowance (n=826, 66%); and (iii) to develop a carers' policy (n=741, 59%). Around half of carers thought that there should be staff training within their organisation to understand the needs of carers (n=613, 49%), and that support in the form of a career break or sabbatical would be helpful to them (n=584, 47%). Only around a third of carers wanted their employer's support for signposting (n=401, 32%) or having a private place to make phone calls when at work (n=388, 31%). (See Figure 6.1.)

**Figure 6.1: Q24 – What can your employer do to support you in your caring role? (carers only)**



*This question was answered by 1,251 carers. Figures total more than 1,251 because respondents could select more than one action from the list.*

6.3 Slightly less than a fifth of carers (n=209, 17%) selected ‘other’ from the list of options. These individuals made a range of suggestions – not all of which could necessary be taken forward by their own employer. Respondents highlighted actions which (i) could be implemented by individual employers; (ii) related to the culture and attitudes in further and higher education institutions; and (iii) addressed structural issues (requiring higher-level changes in employment practices across universities and colleges).

#### **Employer actions**

6.4 Respondents frequently highlighted a need for improvements in **management behaviour**, or the **need for training of managers**:

*‘Educate middle managers on this issue. The policies are there; they are just not being implemented.’ (Female, higher education)*

*‘Managers who are able to understand the situation of people with caring responsibilities.’ (Female, higher education)*

*‘Training for line managers so they understand the policy. Everything feels like a battle for the support that supposedly is provided.’ (Female, higher education)*

*‘Stop placing unrealistic demands on us for workload that can only be met by sacrificing non-work time.’ (Female, higher education)*

*‘Independent member of staff to support careers where line managers do not understand the demands and impact on working performance.’ (Female, higher education)*

*'Training for senior staff to recognise needs of carers.'* (Male, higher education)

6.5 It was also common for respondents to highlight the need for greater understanding in relation to **timetabling issues**. A range of suggestions were made, including providing cover, providing more notice of timetabling arrangements, allowing greater flexibility (or negotiation) in relation to timetables, etc. These types of actions were particularly important to those who had teaching responsibilities:

*'Provide cover when I cannot teach my classes'* (Female, further education)

*'Alignment of teaching schedules with school holidays.'* (Female, higher education)

*'Inform staff of upcoming work with more advance notice – usually teaching for academic year announced 1-2 weeks before term starts, this makes planning finances and care hard.'* (Female, higher education)

*'Negotiate timetabling.'* (Female, higher education)

*'No teaching after 5pm.'* (Female, higher education)

*'Timetabling flexibility for lectures.'* (Male, higher education)

*'Designating someone as understudy to avoid having to reschedule missed teaching commitments.'* (Male, higher education)

6.6 Other respondents simply called, more generally, for **greater flexibility** (in being able to take time off when they needed it), or the **proper implementation of flexible working policies** by their employer:

*'Flexible working practices, such as working from home, flexi-time to cover unplanned circumstances would be beneficial.'* (Female, higher education)

*'More support for flexible working because this is often VITAL for children like mine who need to have more flexibility.'* (Female, higher education)

*'Unpaid carers' leave'* (Female, higher education)

*'Let work from home, provided job is done. This must be PAID.'* (Male, higher education)

*'My university has a flexible working practice but as noted above it does not apply to my situation and in practice it is very inflexible.'* (Female, higher education)

6.7 Some respondents pointed out that their college or university had a policy or procedures in place for carer's leave but that it was very limited (just a few days). One respondent, with responsibility for caring for a relative overseas, thought there should be greater recognition within policies that a large proportion of staff in the further and higher education sector come from abroad and that, as a result, additional time was needed by these individuals to travel great distances.

*'There are few policies which allow for carers who need to travel to look after their relatives. This could be enabled if additional unpaid holidays could be included as a caring policy. Then one could avail [oneself of] such unpaid holidays to look after a relative. This would have helped me greatly.'* (Female, higher education)

6.8 Occasionally, respondents wanted their university or college to provide **specific types of services** to support them in their role. Several said that a counselling service for staff carers would be (or in some cases, *had been*) helpful. Other suggestions were to provide financial advice or support services for carers. There were also suggestions to establish less formal types of support mechanisms – for example, a carers’ network.

*‘Counselling service.’ (Male, higher education; Male, further education; and Female, higher education)*

*‘Carers’ network’ (Female, higher education and Female, higher education)*

*‘Financial advice’ (Female, higher education)*

*‘Support services for carers.’ (Male, higher education)*

6.9 Some requested small changes that were very **practical** in nature and would be relatively straightforward for employers to implement. The need for a parking permit (particularly for those who had to travel to help an elderly parent before work in the morning) was frequently mentioned. Other suggestions included putting in place facilities to allow carers to attend meetings while working at home, or to allow them to bring the person they care for into work.

*‘Parking permit’ (Female, higher education)*

*‘Accessible parking’ (Female, higher education)*

*‘Access to courses / meetings / committee participation via online not face to face.’ (Female, higher education)*

*‘Having space in the workplace for my dependent to come to work.’ (Male, higher education)*

### *Culture and attitudes*

6.10 Carers frequently suggested that the **culture in higher / further education**, or their employers’ **attitudes** were where the change was needed. In general, respondents called for greater compassion and care from their employer, and a culture which acknowledges that people have lives outside of work.

*‘BE KIND!!!!!!’ (Female, higher education)*

*‘Change culture to one where staff wellbeing is as important as students’ [wellbeing]’ (Female, higher education)*

*‘Change attitude to part-time work.’ (Female, higher education)*

*‘Create a good work-life balance generally for all staff.’ (Female, further education)*

*‘A more human approach to staff’ (Female, higher education)*

*‘Promote a more compassionate culture’ (Male, higher education)*

*‘Treat academics with respect and decency and stop flogging us all the time to perform at the highest possible levels.’ (Male, higher education)*

*‘Restricting work for everyone to a reasonable level’ (Male, higher education)*

*'Give me a (normal) manageable balanced workload.'* (Male, higher education)

### **Sector-wide structural changes**

6.11 It was common for carers to make suggestions that related to higher-level issues requiring action across the further education / higher education sectors. These suggestions often related to **employment terms and conditions** (including unpaid leave and career break arrangements), **recruitment** and **career development practices**, or **financial matters**.

*'Salary protection'* (Male, further education)

*'Difficult because zero hours is frequently dressed up as flexibility – what we need is genuine flexibility with normal employment protections.'* (Female, higher education)

*'Ensure carers do not face discrimination in recruitment.'* (Female, higher education)

*'Give people employed contracts.'* (Female, higher education)

*'Pay rise.'* (Female, higher education)

*'Positive discrimination for staff with caring responsibilities for promotion.'* (Female, higher education)

*'Extending temporal contract by the months one is on leave due to caring.'* (Male, higher education)

*'Inclusive promotion criteria.'* (Male, higher education)

*'A sector-wide response is needed as well as organisational ones. Caring responsibilities have always existed and will impact most people during their career. We need non-precarious and less competitive employment, so people can weather the difficult times they are going through. This requires a re-evaluation of the way in which universities are funded, and developing 'stable', long-term academic jobs.'* (Male, higher education)

### **Top three improvements requested (Q25)**

6.12 Question 25 in the survey asked respondents to identify three improvements that would most support work-life balance for working carers. Altogether, 1,147 respondents identified at least one improvement. These echoed the suggestions discussed above, with a call for flexible working practices (including the option to work from home), more realistic workloads, adjustments to teaching timetables, and cultural and attitudinal changes topping the list.

## 7. Other comments (Q26)

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7.1 The final question in the survey (Question 26) invited respondents to give any other comments.

**Question 26:** Please feel free to add anything else here about your experiences of being a working carer.

7.2 Altogether, 598 respondents made further comments. These comments were often very personal in nature – describing people’s feelings and experiences as carers, and the lack of understanding and flexibility they received from their employers / managers. The views expressed in these comments are reflected in the findings set out in Chapters 3 and 4. Two new issues raised by respondents are discussed at the end of this chapter. These related to (i) the disparity between policies for parents, and policies for unpaid carers and (ii) the challenges of dealing with health and social care services on behalf of a loved-one.

7.3 Occasionally, respondents discussed their efforts to ‘fight their own corner’ to achieve a better balance between work and caring responsibilities. The lengthy quote below describes one respondent’s hard-won success. (Certain details of this quote have been removed to protect the identity of the respondent.)

*‘... I decided to ask for unpaid leave, as going on the sick would only increase my stress, and I wanted to be free to spend time with the people important to me whilst they were still here. I spoke with a senior manager, who was supportive and agreeable. She liaised with my line managers and cover for my classes was sourced, from the spring half term to the end of the academic year. However, HR and/or SLT said that there was no policy for people to just take unpaid leave. I gave examples of others who had been off and was told they had taken career development breaks and my request did not come under this policy.*

*After my senior manager indicated her support for my request, they agreed to me having some time off until Easter. I was then told that I could have the full amount of time off that I had requested, but I would not be guaranteed the same (or any) role when I returned, and I would lose all my conditions of service. At this point, I nearly just resigned from this post, but I decided to stand up for myself, even though it was the last thing I felt like doing. I sent an email stating that, as I'd always been a conscientious and hardworking employee for almost 20 years, I was disappointed that they could not look at my situation on its merits. After all, I was asking for UNPAID leave, which I felt was beneficial to the college, as well as myself. I pointed out that the demands of my workload were a contributory factor to me not being able to cope with the stress of events happening in my home life. I said I would take legal advice, speak to the union and my doctor, and let them know as soon as I had decided what course of action to take.*

*After weeks of to-ing and fro-ing, I had a reply within a matter of hours agreeing to me taking unpaid leave. Despite feeling unwell (and resentful at the way I had been treated), I managed to work until the February half term. A few days later I*



*was admitted to hospital and underwent emergency surgery for [an acute, very painful and life-threatening condition]. I had a post-operative infection and was also diagnosed with an acute vitamin D deficiency and did not get signed off sick until 24th April. My senior manager said I would be paid for the period of sickness, and I was. (I don't know how she managed that.)*

*However, neither that, or anything else, will ever make up for the way my initial request was handled and how I was made to feel at a time when I needed support. I submit this information to you as an indicator of how such matters are dealt with by college leadership teams.' (Female, further education)*

7.4 As noted elsewhere in this report, respondents sometimes said that their employers had been helpful, supportive and flexible. It was clear that those who had this type of response from their employers had entirely different feelings and experiences.

*'As I am a research fellow and do not teach very much, I work from home a lot and this has helped enormously with the need to be flexible as a carer. I also think that my employer was quite supportive during the time that my Mum was very ill and do appreciate that.' (Female, higher education)*

*'I am fortunate that my colleagues seem to understand the need for covering aspects of my work when there is a crisis. I am just about to request a period of compassionate leave to support my mother who is having an operation.' (Male, higher education)*

7.5 Some respondents identified themselves as holding senior positions within their organisations. In some cases, these individuals acknowledged that the flexibility **they** had in arranging their work around their caring responsibilities was not necessarily granted to their junior colleagues.

*'Luckily I am senior and can work flexibly; otherwise I would not be able to hold down my job full time.' (Female, higher education)*

*'I was fortunate to some degree as my working hours are flexible, but as a senior professor this put a huge strain on my life as there is a lot of responsibility in running grants / teaching and having an active research group, and I reached breaking point on one occasion. Fortunately, it passed without harm. In some ways having the freedom in my work was helpful, so I should not grumble, as I can see this would have been impossible for someone working fixed hours and on less remuneration. But finding the work / carer balance was very hard on my state of mental health / ability to support my own family.' (Male, higher education)*

## Other issues

7.6 Two further issues were frequently raised by respondents in their comments at Question 26. These related to (i) the apparent difference between policies for people who have child care responsibilities, and those for people with other types of caring responsibilities; and (ii) the challenges of dealing with health and social care services. These two issues are discussed further here.

## *Family friendly policies are not carer friendly*

7.7 Some respondents drew attention to the disparity between provisions within their organisation for maternity and paternity leave and entitlements for those who have child care responsibilities, as compared with provisions for unpaid carers. The general view was that university and college policies appeared to allow far greater flexibility and entitlements for parents than for carers.

*'Bringing a child into the world is widely celebrated and supported, both practically and emotionally; helping a loved one leave it with dignity is not.'* (Female, higher education)

*'There is currently a huge imbalance between the rights and paid leave provided for those on maternity / parental leave and anyone with caring duties for non-children. In many instances, the latter situation is also emotionally draining because of the poor state of health, and potential outcome for the individual being cared for. This has felt harder as maternity / paternal leave policies have provided more for those in some situations, which also often means additional work falling on others, who may at the same time be carers themselves.'* (Female, higher education)

*'Maternity leave and caring for children is respected and adjustments made for it. Elderly parent – forget it.'* (Female, higher education)

*'I understand that, as a student carer of someone that needed 24-hour care, my situation is not common. However, I felt completely alone when my funding agency did not consider helping me. ESRC currently provides maternity leave, something that we need to celebrate. It is time now that they also provide carer's leave.'* (Male, higher education)

*'I find it incredible that there is so much made of rights related to pregnancy and maternity leave, but that carers are not afforded the same rights and protection.'* (Female, higher education)

## *Health and social care service provision*

7.8 In some cases, respondents noted that many of their difficulties were not, in fact, related to a lack of support or inflexibility from their employers, but rather to inflexibility in the way health and social care services are delivered. Some also pointed to the inadequacy of services for certain types of conditions – mental health conditions were mentioned specifically – which meant that the carer always had to be on call for the person they cared for.<sup>4</sup>

*'The medical and caring professions seem to have no idea about working carers. Could UCU do some joint work with their unions to raise awareness and define workflows for when working carers are busy or unavailable? E.g. if my mother has a fall, the staff at her flats have to call an ambulance and then ring nominated family. They seem to expect that we can "just drop by" and seem perplexed at the*

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<sup>4</sup> UCU appreciates the complexities associated with health and social care provision in the UK. Continued underfunding for what is an overstretched service for an aging population has placed unnecessary burdens on all involved. UCU is supportive of workers from our sister unions working within the health and social care system whilst trying to meet the complex needs of service users. UCU will work alongside other unions to provide improved support at work.

*idea that we might be in a lecture, then need to clear our diaries, then need to drive for almost an hour!’ (Female, higher education)*

*‘The problem isn’t always work related, but the slowness of social work/NHS and departmental heads having an understanding of things like how long SDS [self-directed support] budgets come into play, how lacking in flexibility social work is. If the Head of Department understood this, it would make life easier to be able to say I need a break while I resolve issues.’ (Female, higher education)*

*‘The main problem I face is not at work, but the almost total absence of any mental health service that can help the person I care for. There is no proper support, and no long-term attention to their needs, just stop-gap prescribing. There is a total absence of understanding that a person with mental health problems has difficulty with appointments, prescriptions, etc. I am left fulfilling a role I don’t have training or expertise for.’ (Female, higher education)*

## 8. Discussion

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8.1 This survey of UCU members was completed by 1,386 individuals who identified themselves as having unpaid caring responsibilities for a family member or friend with an illness, disability, or mental health condition. The survey was also completed by a smaller number of people (n=290) who said they did not currently have caring responsibilities (although some of these commented that they had an unpaid caring role in the past).

8.2 In this sample, carers were more likely than non-carers to be female, older, and working part-time. Those working part-time faced and experienced multiple disadvantages in the workplace including low pay and the loss of opportunity for promotion.

8.3 Nearly two-fifths of the carers in this sample had **not** informed their employer of their caring responsibilities. (Some clarified that they had informed their line manager, but not their Human Resources Department.) Those who had not informed their employer often expressed anxiety about doing so. Some thought it very unlikely that they would receive any support or assistance from their employer and they were concerned, instead, that their employer would use this information 'against them'. Others did not know who in their organisation they should inform or what assistance might be available to them if they did.

8.4 Carers described a very wide range of issues they faced at work while attempting to juggle the demands of their paid employment with their responsibilities as a carer. These included (i) the need to take time off (sometimes at short notice); (ii) unrealistic expectations from people at work; (iii) a lack of support or flexibility from employers; (iv) difficulties managing their time; (v) an inability to take part in conferences, meetings, etc. outside of normal working hours; (vi) an inability to relocate for better work; and (vii) financial worries. Carers repeatedly stated that they felt stressed and exhausted, and many reported negative impacts on their careers, their family life, their earning capacity, and their own physical and mental health.

8.5 A recurring theme in the comments from carers was that they had little or no control over their workload. Some felt they had no option but to reduce their working hours to part-time. However, in many cases, even where they had taken a decision to reduce their hours at work to be able to free up time for the person they cared for, this did not necessarily result in a reduction of their workload – only their salary. Carers who were working part-time stated that, in their experience, senior posts were virtually impossible to secure, since there is a perception in academic institutions that part-time employees would not be able to make the necessary commitment to a senior role. Some carers also reported that their attempts to request support and / or a formal reduction in their hours made them a target for redundancy.

8.6 Not surprisingly, given the multi-cultural nature of further and higher education institutions in the UK, the issues carers faced in the workplace were especially challenging for those who were caring for a family member living overseas. For this group, these issues were exacerbated by (i) a refusal by their employer to acknowledge their caring responsibilities, (ii) the substantial time and cost of having to travel abroad frequently, and (iii) the need to pay for healthcare for a relative living overseas.

8.7 One of the striking findings from this survey was the low level of awareness that carers (and non-carers) had about their organisation's policies for carers. Around three-quarters of the respondents did not know if their institution had a policy covering carers or an employee assistance scheme. Those (relatively small number) who **did** know about their institution's policies did not necessarily believe that the policy was effective.

8.8 Respondents to this survey offered a range of suggestions about how further and higher education institutions could better support their staff who have caring responsibilities. Chief amongst these were (i) to adopt and facilitate flexible working practices; (ii) to provide paid carers' leave or a carers' allowance; and (iii) to develop formal carers' policies, similar to maternity / paternity leave policies. The findings of this survey also indicate that there may be a need for training for line managers and senior managers in relation to their own organisation's policies – which may exist, but which are not being implemented consistently. Respondents also suggested very simple, practical supports that organisations could offer to their employees who have caring responsibilities – including parking permits, or a carers' network / service.

8.9 While the general picture presented by the findings of this survey indicates a widespread lack of support for unpaid carers within colleges and universities, this picture was not uniform since some carers reported feeling well supported – by their colleagues, by their line manager and by their organisation. It is clear that there were inconsistencies in relation to (i) how institutions define 'carers', (ii) how individual line managers responded to requests for support, and (iii) how flexible working is delivered in practice. Moreover, there appeared to be differences in the experiences of staff at different levels of seniority. Teaching staff and junior research staff generally reported a complete lack of flexibility from their employers, while (some) managers suggested that their seniority may have put them in a better position to be able to manage their own time.

8.10 It is not clear why such variations exist. However, what **is** clear is that those with more positive experiences of being supported by their employers reported being able to cope better with their responsibilities – at work as well as outside work.

# Annex 1: Survey questionnaire

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According to Carers UK, 3 million people are juggling work and un-paid care to a family member or friend. This equates to 1 in 9 people in the workplace. With very little support from employers and a lack of awareness of the issues facing working carers, creates a culture of workers who are 'Hidden in Plain Sight'.

UCU is keen to know what the key issues are facing members who deliver unpaid caring whilst working. Your responses will help support our work in providing guidance and advice to help carers manage caring responsibilities alongside your working commitments.

**All responses are treated in strict confidence. Respondents will not be named however, we will use your comments to illustrate the issues you face at work.**

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**Definition of a carer:** A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.

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**Instructions:** Please tick or state where indicated

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## Page 1: About You

1. Name

2. Age – please indicate

18-24			45-54	
15-34			55+	
35-44			Prefer not to say	

3. Gender

Male	
Female	
Other – please state preferred term	

4. Sector please indicate

Further education	
Higher education	

5. UCU nation/region

Northern Ireland		South East	
Scotland		South West	
Wales		North West	
East Midlands		Northern	
Eastern and Home Counties		West Midlands	
London		Yorkshire & Humberside	
South			

6. How would you describe your current employment status?

Full-time	
Part-time	
Casualised	
Other – please state	

**Page 2:**

7. Are you a carer?

Yes	
No	

8. How long have you been a carer?

0-5 years	
5-10 years	
10-15 years	
15+ years	

9. What best describes the conditions of the person you care for?

Physical health	
Mental health issues and conditions	
Learning disabilities	
Terminal illness	
Life-limiting conditions e.g. kidney failure, lung disease etc.	

10. Is your employer aware of your caring responsibilities?

Yes	
No	

11. If NO, why have you not informed your employer?

12. What are the main issues you face at work as an unpaid carer?

13. Are your colleagues supportive of your caring needs?

Yes	
No	

14. As a carer, do you feel supported and included at work?

Yes	
No	

15. What impact does caring have on you and your working life? Please state

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### Page 3: Policy /Institutional

16. Does your college/university have a policy covering carers?

Yes	
No	
Don't know	

17. If YES, which of the following does it have?

Carers' policy	
Flexible working policy	
Family friendly policy	
Other – please state	

18. Is the policy effective?

Yes	
No	
Don't know	

19. Have your career opportunities been diminished due to your caring responsibilities?

Yes	
No	
If Yes, how? Please state	

20. Do you have an employee assistance scheme?

Yes	
No	
Don't know	

21. Have you been referred to the employee assistance scheme?

Yes	
No	

22. Does your employer provide you with support via its employee assistance scheme?

Yes	
No	

23. Does your college / university provide support for student carers?

Yes	
No	
Don't know	

### Page 4: Change



24. What can your employer do to support you in your caring role? Please indicate from the list

Carers' policy	
Signposting	
Flexible working practice	
Paid carers leave / allowance	
Career break / sabbatical	
Somewhere private to make calls	
Training to understand the needs of carers for all staff	
Other – please state	

25. What three improvements would most support work life balance for working carers?


26. Please feel free to add anything else here about your experiences of being a working carer.

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Thank you for completing this questionnaire. Please return to Sharon Russell ([srussell@ucu.org.uk](mailto:srussell@ucu.org.uk)) or via post to UCU, Equality and Participation, Carlow Street, London, NW1 7LH