



The Art of Juggling - Caring and Working

VSA PROJECT – APRIL to NOVEMBER 2013

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The input of many different people has made this project possible and while they have been thanked individually it is important to acknowledge their valuable input, support and contribution.

The support of Lesley Gray who was the manager of Carers Services at VSA at the time of preparing the proposal is much appreciated. It should be noted that Lesley's name appears on some of the appendices but that she no longer works for VSA.

Clearly the carers, employers and line managers who participated directly are the people who have made the study possible and they are responsible for findings which will influence the working lives of carers. It is not easy to describe how enormously valuable their willingness to contribute and their honesty has been.

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EXECUTIVE SUMMARY

Introduction

As the number of the population requiring care and therefore the numbers of people providing care for family members increases it is inevitable that more of the workforce will be managing a caring role at the same time as working. While it is recognised that work can be good for general health and wellbeing, the challenges faced by working carers mean that they may not always experience the advantages that working can bring.

The purpose of the project described in this report was to explore the world of combining caring and working from three perspectives – carers themselves, employers and line managers. The intention was to gain insights which in turn may lead to an increased understanding of how carers who work can be supported and improve their general health and wellbeing. An additional aim was to understand some of the business issues which might be associated with recruiting and retaining carers in a workforce.

Twenty four carers were engaged for the first stage of the project and 18 line managers in three employing organisations for the second and third stages.

Method

The study used both quantitative and qualitative methods and a mixture of questionnaire and face to face data collection was used. Stage 1 involving carers themselves used a questionnaire, Stage 2 data was collected through structured conversations with each of the 3 employers and Stage 3 consisted of one to one interviews with the 18 line managers.

Key findings

The difference between the carers perspective and experience and the approach outlined by line managers was striking. Carers described many significant challenges to be managed. The practical challenges in terms of demands on their time were described and several spoke of juggling as well as lack of time for housework and other domestic activities. There were also references to the impact on health and wellbeing as a result of the effect on family relationships and having to adjust their own aspirations.

Three different organisational contexts were described by each of the 3 employers. For one employer the emphasis was on the working environment that they are attempting to create, for the second the focus on carers was driven by their Carers Information Strategy and for the third the policy environment was part of an overall culture change programme. There was a great deal of common ground but what is reported is how each employer placed their emphasis.

Finally all the line managers without exception demonstrated a great deal of empathy for carers. Several were explicit about the business imperative to find a way to retain staff in whom there has been significant investment. The creativity and solution focus of the line managers was striking as was their confidence to deal with situations first and address the policy implications second.

Conclusions and recommendations

Having explored these three perspectives it is clear that there are business implications which flow from the study as well as opportunities to improve the lives of working carers. In addition there are findings which are relevant to the development of line managers who undoubtedly will be required to manage staff who are carers at some point.

As a result of the study there are implications for how carers seeking employment can be supported. It is suggested too that aspects of the report could be used to provide general awareness and development for line managers. There is clear relevance of this study to the Scottish Kitemark Project and links have already been put in place. Finally there are two areas which are recommended for further study. Firstly there may be merit in further study into carer's experiences and line manager's experiences in the same organisation. Secondly, given the unexpected finding that unplanned absence among carers is not necessarily greater than for other staff, further study of unplanned absence among carers would be useful.

SECTION 1 INTRODUCTION

In January 2013 an opportunity to apply for Scottish Government funding to explore aspects of carers' experiences of employment became available. The author of this report and VSA (previously known as Voluntary Service Aberdeen) jointly prepared a proposal to explore and compare 3 different perspectives – the perspective of carers' experiences of combining work and a caring role; the organisational perspective at a policy level of employing carers; and thirdly the line manager perspective of the day to day management of a team which includes carers.

The project was intended to be of a size which could be managed over approximately 6 months by a single practitioner and aimed to increase the understanding of the three different perspectives described. The methodology was rigorous and some interesting findings have emerged which have relevance for the future as the number of carers seeking and remaining in employment increases. The business case for attracting and retaining staff who are carers became clear and the relevance for the Scottish Kitemark Project is obvious.

The author of the report has a unique portfolio of experience which is relevant to this study. This portfolio includes the provision of coaching for carers through VSA since June 2010, a clinical background over many years as a physiotherapist and more than 15 years as an Organisation Development practitioner. The methodology which was used is the result of working in an academic and research environment as well as a clinical setting. The predominantly qualitative methodology is summarised in the original proposal attached as Appendix 1. More detail is provided in the description of each stage of the project.

SECTION 2 METHODOLOGY

2.1 Carer's Experience of Combining Work and a Caring Role (Stage 1)

This stage of the study aimed to understand the world of carers who were either in employment or seeking employment. Only one of those who participated was actively seeking employment and as result the findings relate almost entirely to carers in work.

A profile of the group is included in the data providing general information about the carers themselves and their caring responsibilities.

24 carers were engaged from 3 sources.

- a) 7 had been participants on a Return to Work course run by VSA in September 2011.
- b) 16 had received coaching through VSA
- c) 2 were recruited through word of mouth contact.
- d) 1 had both attended the Return to Work course and received coaching.

Letters to prospective participants and the questionnaire are attached at Appendices 2 and 3 respectively. Initially it was intended that there may be some interviews with carers to supplement the questionnaire data. However the response rate was higher than anticipated (21 questionnaires returned) with significant amounts of quantitative data and no interviews took place.

2.2 The Organisational Perspective at Policy Level (Stage 2)

The purpose of stage 2 of the study was to understand the organisational context of three employers prior to exploring how line managers in these organisations carry out their responsibilities. While it was hoped to recruit at least one private sector employer the 2 private sector employers who did express an interest did not ultimately agree to participate. These two

employers who had expressed an interest gradually became unresponsive to contact leaving the author with the impression that the project did not constitute a priority for them. There is no other data available which can shed any light on their unresponsiveness.

It has been decided not to name the participating employers in the report in order to ensure confidentiality but all 3 who did take part are within the service sector.

The methodology for Stage 2 consisted of a structured conversation with a senior manager/director in each organisation. These were Director of Human Resources/Deputy Chief Executive, Workforce Development Manager and Director of Operations respectively. The relevant policies within each organisation were made available to the author but the main source of data was the conversation. The framework for the conversations is attached at Appendix 4.

2.3 The Line Manager Perspective (Stage 3)

As already touched on, stage 3 of the study focussed on exploring the perspective of a sample of line managers in the 3 employing organisations. The focus was the day to day management of a team which includes carers.

A total of 18 line managers participated in this stage of the study. One to one interviews lasting approximately 1 hour took place. Employer B asked for some additional data gathering and one of their questions was asked at every subsequent interview. The interview framework is attached at Appendix 5 and a briefing note for distribution to line managers is attached at Appendix 6.

In organisation A four line managers participated, in organisation B there were nine and in organisation C five line managers were interviewed.

SECTION 3 Carer's Experience of Combining Work and a Caring Role - Results

Of the 24 questionnaires distributed 21 were returned. This high return rate is attributed in part to the individual contact prior to the distribution to seek willingness to participate. In addition individual reminders were sent.

3.1 Carers Profile

3.1.1 Length time as a carer

6 respondents considered themselves to have been carers for between 1 and 3 years, 3 for more than 3 years and 12 for more than 10 years. They described themselves as caring for a single parent (6), both parents (1 plus another until a recent death), husband (2), wife (1), partner (1) and a child (6). One respondent cared for 2 children, one for a parent and child and one for a wife and son.

3.1.2 Recent changes in circumstances

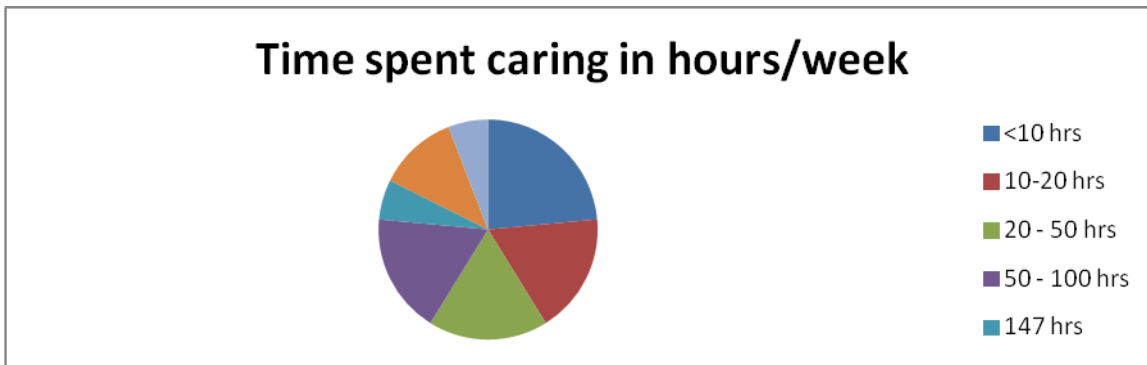
Recent changes that they noted were their own ill health, fluctuations in the cared for because of a mental health condition, moves to residential care and the death of one of the cared for in 2 situations. One carer highlighted that every transition for their cared for child (primary to secondary education and then to employment) led to changes in her caring role.

3.1.3 Time spent on caring

Time spent on caring ranged from less than 10 hours/week (4) to one respondent's 147 hours and 2 who described their role as continuous. No definition was offered in order to allow comparison so it must be accepted that there will be individual differences in how the hours are calculated. The individual approach to calculating the hours spent on caring may be connected to some later data

regarding how some individuals **“put a boundary”** round their caring role. 4 carers did not respond to this question.

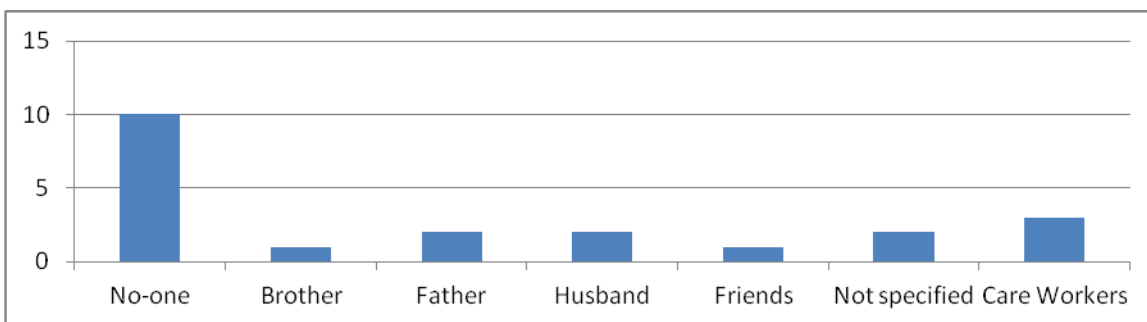
Table 1 Time spent on caring role in hours/week



3.1.4 Sharing care responsibilities

Almost half the respondents felt they did not share their caring role with anyone. Only 3 mentioned Care Workers but it is possible that an assumption was made that the question was seeking information about other family members or friends.

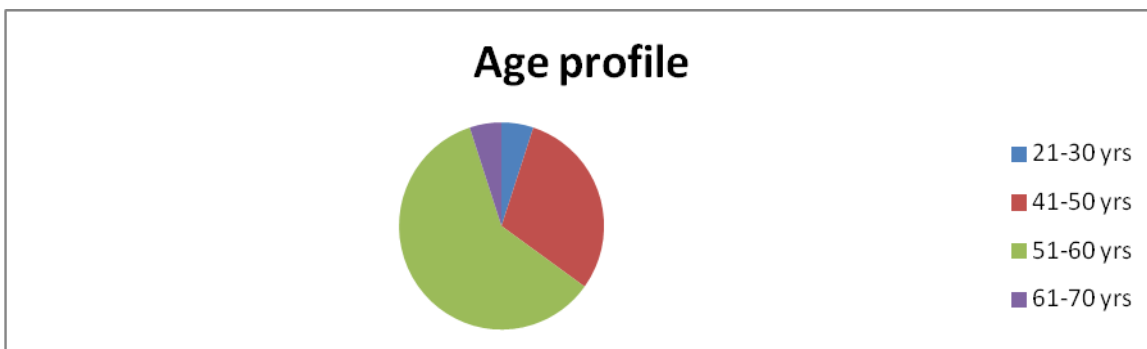
Table 2 Sharing care responsibilities



3.1.5 Age and gender profile

One respondent did not give their age. 19 respondents were female. One male was in the 51 – 60 age group and the other was in the 61 – 70 group.

Table 3 Age profile



3.1.6 Employment profile

The focus in Section 2 was employment. It was anticipated that there may be a number who were seeking work and the questionnaire was designed to explore perceptions about the impact of being a carer on seeking employment. However of the 5 respondents who were not employed only one was in the process of actively seeking work.

The number in employment at the time of completing the questionnaire was 16, 6 of whom worked full time and 10 part time.

Table 4 shows the length of time in their current job and Table 5 shows the hours worked. 6 respondents worked full time and gave their hours of work as between 37.5 and 50 hours per week. 2 people described being contracted for certain hours i.e. 6 and 20 respectively, but chose to work longer if they could.

Table 4 Length of time in current job

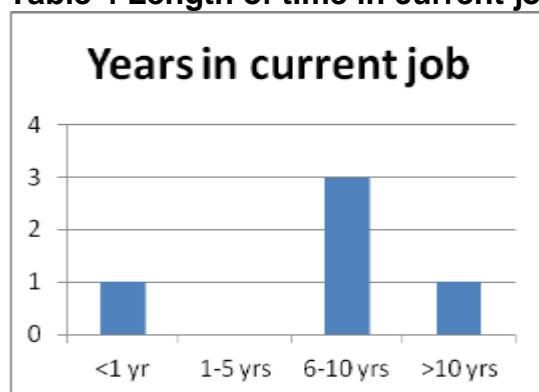
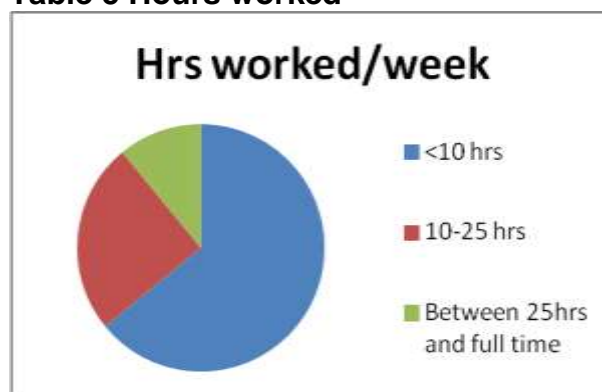


Table 5 Hours worked



A number of questions were included in order to elicit information about the extent to which colleagues at various levels of seniority were aware of caring responsibilities.

Most (12) respondents were in a caring role when their current employment commenced. 9 stated that their employer knew of their caring role, 11 said their line manager knew and 13 said their colleagues knew.

Five respondents were not in employment and only one of this 5 was actively seeking work. This carer said they were at the stage of **“brushing up their CV”**. Their circumstances were such that they were only recently able to contemplate employment and they were clear that **“work will need to fit around caring responsibility”** and have some flexibility. There was no indication that this respondent felt in any way that their caring responsibilities would limit their ability to gain employment. In contrast they felt it enhanced their skill set since they were now **“more go for it”** and optimistic and positive as a result of their caring role. They described a desire to push themselves, perhaps to study and to do something different to their previous employment.

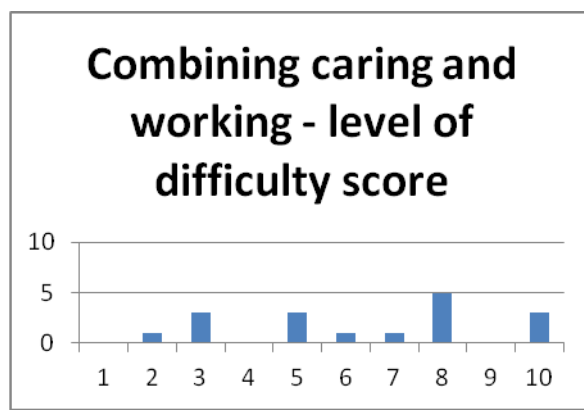
The 4 respondents not currently seeking work gave their reasons as mostly practical – too many demands as a carer, currently studying are examples. However one carer mentioned the impact of caring on their personal health and capacity as the reason.

3.2 Perceptions relating to combining work and caring

3.2.1 Level of difficulty

At the beginning of this section respondents were asked to allocate a score out of 10 to the level of difficulty they felt in combining their caring role and their work, where 10 = extremely difficult and 1 = very easy. Clearly this is very subjective and further work would be necessary to fully understand the scores. However 10 of the 17 who answered this question allocated a score in excess of 5 and 3 scored 10. See Table 6 below.

Table 6 How easy/difficult is it to combine your caring role and work?



Respondents were invited to describe the reasons for their score. There were comments about the work environment (potential job cuts) and the lack of support from line managers. Personal capacity as a result of previous work experience was noted as were personal feelings in effect intruding or getting in the way at work – ***“I find it difficult to combine my work and caring for my son because it is impossible not to think of my son while I am at work and vice versa.”***

The word ***“juggling”*** was used several times to describe the sheer difficulty of fitting everything in to a day – ***“Juggling 3 children, home, housework on top of work”***.

3.2.2 Challenges of combining a caring role and work.

The challenges of combining caring and work were explored in relation to the employer, the line manager and colleagues.

a) In relation to your employer

Six respondents did not complete this question. Two described no problem, one noting that they were self employed. Two noted that they felt lucky to have an understanding employer. Those who described challenges mentioned employer attitudes. Not understanding the role of carers, having policies in place but appearing not to ensure they are adhered to by line managers, feeling ***“frowned upon”*** when having to deal with an emergency and employers with no empathy or compassion were described.

The other main area of challenge was more personal – feeling overloaded and stretched, ***“trying to meet every demand”***, having to explain personal circumstances and ***“not wishing to give away that I am a carer and draw attention to myself”***.

b) In relation to your line manager

Four responses to this question were positive about line management. One noted an excellent relationship with their line manager saying **“I am treated with respect and appreciation”**. Another said my manager **“lets me work round things”**. There were some negative comments. **“It is uncomfortable having to constantly argue about my right to carer’s leave”** said one carer and another described their line manager as very unsupportive and resentful of their carer responsibilities as well as **“unwilling to work around my needs”**.

The level of demand in terms of quantity was again noted but also the expectation by the respondent themselves that **“performance should be up to the mark and not affected by my personal life”**.

c) In relation to your colleagues

Social aspects such as not feeling part of **“the gang”** and inability to go on work nights out and having to rush away at the end of the day were noted. Also there was concern about letting colleagues down, colleagues having to pick up the slack and not knowing what has happened during absence either because of being part time or because of being away from the workplace were mentioned. Again the issue of how much to explain and not wanting to explain was noted.

d) In any other areas eg. travelling arrangements

Comments were invited about challenges in other areas and travelling was offered as an example. There was one response about travelling and the impact of distance on total time available and if an emergency arose.

One carer talked of **“grieving for years and years”** about the impact of her caring role on her life choices, life style and earning capacity. This person had **“come to terms”** with her situation eventually and was working well below her capability. Another carer offered something similar noting that she could be working at a much more responsible level and earning more.

The amount to be done figured again here and tasks to be done before going to work were referred to several times. The need to co-ordinate with husband, to manage school holidays and the possibility of having to take unpaid leave and therefore more stress were highlighted.

3.2.3 Impact as a result of caring responsibilities

Pressure on time and tiredness were again highlighted by 5 carers and they described a resulting impact on what needs to be done and in one case the resulting **“lack of quality time”** with family. There were also practical issues like a **“messy house”** and a lack of interest in the house.

Two described work in a positive way as creating a boundary and leading to the possibility of a break from each other for the carer and the cared for – **“It is a good way to keep my own time/create a boundary where I can’t be available to my partner.”** A similarly positive comment was **“However it can sometimes make me energised because I have been away from the home setting and caring role”**.

There were 4 descriptions of no impact because the caring role comes first – **“It is usually work that suffers if there is a clash”** and **“No impact, my spouse comes first”** are examples.

There were some practical examples of impact regarding sometimes being **“uncontactable while in meetings”** and worrying if unable to contact the cared for on the phone during the day. A

further example of impact on the caring role was thinking twice before making an appointment or taking time off because ***“I am made to feel that I should not be asking in the first place”***.

When looking at the impact that work has on family and home life, a negative impact on the relationship with husband/partner was mentioned by 4 of those who responded. One described divorce, another simply strain and a third talked of lack of time together saying ***“when we do get time off it is more likely to be spent separately”*** because of the difficulty of organising a break from their son. The words depression, anxiety, and even feeling suicidal were used. A significant negative impact on another child leading to severe problems was also mentioned.

There was however one carer who described being happier now that they are working and said ***“I support adults with additional needs so training courses became helpful in everyday home life. Plus a window to what my son's future might look like”***.

Two carers said there was no impact.

3.2.4 Additional comments

Finally in the questionnaire additional comments were invited and 16 respondents used this opportunity to add more information.

The issue of fluctuating demands was described again having previously been mentioned earlier in the questionnaire. ***“There are long periods where I don't feel I have a caring role at all. However there are some periods where I have to give a lot of support. This can be difficult to manage and also difficult to make arrangements with work because any excessive impact on me/my job is very occasional.”***

One carer said she found her caring role demanding but rewarding saying ***“I find caring for my son rewarding because I can see the benefits that my caring has for him.”*** She described in some detail how her aim was to help her son to become as independent as possible.

There were comments about financial considerations and the pressure brought by the need for unpaid leave on occasions but there was also the view that ***“I needed a job to change how I felt about myself, to earn some money and get away from the 4 walls at home. I have no time for friends, no social contact, only at work. The pros and cons have to be weighed up. Feeling good about myself goes a long way to boost my ability to care”***. This psychological consideration was described again by the carer who said ***“I remain out of employment but I am aware I need to overcome psychological issues in order to pursue work which ultimately would be a good thing”***.

The carer who had previously described ***“grieving”*** expanded saying ***“I have recently made major changes to my lifestyle in order to accommodate the needs of my parents. This was not easy to do as I was not ready to relinquish the life I had made for myself, but the strain of keeping up with employers, who made no allowances for a person in a caring role eventually took its toll. Although there is legislation in employment law on this, the reality is very different. Since becoming self employed, the stress has been alleviated and I no longer regret it”***. The description of reality being different to the intention of Employment Law was referred to in detail by two other carers in this section.

The health of carers was commented on by a number of carers one saying that ***“It is a known statistic that carer's health is often left unchecked until they become seriously ill. The stress of fighting with employers to get the carer's leave that we should have is not***

helping". Another's description of her situation was **"Although not always easy to come to work I feel it has been important to have some "space" away from the situation otherwise it could have been completely overwhelming"**.

Being new to caring was noted and the two carers who mentioned this talked of **"still finding it hard to regard myself as a carer, but am coming to terms with the likelihood that it will continue for some time"** while the other commented that **"it is getting easier now as time passes"**.

There was mention of how valuable support was from a facility outside of work, in this case the various aspects of the VSA Carers Services. The benefit described by one carer who had received coaching, was learning to **"manage things, instead of constantly being in a state of stress. I have learned to begin to manage my stress and put things in perspective"**.

Finally there was mention by two carers that lack of government and/or council support was a major issue, for example one said **"I'm willing and need to work but can't, support not there! Govt, councils do not provide it to make it possible"**. The other said **"If the state could have provided more support for my son when he was younger his life choices may have been greater now"**.

SECTION 4 The Organisational Perspective at Policy Level - Results

The three employers who participated were all known to the practitioner prior to the commencement of the project. Two of them were known in another context entirely unrelated to carers. The third was known in the context of carers. As already noted all 3 are in the service sector – one is public sector, one is 3rd sector and one is in the transport sector.

While all three employers were willing and indeed in one case, keen to be identified it has been decided to maintain anonymity.

Employer B requested that some additional questions be included in their interviews for their own purposes. This was agreed and the responses fed back to them separately. However one of their questions, related to levels of unplanned absence, was included in all subsequent interviews.

4.1 Overview of structured conversations

The conversations with employers lasted approximately 1 hour each and notes were taken and transcribed later. Policies were provided as reference documents but the main aim of the conversations was to explore the organisational philosophy behind the policies.

4.2 Policies

Employer A

This employer is bound to policies developed by the wider group within which it operates. However it also has local flexibility as part of decentralising and it is currently developing local practices.

A review of policies in 2011/12 had take place in response to a need for a language/terminology update as well as changes in legislation. In addition there was an appetite in the company for change. Policies relating to carers fell into this category since there was a recognition that the experience of both managers and employees meant that clearer guidance around practice was needed.

Rather than having a specific Carers Policy this employer explained that they have policies relating to flexible working and to special leave and identifies carers as a specific group for whom this policy is relevant. Other categories are parents, bereavement. The overall approach which is promoted and modelled locally is to deal first with the situation and the person and then deal with the policy implications.

The local management approach also includes two key components - the facility for short term career breaks and family friendly operational rostering. Both of these latter two areas are part of the organisation's "***commitment to provide support on an individual basis***".

Short term career breaks can be up to 3 months, are unpaid and can be granted at the discretion of line management though usually in consultation with HR. The philosophy behind this is to enable the organisation to plan ahead and avoid emergencies and the associated frequent absences.

Family friendly operational rostering is being developed and relates to carers along with some other groups of staff e.g. parents with children. An application can be made to alter working hours and a trial period plus review may take place. After the trial period any change becomes a permanent contractual change.

Employer B

Employer B is a large public sector organisation with the freedom to develop its own policies within a framework. The philosophy of the organisation is described in their Carers Information Strategy which includes a statement of intent. The organisation's aim is to put into place actions "to ensure carers and young carers:

- have improved emotional and physical wellbeing.
- have increased confidence in managing their caring role.
- have the ability to combine caring responsibilities with work, social, leisure and learning opportunities.
- do not experience disadvantage or discrimination (including financial hardship) as a result of caring.
- are involved in planning and shaping the services required for the service user and the support for themselves. "

There are specific policies which relate to and highlight quite clearly that they apply to carers. These are Career Break, Special and Carer's Leave, Flexible Working and Parental Leave policies.

Employer C

Employer C is engaged in the care sector and has recently undertaken a recruitment campaign intended to attract people with unpaid caring experience – "Career in Care". Their intention was to attract applicants who possess the values and attitudes they see as a critical foundation from which to provide their services. Their view is that formal training can be provided to equip applicants to provide quality services but that a value base cannot be taught and must be sought at selection stage. Many of the positions they are offering are part time so the opportunity for flexibility exists. Other parts of their strategy are to make a career path visible, to actively encourage volunteering as a potential route in to an employed role, to offer a relief pool/bank.

The measures described above are part of an overall culture change programme and the organisation reports that sickness absence rates and agency use are the lowest in approximately 6 years and that the number of disciplinary actions is also dropping.

There are three policies which relate to the support of carers.

Carers have the right to request flexible working and the process begins informally with their line manager working locally with them and their colleagues to achieve the work arrangement for the applicant. Possible flexible working arrangements may include working from home. The policy includes the facility for a trial period.

There is a Time off for Dependents policy which reflects one of the 'family friendly' measures introduced in the Employment Relations Act 1999 i.e. the statutory right to take 'reasonable' time off, unpaid, during working hours to deal with emergencies involving dependents. This policy allows for what the Government has defined as 'reasonable' ie. one or two days off to deal with a family emergency.

Most issues related to carers are dealt with by line managers with the support of HR.

Finally there is a policy which allows unpaid leave or paid leave in some circumstances

4.3 Support for carers

Employer A described support for carers as being a key element of the organisational culture they promote which is very focussed on individual support.

Employer B saw their policies as the mechanism to provide support and finally Employer C identified line managers as the main providers of support. However in addition, the organisation has a section providing carers services to the wider community/public to which staff have easy access. Within this there is also a counselling service.

4.4 Support for staff

Employer A provides support for line managers through HR and through the normal line management processes

Employer B provides Carer Awareness Training and also has two Carers Information Strategy Facilitators as well as HR support.

Employer C described a recent gradual process of development for line managers to take responsibility in this area. This has included workshop activity for managers as part of an organisational culture change programme plus an active encouragement for line managers to support and learn from/with each other across the organisation. This is aimed at avoiding the possibility of silos and different approaches developing in different parts of the organisation.

In addition there are occasional meetings to provide learning and support involving line managers, HR Advisors, the Recruitment Advisor and the Training Section.

4.5 Information about carers

For Employer A this is currently anecdotal with only a rough idea of numbers across the organisation. It was noted that individual managers are likely to know more accurately about their area. The organisation would have needed a formal process of data gathering if it wanted to hold this information.

Employer B has no data regarding numbers of staff with caring responsibilities.

As part of their Equal Opportunities Monitoring, Employer C asks if staff have caring responsibilities so they have some sense of numbers of carers among their newer staff. However

they do acknowledge that as situations change for staff they are not capturing the possible change in numbers.

They have some information about the experience of carers on their staff through exit interviews, through a recent staff survey and through the Investors in People process.

SECTION 5 The Line Manager Perspective - Results

The third and final stage of the project was to interview line managers from each of the organisation's involved in the project to gain information about their experiences of managing staff with carer responsibilities.

This was discussed at the Stage 2 interviews and, in each case, numbers of interviews to take place were agreed (4, 9 and 5 respectively) and dates were agreed. A briefing note (see Appendix 6) was provided so that Stage 3 interviewees were provided with some information prior to their interview. The employers then informed the practitioner of the names of those to be interviewed.

The practitioner took no part in the identification of line managers to be interviewed. In organisations A and C there was a process initiated by the Stage 2 interviewee to invite specific line managers and then to finalise the list depending on their availability. In Organisation B the process allowed for some self selection since dates were sent to a large number of line managers and availability determined who took part.

Each interview lasted between 1 and 1.5 hours and all interviews took place between September and November 2013. Notes were taken and transcribed subsequently.

All interviews covered all areas and, as noted already there were additional questions from Employer B which were included in all subsequent interviews.

The results of the interviews will be presented as integrated across both the employers and the questions. This is with the exception of the additional question which will be presented separately but across all the employers.

All the interviews developed into a conversation which covered all the pre-planned questions but perhaps not in the order they were initially planned. This summary is presented under headings which allow for the integration of the data rather than according to each question.

The responses to the additional question about unplanned absence is then included prior to some suggested conclusions.

5.1 Line manager attributes

The line managers who were interviewed displayed and described some key characteristics which could be described as skills, attitudes and attributes. Rather than try to categorise these they are all dealt with together.

Without exception the line managers interviewed talked about taking an individual approach. Several noted the importance of the value of each employee and the employer's investment in each employee and indeed took a business perspective – ***“I think about the value of the employee to us – our investment and the business case.”*** Another ***said “we try to hold on to staff – once they are trained and experienced they are valuable to us, so even in a business sense it makes sense”***. The approach recommended was to ***“apply good sense”*** and almost all spoke of dealing with the situation first with little reference to policy. The use of policy was ***“quite light touch”*** for one manager because they tend ***“to look at things broadly”*** for all their staff not only carers and consider what is going on in their lives that affects their work rather

than the specifics of being a carer. ***“Using the policies to our advantage”*** was the phrase used by one line manager.

This attitude of considering staff as individuals rather than as carers emerged repeatedly. When asked specifically about dealing with a ***“carer situation”*** one manager said ***“There’s nothing special for carers that is different”***. She and others described a management approach which was summed up by saying ***“We manage the situation whatever the cause”***. A manager described placing no emphasis on who is a carer. Once someone is selected for a post ***“that is tantamount to a commitment to days and hours of work so it’s your responsibility to honour that commitment”***.

Starting with the situation and dealing with it before considering the policy was how another described their approach adding ***“I would hate it if someone was experiencing something bad in their lives and they saw us as a machine with lots of red tape”***.

There was a very clear description of the skills and attitudes which underpin and make possible the approach described. From ***“treating everyone how you would like to be treated yourself”*** to acknowledging that ***“I have never walked a mile in their shoes”*** the attitude was almost universally one of empathy and compassion. One manager did say ***“we cannot afford the luxury of treating everyone as an individual”*** but their caveat was ***“If you support people they will work well.”***

The management style which allows this approach to work was one involving

- Knowing staff well – ***“It’s preferable to know staff’s situations e.g. if they are a carer and if they are up front you can be prepared.”***
- Curiosity – wondering ***“what would it be like to be in their situation”***,
- Planning ahead and being pro-active – having your antenna out and ***“watch out for slight changes in behaviour”*** as well as engaging with staff and knowing what is going on. A fair but firm and challenging style ***“If I have a suspicion I will dig it out”*** with an overall aim to ***“make sure an individual’s needs are met”***. Keeping an eye on ***“what’s not visible”*** and tackling things early was another description. Fixed rotas which roll ahead make it easier for staff to plan.
- Using local intelligence – ***“I keep my ear to the ground and use informal intelligence”*** and checking out ***“what I hear with what is in my data bank and challenge if I need to in a low risk way”***
- Being creative – ***“juggling”*** and ***“jiggling about shifts”*** or making one off moves e.g. to another area of work with less exposure or ***“try something and see if it works”***. Changing shift patterns, changing start times, sharing travelling with someone were examples of what managers had done locally. There was significant use of discretion and it was summed up by one interviewee as ***“managing rather than reacting”***.
- Using the team – ***“If your team is a strong bonded team then it’s far easier”*** and it is possible to use the team to help to find and implement a solution.
- Solution focussed - ***“it can be politically intricate to find a way through”*** but ***“if we all muck in together we can do it!”*** The phrase ***“give and take”*** was used repeatedly and one manager described their view that flexibility on the manager’s part and helping staff meant that ***“they give me back more than 100%.”*** One manager spoke of using the

GROW model which he had learned about in some coaching skills training to work with a carer to find their own solution.

Some interviewees described the attitudes they thought were important. An attitude of compassion and valuing family was how one described it while another said that treating every one and every situation as individual was crucial to them. This manager was not concerned about setting precedents saying what is important for her is **“being comfortable with her own rationale and fair”**. An attitude of flexibility and trying to make things work as well as trying to make it possible for staff to do their work is good for both the staff and the organisation.

Flexibility, being creative and the confidence that there will be a solution to every issue was noted by several managers. Whether the manager creates the solution alone or in collaboration with the carer themselves or the overall team the message which came through over and over again was as one said **“We will always find a solution – how we record it, make it fit with policy might vary!”**

A willingness to take responsibility on the part of the manager was also described a few times **“but there is no textbook”** said one manager and he said **“each scenario is different and you have to use your judgement”**. Having the freedom to manage brought with it the responsibility **“to be able to justify why I have done something or reached a particular decision.”**

5.2 Process for dealing with carer requests/issues

A clear process for dealing with carer issues and requests emerged and it was one which generally involved the line manager and their team. Reference to HR or more senior managers was later in the process and often for checking and/or keeping them informed.

This process was very clear for one interviewee whose process was **“I make an assessment, instigate a short term solution, then reflect, debrief and plan ahead”**. It was also described as **“Step 1 – deal with the situation; Step 2 – find out how to make things fit with the policy and rules”**. Similarly another line manager described **“helping the person and perhaps trusting them to work at home then look at the policy to see how it could fit the situation”**.

The whole area of tackling things early also seemed to have a process and one line manager defined some **“triggers”** which might prompt her to get into a discussion with a member of staff. These might be signs of stress or changes in work performance. Another used the return to work discussion after an absence to do the digging that was mentioned earlier to ensure that root causes could be identified and as a result managed. While it is important to be aware of what is going on within a team, the local intelligence already identified, there will be a need for a conversation to gain **“the facts”** and **“shutting your ears to all the noise around the workplace”** may be required. This manager was clear that once the facts are known she is then able to consider what is possible with reference to policy, support facilities, citizen’s advice, benefits etc.

These processes existed on the foundation of what they described as normal management processes – one to ones for the whole team annually and monthly one to ones for direct reports. Team meetings, supervision and appraisal were also highlighted as being important.

There was a view that the creation of a “personal contract” between employer and staff member at the time of selection and appointment might reduce the risk of difficulties later. In order to create such a contract, candidates are encouraged to speak about their home circumstances (for example any caring responsibilities) and a subsequent offer of a post is firmly based on what the candidate commits to at this stage - **“We show them the rota, they take it home with them so that they know exactly what they will be signing up for”**.

The development of supervisors and team leaders was explored briefly with some interviewees and on several occasions role modelling was the first mechanism to be mentioned. This was in addition to a commitment to invest in the development of staff but clearly there was a feeling that the informal processes were the most important.

The importance of congruence between what a manager says and what they do, spending time with team leaders reflecting and reviewing decisions, giving feedback and not leaving things too long, clarifying expectations, challenging them, allowing team leaders to explore their feelings about situations and indeed accepting their feelings – the approach sounded like good management rather than anything designed specifically to equip team leaders to manage carers.

5.3 Personal considerations for line managers

The line managers were asked about the challenges they experienced and their answers included both professional and personal challenges.

The most common challenge mentioned was balancing service delivery with a compassionate approach to staff. Making sure that the service is delivered and that **“the client gets exactly what they have signed up for”** and that the service is delivered to the required standard. The manager’s job is to reconcile two key requirements – **“caring for vulnerable people and paying attention to them”** and managing staff fairly. Protecting the business and protecting the employee was how one line manager described this **“otherwise there are losers all round”**.

A particular challenge is present where a service is regulated in terms of the number and grades of staff who must be on duty. Among the services managed by the interview group there were various levels of regulation ranging from none to a very highly regulated and high risk environment where minimum manning levels are a legal requirement. While this manager made a great deal of reference to managing risk their overall approach was the same as all the other managers with regard to willingness to be compassionate and take an individual approach and to be creative. They even said **“when an emergency arises we pull out all the stops to accommodate the individual’s needs”**. Like many others they went on to say that their immediate response is yes and **“when you get back we will sit down together and work out how”**.

Being fair and consistent was identified as a challenge by several of the interviewees. The associated need to deal with criticism and accusations of unfairness and inconsistency while not being able to defend an action because of confidentiality were also noted. Similarly dealing with resentment from staff who may feel that they are being left with an **“onerous burden”** as a result of how a carer has been treated can be difficult. In one situation there had been a perception by staff that someone was taking advantage of the system and the manager had to deal with this while maintaining confidentiality. One way of dealing with this according to one manager was to encourage the carer to discuss things themselves with their colleagues. One manager described tension between parental leave which is generous and carers leave which is less generous as a challenge.

The challenges described did not lead to problems among the line managers although it was described as stressful by one interviewee. It appeared that if managers know they have done their best to be fair and consistent while taking an individual approach then they have the confidence to deal with criticisms and resentment. The team was described as a crucial factor in managing effectively. Where there is the potential for tension between staff said one, the solution is to involve the whole team. There can be additional difficulties in small teams where people know each other well and may be friends – **“I may be personally concerned for them as a friend because it’s a small team with good relationships”**.

There were some very positive comments about how the team helps in the management of carers. It was noted that **“staff are frequently willing to support each other”** to the extent that they may work together to **“shuffle their shifts”** and avoid a problem escalating.

Problems can be avoided where there is stability in a team and the staff actually work as a team rather than as individuals. Those who mentioned this were asked what they do to facilitate this situation. They noted that they personally tried to reinforce the importance of the team for example ensuring that recognition from others targets the team rather than individuals. This was alongside all the usual management processes to create and sustain effective team working.

The potential for tension as a result of different approaches of line managers across a group was mentioned - **“If other managers cut more slack it can cause problems”**.

The challenges are not too difficult because of our approach and we avoid some worse challenges for example **“staff at work but not engaged and stressed”**. Experience as a manager no doubt helps with one interviewee saying **“Previously I used to worry about the issue but now I worry enough to be thoughtful but it doesn’t affect me or my life any more”**.

Another concern which was described was the approval of the organisation but this was dealt with by talking things through with the line manager’s boss who provides **“supportive challenge”** to proposals and/or decisions.

5.4 Levels of unplanned absence

Twelve interviewees were asked the additional question requested by one of the employers – “In your experience do those who are carers have higher unplanned absence than their colleagues who are not carers?” Four were not asked because their interviews had taken place before the question was identified.

Six answered yes to the question one of whom was clear that it was inevitable. However another who answered yes put forward the view that it’s probably higher in relation to carer responsibilities but lower in relation to other issues because of the diligence and commitment of carers. Another felt that unplanned absence was probably a little higher but doesn’t present a problem because there is an understandable explanation.

The view of one line manager who answered no was that carers frequently work out contingencies and plan ahead and organise for things to be covered. This was confirmed by another who commented “No because we are pro-active and plan!” For one line manager her instinct was no but she acknowledged that this would be difficult to evidence.

SECTION 6 Discussion

6.1 Impact of caring on the carer and their health and wellbeing

Stress, demands and pressure figured frequently among the comments and while some carers seemed able to cope with that and may even have found the work experience energising, for others it becomes unmanageable as seen by the carer who said **“I had to take time off work because caring and working became too stressful for me – I was ill”**. It seems impossible to objectively quantify a caring role. In part this is because of the influence of personal capacity which itself is not possible to quantify. Indeed personal capacity may change over time for an individual carer. This variation may be important for line managers/employers to understand since it means that a very individual approach to managing carers must be taken. Caring for 2 elderly parents may or may not be more demanding than caring for a husband.

While part time working may help from a practical point of view it may lead to general health and wellbeing consequences. One part time carer described feeling less confident because ***“I am not doing my job every day so my responses are less automatic”***. The social implications which may arise may also be a factor. Missing work nights out because of being too tired and needing to go straight home from work while others may catch up together may well have a personal impact.

The need for personal adjustment has been alluded to several times. There were descriptions of lowering material expectations, having to be totally organised which doesn't come naturally to manage all the demands. Regarding oneself as a carer was difficult for one person to get used to and another spoke of ***“major changes to lifestyle in order to accommodate the needs of my parents”***.

There are clearly numerous practical challenges about managing time and demands, organising appointments and being available in an emergency. Carers find what works for them and it may well be part time working, self employment, being more organised and sacrificing other aspects of their life. The risks to general health and wellbeing are again apparent.

6.2 Working environment

The working environment created by employers, line managers and the teams within which carers work are a very important part of the work experience as well as the job content itself. A major aspect is the attitudes of line managers to carers and their level of understanding of a carer's role and the pressures they face. Lack of empathy and compassion have already been highlighted and further examples are of ***“having to constantly argue about my right to carer's leave”*** and a line manager who said it was ***“unfair to other staff if I was given carer's leave”***.

Inconsistency was also noted by one carer when they said of their line manager ***“they seem more sympathetic in emergencies”*** and another said that even with clear policy, things could vary between departments within the same organisation.

The team within which a carer works on a day to day basis is very important to the overall experience of work and there were both positive and negative comments. One carer had been told by colleagues that they ***“should not expect special treatment”*** and another told of a colleague being annoyed ***“that they did lots of hard work then I just come in and get to do the easy bit”***. On a more positive note colleagues were described as mostly supportive ***“but unable to assist in making my work life balance easier”***.

It seems that work will always be the area which suffers if there is too much demand and no doubt this will influence the team as well as the carer themselves.

It must be noted that there were some very positive accounts of the workplace but these were in the minority.

One carer provided a comment which sums up much of the data. They said ***“I feel if you as a carer don't keep yourself well then it impacts on the whole family. There needs to be more support at work to help us juggle both aspects. This could be done easily at yearly reviews. The employer should be asking us what is good, what they could help with, what yearly appointments should they expect, and show they are approachable if we need support!”***

6.3 Management considerations

An overwhelmingly positive approach and set of attitudes to managing carers was evident throughout Stage 3. This may reflect the fact that there was a degree of self selection and as a result the employers and line managers who participated were those who were the most interested and therefore committed to this area.

It was notable how little of the management approach which emerged was specific to carers. What was described was in the main what would be considered to be good management practice. The need to balance business/service requirements with attention to individual staff was evident. While it was clearly not always an easy challenge for line managers to do this their attitude of commitment to treating individuals the way they would like to be treated themselves made it possible to find a way through what was sometimes very difficult territory.

During the interviews the personal characteristics which they held in their tool kit – curiosity, creativity, and a focus on solutions – were very visible. Their ability to be pro-active, to plan ahead, to explore root causes of situations where the skills they used with their teams on a day to day basis with a focus on staff and service needs rather than attention to whether or not someone was a carer.

However this was not a group of line managers who could be considered to be unduly influenced by the needs of individual members of staff. The business imperative for making the most of the investment in and experience of staff was described several times.

While it might have been expected that the presence of carers in a team might lead to excessive difficulties, the views about levels of unplanned absence and the high levels of commitment described need to be considered by employers who might be reluctant to employ carers.

SECTION 7 Conclusions

This small project has revealed some interesting perspectives which resonated with the experience of the author gained through both coaching and her extensive Organisation Development work. It must be remembered that, with one exception, the carers who participated did not work in any of the organisations involved so it is not possible to compare perspectives of the same work environment.

It might be considered that the questionnaire encouraged carers to focus on problems through the use of language like difficulties, challenges and impact. However positive benefits were described and the challenge for employers and those of us who support carers is to help them to gain those benefits. This could be through the preparation for carers seeking employment, increasing the amount of support provided by employers and extending the availability of personal support through coaching.

A key message from carers was that their experience of work is directly related to the behaviours and attitudes of individual managers and colleagues. This has much more impact on their day to day experience than the policy environment though this is clearly crucial in an emergency.

It was very obvious that working can be and often is very difficult and can lead to tensions, fatigue and stress which in turn can lead to family and relationship difficulties. Some of the social implications experienced by carers of not being able to engage fully with the social aspects of work are also important.

In spite of this many positive benefits were identified, not all financial. It seemed that work as well as being good for the health and wellbeing of the carer, could also have positive knock on effects within the family.

For some it was too difficult and some sacrifices were described. There is insufficient data to draw any conclusions but it would be helpful to explore whether such sacrifices could have been avoided in a different working environment with different managers and colleagues. The variation in personal capacity and motivation would be a significant part of this picture.

The accounts of the carers who participated make it clear that any attempts by managers to quantify carer responsibilities and/or compare them between carers would be ill advised. Variation between individuals and variations over time for each carer mean that no assumptions should be made by managers and treating staff as individuals is crucial.

The employers who participated were very keen to develop a policy environment which supported carers but it was interesting how little the policy context figured in the interviews with line managers. From their perspective policies were most relevant in an emergency but even then the imperative was to deal with the situation and make reference to policy afterwards.

The experience they described related much more to the long term and the management of staff whose work performance might be influenced adversely by their wider responsibilities whether related to caring or to another family demand. Their approach has been described in depth already but it is worth repeating the key components of being creative, being pro-active and being solution focussed with the involvement of the team wherever possible.

Another issue already mentioned but also worthy of repetition is the recognition of the dilemma that exists in the need to keep service delivery paramount while at the same time managing staff in a way which acknowledges their individual pressures. What seemed to help line managers through this dilemma and the other challenges they described was the business case for retaining well trained and experienced staff and the knowledge that they had been as fair and consistent as possible.

Finally the massive increase in carers which is expected and therefore potentially the increase in carers in or seeking work will mean that employers will inevitably be faced with increasing numbers of carers in their staff groups. Reassurance that carers bring benefits to the workplace as do any other group and do not necessarily lead to the difficulties which might be anticipated will be critical. The very small aspect of this project which looked at unplanned absence may be reassuring in that it is not necessarily the case that carers lead to more unplanned absence. Indeed with the kind of management approach described, carers can be an asset to a workplace because of their commitment, their ability to deal with unexpected situations along with their skills of contingency planning.

SECTION 8 Recommended next steps

Some specific actions are recommended in addition to the process which the funding organisation will wish to put in place.

8.1 Preparation for carers seeking employment

Being out of the workplace for a time frequently leads to a loss of confidence and an under-estimation of personal skills and attributes that may be useful in the workplace. This is especially true for carers as seen through both the coaching experience of the author and the VSA Return to Work Course. Where it is practical and feasible carers should be encouraged to work and supported to gain appropriate employment. This could be done through open return to work courses provided by organisations such as VSA, through job centres who see carers perhaps excluding themselves from jobs because they perceive they don't have skills and for employers at induction.

8.2 General awareness for employers

There are clear messages in this study about what makes the work environment a more positive or negative experience for carers. This will have relevance for employers considering the culture they wish to create in their organisation. The business case for retaining staff who are or become carers was clearly emphasised by line managers and again employers could consider this in more depth and ensure that they capitalise on these potential business benefits.

The support provided by employers appeared to be purely through the policy environment which they create and through the informal support provided by line managers and colleagues at front line level. There may be many more opportunities to provide support that they could consider for example coaching, peer support groups.

8.3 Development of line managers

The profile of an effective line manager was very powerfully demonstrated in the study. The development of a module to be incorporated into management development activities or the provision of awareness sessions for line managers should be considered.

8.4 Links with the Scottish Kitemark Project.

Contact has already been made with the Project Manager for the Scottish Kitemark Project and it is suggested that these links are further developed.

8.5 Further study into the experiences of carers line managers in the same organisation.

While the anticipated different perspectives have emerged, the learning which could from comparison is not possible. If further work is to be considered one area may be to explore different perspectives in the same organisation.

8.6 Further study into carers and unplanned absence.

The response to the question about levels of unplanned absence was not as anticipated and it may be useful to explore this further in order to dispel any myths which may exist around the difficulties associated with employing carers.

8.7 Coaching

The value of coaching was explicitly mentioned by some of the carers involved in this study. However a significant number of the carers had experienced coaching with the author and for many of those, work was a component of the coaching agenda. The experience of the author is that coaching can bring significant benefits and enhance the ability to remain in work and to gain health benefits from working.

8.8 Feedback to employing organisations, carers and general dissemination of the findings

A commitment to provide feedback to those involved in the study has been made but there is a wider issue to be considered of how these findings are to be disseminated more widely. It is suggested that the feedback to those involved should take place within the context of the wider feedback to ensure there is consistency of approach.