

Public sector

Literature review



PSSRU

at the University of Kent,
the London School of Economics
and the University of Manchester

Caring for older people and employment

A review of the literature prepared for the Audit Commission

by

Linda Pickard

Personal Social Services Research Unit

LSE Health and Social Care

London School of Economics

The Audit Commission is an independent body responsible for ensuring that public money is spent economically, efficiently and effectively, to achieve high-quality local and national services for the public. Our work covers local government, housing, health and criminal justice services.

As an independent watchdog, we provide important information on the quality of public services. As a driving force for improvement in those services, through inspection, audit, research and other methods, we provide practical recommendations and spread best practice. As an independent auditor, we monitor spending to ensure public services are good value for money.

Introduction	2
Preface	3
Part 1: Introduction: Carers and Employment	4
The carers' perspective	5
The employers' perspective	8
The perspective of older people	9
Government policy	9
Part 2: Carer-Friendly Employment Policies	12
The carers' perspective	12
The employers' perspective	13
Part 3: Carer-Friendly Employment Policies in the Public Sector	16
Introduction	16
Availability of carer-friendly employment policies in the public sector	17
Availability of carer-friendly employment policies in local authorities	17
Availability of carer-friendly employment policies in the NHS	20
Availability of carer-friendly employment policies: summary	21
Effectiveness of carer-friendly employment policies in the public sector	22
Effectiveness of policies from the carers' perspective	23
Effectiveness of policies from the employers' perspective	27
Effectiveness of carer-friendly employment policies: summary	28
Methods of improving carer-friendly employment policies in the public sector	29
Part 4: Carer-Friendly Service Provision in the Public Sector	31
Carers in employment and social services	32
Carers in employment and the health service	35
Carers and GPs	35
Carers and discharge of patients from hospital	35
Carer-friendly service provision in the public sector: summary and conclusions	37
Acknowledgements	38
References	39

Introduction

This literature review of carers of older people and employment is one of three literature reviews that were commissioned by the Audit Commission as part of its study of support for carers of older people in England. It was carried out in 2003 by Linda Pickard, Research Fellow at the Personal Social Services Research Unit at the London School of Economics.

Linda Pickard also carried out a second literature review which covered the effectiveness and cost-effectiveness of support and services to carers of older people. This is published as a separate document.

Professor Caroline Glendinning of the National Primary Care Research and Development Centre at the University of Manchester carried out a third literature review which covered some intranational and international comparisons of support for older people.

The views expressed in these literature reviews are the authors. All three literature reviews can be accessed at www.audit-commission.gov.uk/olderpeople. The review of the effectiveness and cost-effectiveness of support and services to carers of older people and the review of carers of older people and employment are also available as bound publications from the Audit Commission.

The report of the Audit Commission's study of support for carers of older people is one of five supporting reports to the Audit Commission's report *An Ageing Society*. The other supporting reports focus on:

- a changing approach;
- building a strategic approach;
- supporting frail older people; and
- assistive technology.

An Ageing Society, the report on the study of support for carers of older people and the other four supporting reports can all be accessed at www.audit-commission.gov.uk/olderpeople

David Browning
Associate Director
Audit Commission

Preface

This literature review is concerned with caring for older people and employment, with a particular focus on the public sector. The review has been commissioned from the Personal Social Services Research Unit (PSSRU) by the Audit Commission.

At the request of the Audit Commission, the emphasis of the review is on two main questions. First, there is the question of the extent to which mainstream services and employers take into account the particular circumstances and needs of carers of older people in their provision of services or employment practices. Second, there is the question of the effectiveness or cost-effectiveness of carer-friendly services and employment practices. The Audit Commission asked the researcher to consider effectiveness and cost-effectiveness from the perspectives of the different interest groups involved, that is, the carer, the employer, the person being cared for and the public interest. The focus of the review is primarily on the role of public sector employers in offering carer-friendly employment policies.

The review has four parts. Part One is an introduction to key issues relating to carers and employment from the perspectives of the different interest groups. The review then looks separately at employment policies and at the provision of services. Parts Two and Three are concerned with employment policies. Part Two looks at current ideas about what constitute carer-friendly employment policies from the perspectives of employees and employers. Part Three looks at the availability and effectiveness of carer-friendly employment policies in the public sector. Finally, Part Four focuses on services provided by public sector employers and asks how carer-friendly these are. Parts Three and Four contain summaries of key evidence from the literature.

At the outset, it is important to define what is meant by 'carers' in the present context. The review is concerned with carers of older people. In the literature, carers of older people are located more generally within the context of people who provide unpaid care to "family, partners or friends in need of help because they are ill, frail or have a disability" (Carers UK 2002). Such carers are distinguished from parents with childcare responsibilities. Older people are defined as those aged either 60 or 65 and over.

It is also important at the outset to make clear the scope of the review presented here. The review has adopted a focused, rather than a systematic, approach to the selection of literature. The resources available did not allow for a fully comprehensive, systematic literature review to be undertaken. The approach adopted was to build on a literature review undertaken by the present author for the Royal Commission on Long Term Care (Pickard 1999). To ensure that the present literature review was up-to-date, recent issues of key journals were consulted for relevant material, key websites were searched and other researchers in the field contacted. Bibliographies of studies were checked to identify relevant material. Material was selected for inclusion in the literature review primarily on the basis of its relevance to the subject matter. The quality of the material was screened primarily through using material that had either been produced by authors working in established research centres or that had appeared in peer-reviewed journals. Any issues around the quality of the material cited here are discussed in the literature review itself.

Part 1

Introduction: Carers and Employment

The most recent General Household Survey (GHS) data on provision of informal care in Great Britain, carried out in 2000, estimates that there are in total 6.8 million informal carers (Maher and Green 2002). Of these, approximately three-quarters are likely to be looking after older people, that is, people aged 65 and over. Analysis of the 2000 GHS data suggests that 11.6 per cent of all adults in Great Britain provide care for an older person (Pickard 2002, updated using 2000 GHS).

Most people caring for an older person are of working age. Nearly half (45 per cent) of all carers are aged between 45 and 64 years (Maher and Green 2002) and this means that the likelihood of being a carer at this age is very high. Around a quarter of women and nearly a fifth of men, aged 45 to 59, are carers (Evandrou and Glaser 2002a). The vast majority of these 'mid-life carers' are providing care to an older parent or parent-in-law (Evandrou and Glaser 2002a). In 2000, there were around 2.6 million adult children and children-in-law providing unpaid care to their older parents and parents-in-law and, of these, the majority were of working age (Pickard 2002, updated using 2000 GHS).

Analysis of the 2000 GHS data indicates that 13 per cent of full-time and 17 per cent of part-time employees provide informal care (Maher and Green 2002). The survey of employees carried out in 2000 for the baseline study of work-life balance practices in Britain found that 13 per cent of all employees were carers (Hogarth *et al* 2000). The proportion of employees who were carers was slightly higher among women (15 per cent) than men (11 per cent) (Hogarth *et al* 2000). The proportion of employees providing informal care is likely to be higher than the national average in public sector organisations, like the NHS and local authorities, which employ a high proportion of women in their workforce (Phillips *et al* 2002, Coyle 2003).

Although informal carers form a relatively small minority of the workforce at any one point in time, a higher proportion of the workforce is likely to provide informal care at some stage of their working lives (Arksey 2002a, Evandrou and Glaser 2002b, 2003, Evandrou *et al* 2002). Recent research shows that an organisation employing 1000 people can expect around nine employees a year to take on a heavy caring role, defined as 20 hours or more of care per week (Hirst and Hutton 2000). Annually, the number of employees in such an organisation continuing and ceasing to provide 20 hours or more of care per week averages six and seven, respectively (Hirst and Hutton 2000). However, the rapid turnover of carers means that a substantial number of people take on a heavy caring role at some point in their lives (Arksey 2002a). It is estimated that 53 per cent of women and 40 per cent of men will have provided at least one spell of care of 20 hours or more a week before reaching retirement age (Hirst and Hutton 2000).

Issues around employment and informal care of older people are of rising importance nationally. The numbers of older people, especially very old people, in the population are rising. There were 1.1 million people aged 85 and over in the United Kingdom in 2001, more than three times as many as in 1961 (ONS 2003). The rise in the numbers of very old people is particularly important because it is these older people who have the greatest needs for care (Wittenberg *et al* 2001). At the same time, the employment rates of women, who have predominantly provided informal care, are rising. Analysis of the Labour Force Survey (LFS), carried out by Mooney *et al*, shows that between 1989 and 1999, the proportion of women aged between 50 and 54 who were in employment rose from 62 per cent to 69 per cent (Mooney *et al* 2002). There is, therefore, increasing pressure on people, especially women, in late middle age both to provide unpaid care to family members, especially their older parents/-in-law, and to participate in the paid labour market. In recognition of this, the national organisation of carers in the UK, Carers UK, has recently established a European Commission-funded project, in partnership with employers, trades unions, service providers and others, entitled Action for Carers and Employment (ACE), whose aim is to promote carers' participation in the labour market (Carers UK 2002).

Caring and employment: the carers' perspective

As Anderson has recently written: "The reconciliation of employment with care responsibilities is, first and foremost, a problem for carers" (Anderson, forthcoming). The literature review carried out by the present author for the Royal Commission on Long Term Care (Pickard 1999) reached a number of conclusions regarding the relationship between employment and unpaid care. Recent literature (for example, Anderson forthcoming, Arksey 2002a, Evandrou and Glaser 2002a, 2002b, 2003, Evandrou *et al* 2002, Spiess and Schneider 2003) suggests that these conclusions are still valid. The following is a summary of evidence from the literature about the relationship between caring and employment, from the carer's perspective.

There is a great deal of evidence that carers can experience considerable difficulty in combining caring and employment. Caring can reduce levels of participation through lower hours of work, movement from full-time to part-time work or withdrawal from the labour market altogether (Parker and Lawton 1994, Evandrou 1995, Evandrou and Glaser 2003, Spiess and Schneider 2003). Withdrawal from the labour market may take the form of early retirement, to which care responsibilities may contribute (Lazcko and Noden 1992, Phillips 1998). The relationship between caring and employment is affected by a number of factors, including the intensity of caring, the nature of employment, the characteristics of the carer and the nature of the relationship with the cared-for person (Parker and Lawton 1994, Evandrou 1995).

Caring is most compatible with paid work when caring is not particularly intense (Phillips *et al* 2002, Mooney *et al* 2002). The majority of all carers do in fact combine paid work and caring (Joshi 1995). A recent estimate, based on the 2000 GHS, is that there are around 4 million people in Britain who both provide unpaid care and do paid work (Carers UK 2002).

It is when caring is provided for around 20 hours a week or more that carers find it increasingly difficult to remain in paid employment (Princess Royal Trust for Carers 1995, Joshi 1995). Analysis of the 1995 GHS data by the present author suggests that, among working age carers of older people providing care for 20 hours a week or more, less than half (44 per cent) were in paid employment. Among working age carers of older people providing care for 50 hours a week or more, less than a third (30 per cent) were in paid employment. Among women, only a quarter of those of working age providing care for 50 hours a week or more to an older person were in paid employment. Considerable numbers of working age people are involved in heavy duty caring of older people in Britain. In 1995, there were approximately a quarter of a million people of working age in Britain who provided care to an older person for 20 hours a week or more.

Caring is more compatible with some forms of employment than others. Caring is more compatible with part-time than full-time work (Joshi 1995). It is also more compatible with forms of employment that allow carers to control their work environments, such as working from home or self-employment (Twigg and Atkin 1994). Carers may be restricted in the times at which they can be at work or have to take time off work at short notice. Recent evidence suggests that current carers find it more difficult to take up employment than either former carers or people with disabilities (Carers UK 1999, Arksey 2003a).

Women carers are particularly likely to combine caring with part-time work (Evandrou 1995). However, this is less likely to be an option for men (Parker and Lawton, 1994). Many studies have found that the effect of caring on full-time employment is greater among men than among women (reviewed in Evandrou 1995). As Evandrou puts it, "There appears to be a threshold effect amongst male participation rates, especially younger men; that is, above a certain level of caring intensity, men are not able to remain in full-time employment and due to a lack of part-time work options, they exit the labour market altogether"(Evandrou 1995: 22).

A number of studies have shown that caring has a negative effect on carers' earnings (Parker and Lawton 1994, Evandrou 1995). Parker and Lawton's analysis of the 1985 GHS found that the average weekly personal earnings of all carers were significantly lower than those of non-carers, controlling for age and sex (Parker and Lawton 1994). This finding was confirmed by Evandrou's analysis of the 1990/91 GHS, with the differential most marked for sole carers (Evandrou 1995). The lower earnings of carers were partly the result of lower hours of work, but the effect was compounded by lower than average hourly pay rates (Evandrou 1995). There are a number of possible

explanations for the lower rates of pay of carers, including poor time-keeping and absenteeism, loss of seniority because of past breaks in employment, loss of promotion opportunities and the limited opportunities for earning high pay while working part-time (Joshi 1995). Part-time work in itself carries a penalty in respect to hourly wage rates (Joshi 1995).

The evidence suggests that the effects of caring can last into retirement (Evandrou and Falkingham 1993, Hancock & Jarvis 1994, Evandrou 1995, Joshi 1995, Evandrou and Glaser 2003). As Evandrou pointed out in 1995, “Lower pension rights may extend the employment impact of caring well beyond statutory retirement age” (Evandrou, 1995: 34). Research carried out in the 1990s showed that lower lifetime earnings had an effect on eventual retirement pensions for carers (Evandrou & Falkingham, 1993) and that this was particularly likely to affect those who cared for long periods of time (Hancock and Jarvis 1994).

Recent work by Evandrou and Glaser has confirmed and extended these findings of the long-term effects of caring (Evandrou and Glaser 2003). Using the 1994-5 Family and Working Lives Survey (FWLS), the authors found that, for a significant minority of women with caring responsibilities in mid-life, combining paid employment with caregiving was not an option (Evandrou and Glaser 2003). Moreover, a lower proportion of men and women who stopped work as a result of caring were members of an occupational pension scheme than other groups; and amongst those who were, they had on average accumulated fewer years of contributions than their counterparts who continued working. This, the authors argue, would have direct implications for their level of pension income in later life.

Caring can have negative effects on employment in other ways. There is evidence that trying to combine caring and working can have adverse effects on carers themselves. Arksey (2002a), drawing extensively on research carried out in the last decade or so, recently summarised these adverse effects as follows: “The adverse effects on carers include: lethargy; tiredness and lack of concentration; worry about caring responsibilities at work; and stress brought on by trying to manage the often incompatible roles of employee and carer, each with its own pattern of conflicting demands and expectations” (Arksey 2002a: 152).

On the other hand, there is also evidence that paid work can have a positive impact on carers. Employment provides an income and pension rights, it helps to maintain social networks, it offers a temporary relief from the caring role, it enhances self-esteem and it offers the opportunity to share concerns with colleagues (Arksey 2002a). Paid work can also have beneficial effects on carers’ physical health and on their emotional well-being. Carers who are in paid work may be less vulnerable to social exclusion (Arksey 2002a). A recent study, undertaken in two NHS hospitals in the southeast of England, found that carer stress among working women carers may not be primarily work-related but related to underlying motivations to care and the quality of the relationship with the older person (Lyonette and Yardley 2003).

In summary, although most carers also work, caring tends to have a negative effect on employment. Provision of informal care is associated with shorter working hours/part-time work; withdrawal from the labour market; early retirement; lower incomes; diminished career prospects; and reduced occupational and personal pensions. Combining caring and work can cause adverse effects on the carer, although, for many carers, paid work has positive effects.

Caring and employment: the employers' perspective

There is evidence that the difficulties faced by carers in combining caring and employment can have negative effects on employers as well as on the carers themselves. Employers can face lowered production, increased absenteeism and higher staff turnover (Barr *et al* 1992, Phillips 1995, Princess Royal Trust for Carers 1995, Dautzenberg *et al* 2000). The Industrial Society in the UK has recently drawn a clear picture of the costs of failure to support working carers in terms, for example, of employee performance, absenteeism and recruitment costs (Daniels and McCarraher 2000, cited in Anderson forthcoming). A widely cited figure is that replacement and training costs can be as high as around one to one-and-a-half times an employee's annual salary (Princess Royal Trust for Carers 1995, Department of Health (DoH) 1999).

Although no estimate of the overall costs of caregiving to employers is available in the United Kingdom (UK), such an estimate has been made in the United States (US) (Anderson forthcoming). A US study of the costs of productivity lost through caregiving estimated that US businesses lose between \$11.4 billion and \$29 billion every year; and argued that these costs would rise as the numbers of employed caregivers increases (Metlife 1997). The estimates were based on calculations of the effects of caregiving on employee productivity of six main kinds: replacement costs for employees who quit due to their caregiving responsibilities; absenteeism costs; costs due to partial absenteeism; costs due to workday interruptions; costs due to 'eldercare crises'; and costs associated with supervising employed caregivers. The lower estimate of \$11.4 billion was described as "very conservative" in the study (Metlife 1997: 7). It was based on the costs of caregiving by full-time employees providing personal care, the most demanding form of care, and did not include a number of types of costs to businesses that can arise from caregiving, such as increased costs of healthcare, leaves of absence and reductions in hours of work. The higher estimate was obtained by using a broader definition of caregivers, including those providing lower levels of care, working part-time and long-distance caregivers.

Employers in the public sector in the UK are particularly concerned about the problems of recruiting and retaining their workforce (DoH 2001a, Phillips *et al* 2002, Coyle 2003). Public sector organisations face shortages of staff, particularly trained staff. They also face recruitment and retention difficulties with lower grade staff, such

as community care workers and ancillary staff. In Social Services Departments, home-care workers are particularly difficult to recruit and retain, partly because there are better working conditions in, for example, supermarkets, including more flexible working arrangements (DoH 2001a). These problems are likely to increase markedly in the future as organisations providing long-term care services for older people need to expand their workforce to meet rising demand. Public sector organisations therefore have a particular interest in helping their workforce to reconcile caring and employment, to avoid further exacerbating existing staff shortages.

Carers and employment: the perspective of older people

The issues around caring and employment have implications for older people themselves. The literature tends to focus on the attitudes of older people to alternative forms of care provision. On the one hand, the literature stresses that most older people value their independence and may not wish to rely on their families for intimate care but prefer the care of paid workers (Morris, 1997). Certainly the disability rights literature stresses the importance of supporting older people to retain their independence (Morris, 1997). The disability rights arguments are consistent with reducing the amount of care provided by informal carers, which in turn is compatible with the increased employment of carers. Many older people cared for by adult children would not want to stand in the way of their children's employment.

On the other hand, there is also evidence that many older people want their families to care for them and may be reluctant to accept formal services (Twigg 1998). In particular, the current generation of older people do not always approve of their daughters working. Mooney and colleagues' recent study of informal care and work found that those who were cared for, in their late seventies, eighties and nineties, "could sometimes disapprove of their daughter(-in-law) working" (Mooney *et al* 2002:23). The authors observed that "this attitude was attributed to the older generation's experience of women traditionally fulfilling caring roles rather than having careers in paid work" (Mooney *et al* 2002: 23). These negative attitudes towards the carer being in paid employment could make the carer's life more stressful (Mooney *et al* 2002: 24).

Carers and employment: government policy

The employment needs of carers were considered in the National Strategy for Carers, *Caring about Carers*, (DoH 1999), which provides a framework of practical support for carers in the workplace. One of the concerns of the National Strategy is that "carers get the support they need to help them to balance their family commitments with their working lives" (DoH 1999: 27). The Government's objectives for carers of working age are two-fold: "to encourage and enable carers to remain in work" and "to help those

carers who are unable to, or do not want to, combine paid work with caring to return to work when their caring responsibilities cease” (DoH 1999: 27). In relation to these objectives, the Government attaches great importance to developing flexible employment practices. These include flexible working patterns, such as part-time working and flexitime, and provisions for emergency family leave. The Government also attaches great importance to the development of flexible support services that can help carers to remain in employment. As the National Strategy points out, the Government’s White paper, *Modernising Social Services*, makes specific reference to enabling carers to remain in employment. The 2000 *Carers and Disabled Children Act* subsequently gave carers the right to their own assessment, and resultant good-practice guidelines highlighted the need for carers’ employment to be a main factor in assessment (DoH 2001b).

The needs of carers in employment are also addressed in a number of other recent legislative and policy initiatives. The 1999 *Employment Relations Act* gave employees the right to “reasonable” time off to deal with unexpected or sudden situations relating to those they care for, although it is at the discretion of the employer whether time off is paid or unpaid. At the same time, the Department for Education and Employment launched the *Employers for Work-Life Balance Initiative* and the *Work-Life Balance Campaign*. The former initiative encourages organisations to make a commitment to support carers in the workforce, while the latter aims to raise employers’ awareness of the business benefits of introducing policies and practices which help employees obtain a better balance between work and the rest of their lives. More recently still, in 2001, the Government set up the *Work-Life Balance Challenge Fund* of £10.5 million. This offers advice, consultancy and support to businesses wanting to examine their practices in order to see if different and flexible working patterns could improve profitability and help employees balance work and family life.

Although the aim of the Government has been to create a consensus around the belief that everyone benefits from good practice in work-life balance (Hogarth *et al* 2000), there have been criticisms of the Government’s approach. First, from the perspective of carers, it has been argued that the approach to carers and employment in the National Strategy for Carers is essentially concerned with supporting carers to continue in their caring role (Ramcharan and Whittell 2003). It is argued that the Strategy makes “no mention of support for carers who want to combine paid work with caring but *who are not working*, including those who have had to give up work to care. Instead there is an emphasis on supporting carers who are already working.....” (Ramcharan and Whittell 2003: 138, emphasis added). The implication is that “once the carer has left employment, most policy makes mention of their employment rights only once caring comes to an end. In this sense such carers are, by virtue of policy emphasis, living in an ‘invisible’ world in relation to employment” (Ramcharan and Whittell 2003: 152).

Second, the Government's approach to employment rights has been questioned from the perspective of employees, particularly those in lower-paid jobs. The Government's "voluntarist" approach to delivering improvements in such areas as work-life balance has been questioned in research carried out by the Institute for Public Policy Research (IPPR) (Edwards and Burkitt 2001). The research, which was funded by the Department for Education and Skills (DfEE), was based on 20 focus groups of lower-paid workers, such as cleaners and council officers, conducted by IPPR in July 2000. One of the areas explored was the work-life balance. Although the participants were enthusiastic about changing the work-life balance, many felt it was not feasible to do so because they could not afford to work fewer hours. The authors of the report argued that "Flexible and part-time ways of working are only possible if you earn a big enough salary, or are supported by a partner with a higher salary" (Edwards and Burkitt 2001).

On the other hand, the third area of criticism of the Government's approach has come from the Institute of Directors (IOD). The IOD has produced two policy papers that take a critical view of the Government's Work-Life Balance approach (Lea 2001, 2003). Although the IOD supports flexible working patterns and, indeed, argues that the British workplace is one of the most flexible in the world, it also argues that flexible working patterns can be a problem for small employers and that employers should be able to decide whether to operate flexible working patterns within their businesses. The IOD is opposed to any further regulation of the labour market (Lea 2003).

Part 2

Carer-friendly employment policies

Carer-friendly employment policies: the carer's perspective

There are a number of measures that have been identified as being of benefit to carers in employment. These include the opportunity to reduce working hours, for example through part-time work or sharing a job, without loss of responsibility, seniority or rates of pay; a degree of flexibility in working arrangements, so that carers can cope with having to take time off; paid leave for 'family' or 'domestic' responsibilities; counselling, information and advice for employees with caring responsibilities; the right to return to employment for carers who have given up work without loss of employment right; and services to enable working carers to work (TUC 1991, Brotchie and Hills 1991, Glendinning 1992, Evers 1994, Twigg 1996, Princess Royal Trust for Carers 1995, Phillips 1996; Arksey 2002a).

The literature suggests that some of these measures are more important than others to carers of older people. The Princess Royal Trust for Carers, for example, conducted a survey in 1994 of carers who had stopped work because of caring responsibilities. The survey asked carers what kind of workplace schemes would have helped them to stay at work. The largest proportion (24 per cent) identified time off for emergencies, followed by flexible working hours (16 per cent), working from home (16 per cent) and part-time work (9 per cent) (Princess Royal Trust for Carers 1995).

More recently, Arksey drew up a model of support for working carers, based in part on a review of the literature and in part on a survey of carers carried out in 1998/9 (Arksey 2002a). The model included the following employment practices: leave policies to cover both planned and unplanned occurrences; carer-friendly working arrangements, including flexible work hours and part-time work; and access to the telephone, preferably in private (Arksey 2002a).

The needs of carers who are caring for older people are likely to be different from those of parents caring for children. A survey, cited in the Princess Royal Trust for Carers report, found that the emphasis was very different where respondents included parents with child-care responsibilities, compared to carers with responsibility for people who could not manage because of sickness, frailty or disability. The emphasis of the former group was far more on flexible working, part-time work and retraining after a career break, while, for the latter, time off for emergencies took priority (Princess Royal Trust for Carers 1995).

This point, that the needs of carers of older people are different from those of carers with child-care responsibilities, is made recurrently in the literature (Princess Royal Trust for Carers 1995, Glendinning 1992, Anderson forthcoming, Phillips *et al* 2002). As Glendinning pointed out over a decade ago (1992), whereas those with childcare commitments are mainly younger married women, carers of older people tend to be older, may include both single and married women and may include men as well as women. As Glendinning argued: “It is therefore crucially important that policies which are intended to enable people with caring responsibilities to remain in employment are not based upon assumptions about caring for children” (Glendinning 1992: 108). More recently, Anderson has made similar points: “While lessons can and should be learnt from the debate on childcare and employment, eldercare is different in important respects: more men and older workers are involved; most working carers reside in a different household from the older person: care needs are unpredictable and the final outcome is not usually independence; carers may feel that they have had little choice about their responsibilities” (Anderson, forthcoming).

Employment practices of benefit to carers of older people are therefore likely to be different from those with childcare responsibilities. As Glendinning has argued, fixed periods of leave from work, equivalent to maternity leave, are likely to be of less value than an annual entitlement to time off to care for dependants without loss of pay (Glendinning 1992). Carers, it is argued, need the opportunity to remain in work rather than to have a break from work.

In summary, then, there are a number of measures of benefit to carers in employment, in particular time off for emergencies, carer-friendly working arrangements, such as flexible work hours, and working from home. The literature stresses the importance of providing carer-friendly employment measures that are specifically designed with carers, rather than with people with childcare responsibilities, in mind.

Carer-friendly employment practices: the employers’ perspective

The Government argued in the National Strategy for Carers that there was a “clear business case for carer friendly employment policies” (DoH 1999: 28). The business benefits identified in the Strategy include: the recruitment and retention of key staff, especially trained and experienced staff; greater labour flexibility; increased motivation, loyalty and commitment; and reduced absenteeism and sickness.

The evidence for the business benefits of carer-friendly employment practices comes from studies like that produced by the Carers in Employment Group, an alliance of organisation, including employers, concerned for the welfare of working carers (Princess Royal Trust for Carers 1995). This Group concluded its business case for developing policies that support carers as follows: “Our general conclusion is that the costs of recruitment and replacement are commonly underestimated, and will

normally outweigh the costs of providing significant amounts of paid or unpaid leave to carers. When to this are added other substantial benefits, such as improved staff morale and a more positive corporate image, we believe that the financial argument for providing leave for carers becomes irrefutable” (Princess Royal Trust for Carers 1995: 16).

The business case for carer-friendly employment practices also comes from research into family-friendly employment practices more generally. The recent work-life balance baseline study stated that the Government’s belief that the *Work-Life Balance Campaign* was in everyone’s interest, including business interest, was supported by research evidence and cited six different studies to support this statement (Hogarth *et al* 2000). The Institute of Directors has also stated that “we support flexible working patterns” and that “there can be a business case for flexible working patterns”, although it also argues that “flexible working patterns can be a problem for employers (especially small employers with key employees)” (Lea 2003). The Government had already anticipated this view and commissioned research into the business benefits of family-friendly employment practice to small and medium-sized enterprises (Bevan *et al* 1999). The research concluded that family-friendly employment policies also had business benefits for small and medium-sized employers, including reduced casual sickness absence; improved retention; improved productivity; improved recruitment; and improved morale and commitment (Bevan *et al* 1999).

A number of studies in the last decade have shown that many employers in Britain provide family-friendly employment policies, especially part-time working (Forth *et al* 1997, Hogarth *et al* 2000). However, these studies have also shown that men were often offered much less flexibility in their working arrangements than women (Forth *et al* 1997, Coyle 2003). The studies also show that employers sometimes operate practices that impede the reconciliation of family and work responsibilities, especially the use of extra-contractual hours of work, and this is particularly likely to affect men (Forth *et al* 1997, Hogarth *et al* 2000).

In addition, there is still little evidence that employers are aware of the specific needs of employees caring for elderly relatives. A number of surveys over the past 15 years have identified a lack of awareness by employers of the needs of carers of older people (Berry-Lound 1990, Gilhooly and Redpath 1997). The recent work-life balance baseline study looked specifically at flexible working arrangements for carers and found that relatively few carers were working in a flexible manner (Hogarth *et al* 2000). The most common practices were part-time working (31 per cent) and flexitime (27 per cent). Demand for flexible working among carers appeared to outstrip the extent to which employers were thought likely to permit such practices.

There is, however, evidence that the public sector is ahead of industry and commerce in developing policies to support staff with caring responsibilities (Berry-Lound 1990, Forth *et al* 1997, Gilhooly and Redpath 1997, Hogarth *et al* 2000). The recent work-life balance baseline study, for example, concluded that “work-life balance was most

firmly established in the public sector where there was a greater likelihood of almost any of the working practices, leave arrangements and facilities... being available” (Hogarth *et al* 2000:40). There is consistent evidence of good practice among public sector employers over time. Thus, the organisations included in the Carers in Employment survey included a number of public sector employers, such as Bradford Community Health Trust and Oxfordshire County Council, who provided examples of good practice regarding carers and employment (Princess Royal Trust for Carers 1995). More recently, a number of public sector employers have successfully secured a share of the *Work-Life Challenge Fund*, including NHS Trusts, such as Addenbroke’s in Cambridge, and Local Authorities, including Bristol City Council, Bury Metropolitan Borough Council, Kingston upon Hull City Council, and Redcar and Cleveland Borough Council (*IES Employment Trends*, June 2001).

In summary, then, there are a number of measures of particular benefit to carers in employment, in particular time off for emergencies, carer-friendly working arrangements, such as flexible work hours and part-time work, and working from home. The literature stresses the importance of providing carer-friendly employment measures that are specifically designed with carers, rather than with people with childcare responsibilities, in mind. The literature suggests that the public sector is ahead of industry and commerce in developing policies to support staff with caring responsibilities.

Part 3

Carer-friendly employment policies in the public sector

This examination of the literature on carer-friendly employment practices focuses on two major public sector organisations: local authorities and the NHS. Following a brief introduction, it looks, first, at the availability and, then, at the effectiveness of carer-friendly employment policies in these public sector organisations. It concludes by looking at suggestions in the literature for improving carer-friendly employment practices in the public sector.

Introduction

Carer-friendly employment practices are particularly relevant to the public sector for a number of reasons, some of which have already been mentioned. First, public sector organisations employ a high proportion of women, and it is women who are most likely to provide informal care for older people. In local authorities, on average, 70 per cent of employees are women (Department of the Environment Transport and the Regions (DETR) 2001), while in the NHS, women make up approximately three-quarters of all employees (Coyle 2003). The proportion of women employed in both organisations is higher than the national average: in the UK as a whole, 49 per cent of all employees are women (*Labour Market Trends* 1999, cited in DETR 2001). In both local authorities and the health service, men are, however, concentrated in managerial and senior positions (Phillips *et al* 2002, Coyle 2003). Second, the age profile of employees in local authorities and the health service provides the 'structural potential' for eldercare to be a concern for employees and employers (Phillips *et al* 2002, citing Martin-Matthews and Keefe 1995). In a study of two public sector organisations, carried out by Phillips *et al* (2002), 55 per cent of staff in an NHS Trust were aged 40 or older, and 64 per cent of staff in a Social Services Department (SSD) were in this age-band. Third, both local authorities and the health service are experiencing critical shortages of staff. Concerns about the retention and recruitment of staff provide the main drivers to developing family-friendly policies in these organisations (DoH 2001a, Phillips *et al* 2002, Coyle 2003).

Availability of carer-friendly employment policies in the public sector

Availability of carer-friendly employment policies in local authorities

Carer-friendly employment practices in local authorities were surveyed recently by the LRGRU (Local and Regional Government Research Unit) for the (then) DETR (DETR 2001). The survey was carried out in 2000 and aimed to collect similar information as the national work-life balance baseline study, but for local authorities. It aimed to obtain an up-to-date, comprehensive picture of the range of flexible working practices available that help to promote the work-life balance of local authority employees. In addition, the National Joint Council for Local Government Services (NJC), representing employers and trade unions in local government, has also produced joint guidelines for local authorities on work-life policies (NJC 2001). These guidelines include a review of existing practices and examples of good practice.

More detailed information on a small number of local authorities is provided by two recent research studies. The study by Phillips *et al* (2002), *Juggling Work and Care*, includes an SSD, and the study by Mooney *et al* (2002), *The Pivot Generation*, includes a survey of employees in two local authorities, one in an urban and one in a rural location. In addition, a study of five councils with social services responsibilities, carried out in 2000, was produced by the Carers and Employment working group, associated with the National Strategy for Carers (DoH 2001a).

Carers' leave

The main type of policy designed specifically for carers employed by local authorities is “leave to care for others” (DETR 2001), also described as “additional leave for carers” (NJC 2001). The NJC describes this as leave that builds on the rights to time off for dependants and parental leave provided for under legislation, but which enables “longer periods to be taken away from work to deal with childcare and other caring responsibilities” (NJC 2001: 62). The NJC gives a number of examples of the types of responsibilities that carers might have. These include assisting a dependant during and after a hospital stay; providing support during a move to residential or another form of care; providing support during a period of illness; helping a dependent during a planned medical procedure; adjusting to longer term care needs as a result of illness or accident; and supporting an adult with disabilities.

In its description of carers' leave, the NJC document refers specifically to the National Strategy for Carers. It explains the relevance of carers' leave for carers as follows: “Carers' leave can assist employees in getting through a particularly stressful time both for themselves and the people they are caring for. The idea is to assist the employee during difficult circumstances, which may require more time than that

normally provided for in the arrangements for time off for dependants. In some circumstances, access to carers' leave may enable an employee who might otherwise have resigned to remain in work" (NJC 2001: 62).

The DETR survey found that around 80 per cent of local authorities provided leave to care for others in 2000 (DETR 2001: 21). This took the form of paid leave in 46 per cent of cases. The Social Services Department studied by Phillips *et al* included carers' leave as a form of dependant leave (Phillips *et al* 2002). Carers' leave was available to all carers who had a minimum of one year's continuous service and, in normal circumstances, carers could take up to four weeks in any year.

Other forms of leave available to carers

Another form of leave available to carers in local authorities is described by the NJC as "bereavement and other leave for dependants" (NJC 2001: 59). The NJC defines 'bereavement and other leave for dependants' as "leave for a variety of important personal reasons [including] special leave, compassionate leave, family leave, emergency leave or time off for dependants" (NJC 2001: 59). Examples of situations where this sort of leave might be relevant for carers include caring for a family member who is taken ill or has had an accident; and attending hospital appointments with a relative who may be seriously ill (NJC 2001). As the NJC document points out, leave to care for dependants of this kind interacts with the legal right to time off for dependants. The legal right gives employees the right to take a reasonable amount of unpaid time off to deal with emergencies.

The DETR survey found that 88 per cent of local authorities provided compassionate leave in 2000 (DETR 2001: 21). This took the form of paid leave in 78 per cent of cases. The provision of compassionate leave was greater by local authorities than by employers nationally, among whom only 38 per cent offer compassionate leave (DETR 2001). The NJC document refers to a number of examples of good practice in local authorities (NJC 2001). For example, it refers to the London Borough of Croydon, which provides five days' leave for the illness of a dependent, which may be extended to up to three weeks' paid leave in exceptional circumstances. Another example is Chesterfield Borough Council, which provides three days for family problems, but up to seven in exceptional circumstances. The SSD studied by Phillips *et al* included compassionate leave as a form of special leave. Under compassionate leave, there were two forms of leave: bereavement leave and 'urgent domestic distress'. The latter included three days' paid leave that covered personal and domestic difficulties of a severe nature. Five days could be granted in exceptional circumstances, and more than five days could be approved but would be unpaid. The arrangements applied to anyone for whom the employee was the prime carer (Phillips *et al* 2002: 13).

Other forms of flexible working in local authorities

There is a range of different types of flexible working conditions in local authorities that are not necessarily aimed at carers but which may be of help to them. These include two forms that may be of particular value to carers: flexible and reduced hours (NJC 2001).

The most common forms of flexible hours in local authorities is flexitime, a system that enables employees to vary their hours, outside specified core hours, within a particular timeband (NJC 2001). The DETR survey found, in 2000, that 95 per cent of local authorities practised flexitime (DETR 2001: 21). Flexitime is one of the most widely used forms of flexible working in local authorities: in two thirds of local authorities in the DETR survey, over half the employees worked flexitime (DETR 2001). Other forms of variable working include annualised hours and working a compressed week. These were available, respectively, in 41 per cent and 21 per cent of authorities in the DETR survey (DETR 2001).

The most common form of reduced hours in local authorities is part-time working. The DETR survey found, in 2000, that part-time working was almost universally available in local authorities: 98 per cent of authorities had employees who currently worked part-time or had done so in the last year (DETR 2001: 15). Just under half of all local authority staff worked part-time in 2000 (DETR 2001) and there were some 692,000 part-time employees in local government services (NJC 2001). A much higher proportion of local authority staff work part-time than is true nationally: around a quarter (24.9 per cent) of all UK employees work part-time (Labour Market Trends 1999 cited in DETR 2001). In addition to part-time working, other forms of reduced hours available in local authorities are job sharing and the opportunity to work reduced hours for a limited period. These were available, respectively, in 94 per cent and 50 per cent of authorities in the DETR survey (DETR 2001).

Although widely available in general, there are some restrictions to variable and reduced working in local authorities. First, some forms of flexible working are more widely available in the larger than the smaller authorities. For example, a third of the largest local authorities (employing 6,403 employees or more) in the DETR survey offered a compressed working week, but this was available to less than 10 per cent of those in the smallest authorities (employing 423 employees or less) (DETR 2001: 17). Second, some forms of flexible working and reduced hours are not available to all local authority employees. The DETR survey found that, in general, senior managers and manual staff appeared to be the most restricted in terms of the range of flexible arrangements of which they could take advantage (DETR 2001). Some forms of flexible working, such as flexitime, are not available to part-time staff (NJC 2001). The study of the SSD by Phillips *et al* found that flexitime was available to administrative staff, but many care staff, for example, those working in day services and residential establishments were not eligible for flexitime, which also excluded community care workers (Phillips *et al* 2002: 12). Finally, some forms of variable working are not as available in rural as in urban local authorities. Mooney *et al* found that the rural

authority in their study had informal policies in place for reduced hours working, and this meant that these family-friendly practices were not necessarily an automatic right for all employees (Mooney *et al* 2002).

Other carer-friendly employment practices in local authorities

There are a number of other employment practices in local authorities that may be carer-friendly. These include career-breaks or short-term breaks from work; working from home; and the availability of counselling and eldercare information at work.

Career-breaks are periods of extended leave from work that are taken for personal or family reasons. Career breaks are not particularly common in local authorities. The DETR survey found that only around a third of authorities (35 per cent) offered this type of leave (DETR 2001). Career-breaks tend to be unpaid, with only 4 per cent of local authorities providing paid or partly-paid career-breaks in the DETR survey (DETR 2001). Also available are shorter-term breaks from work, allowing for more than five days unpaid leave to be taken for family reasons, for example (Phillips *et al* 2002).

Working from home is also not generally a common arrangement in local authorities (DETR 2001, Phillips *et al* 2002, Mooney *et al* 2002). In the DETR survey, nobody worked at home in 18 per cent of authorities, while in the majority (61 per cent) the proportion of employees who had worked at home at some point in the last year was only between 1 and 4 per cent (DETR 2001). The DETR observed that the lack of arrangements for working at home was probably a reflection of the lack of formal policy on this practice. It found that three quarters of local authorities did not have a written policy on working from home and in these authorities it was more likely that no employees would chose to work from home (DETR 2001).

Counselling, on the other hand, is widely available in local authorities. The DETR survey found that, in 2000, 93 per cent of authorities provided workplace counselling or stress management advice (DETR 2001). This compared favourably with employers nationally, among whom only 26 per cent offer workplace-based counselling (DETR 2001). The provision of more specific information about provision of care for older people locally is not, however, particularly widespread in local authorities (DETR 2001). Only 18 per cent of authorities in the DETR survey provided information about care other than childcare (DETR 2001).

Availability of carer-friendly employment policies in the National Health Service

In the NHS, the flexible organisation of work and flexible working time policies are at the heart of government strategies for the modernisation of the health service (Coyle 2003). The NHS *Improving Working Lives* initiative (IWL) has been running since 1999 (DoH 2001c) and includes considerable investment in the development of new working time policies. From 2003, all NHS employers are required to offer their workforce a wide range of good employment practices, including opportunities for

flexible working. Such an increase in flexible working arrangements is integral to long-term development plans for extending the availability of health care services. At the same time, flexible working is also key to the NHS strategy for overcoming severe staff shortages (Coyle 2003).

Under the IWL initiative, the needs of carers in employment are specifically addressed. The National Audit Instrument, used to assess organisations for accrediting the IWL Standard, requires organisations to show evidence, by April 2003, of a “support system being developed for support for staff who are carers”, including a carers policy (DoH 2001d). Ultimately, the Audit Instrument expects to see evidence of “positive support provided for and taken up by staff who are carers” (DoH 2001d). Guidance on preparing policies for carers, under the series *Working Lives: Programmes for Change*, issued by the Department of Health suggested a number of initiatives that were likely to be helpful for carers including flexible working hours; courses in stress management; establishing a carers’ network; provision to make phone calls at work; carer leave for emergencies; career development opportunities that respect carers commitments; and access to counselling services (DoH 2001e: 5).

In addition to these specific policies for carers, a number of other flexible working arrangements have been introduced, or expanded, under the IWL initiative and these may also be of benefit to carers. These include self-rostering shifts, whereby employee choices are matched to the need for particular expertise at particular times in a 24-hour 7-day system; annualised hours agreements; reduced hours options of different kinds; career breaks; and flexible retirement (Coyle 2003).

The IWL initiative should already have resulted in widespread availability of policies for carers, as well as more general opportunities for flexible working, in all NHS organisations. The author has not been able to find a survey of these arrangements nationally, comparable to the DETR survey of local authorities. However, many of these flexible arrangements will have built on existing practices. The study by Phillips *et al* of one NHS Trust in 2000 found that its carer-friendly policies were similar to those available in the Social Services Department also studied (Phillips *et al* 2002). The carer-friendly arrangements in the NHS Trust included: an informal policy for paid carers’ leave for a short period; a special leave policy that allowed up to five days paid time off for emergency family and domestic reasons; an informal policy for flexible working hours; compressed working weeks; part-time working, taken up by large numbers of staff; job-sharing; unpaid career breaks for up to five years; informal policies for working at home; and an in-house counselling service (Phillips *et al* 2002).

Availability of carer-friendly arrangements in the public sector: summary

Local authorities have a number of forms of leave aimed at carers, including carers’ leave and leave to care for dependants. The latter tends to be leave to deal with emergencies, whereas the former type of leave is for longer periods. Local authorities

also have a variety of flexible forms of working, such as flexitime, annualised hours and compressed working weeks, as well as a variety of forms of reduced hours working, such as part-time working, job-sharing and reductions in hours for short periods. The most commonly used are flexitime and part-time working. In addition, the availability of workplace counselling is widespread in local authorities. Some forms of carer-friendly working arrangements, such as working from home, career-breaks and provision of eldercare information at work, are not particularly widespread in local authorities. In general, local authorities compare favourably with employers nationally in their provision of carer-friendly working arrangements. Not all the arrangements in local authorities are, however, available to all employees. Variable and reduced working is more widely available in larger than smaller authorities, and in urban than rural authorities, while senior managers and manual staff are most restricted in terms of the range of flexible arrangements of which they can take advantage.

Carer-friendly employment practices in the NHS are likely, at least, to be similar in range and extent to those available in local authorities. Following the implementation of the IWL initiative, all NHS organisations should now have policies for supporting staff who are carers, as well as a number of other flexible working arrangements of potential benefit to carers.

Effectiveness of carer-friendly employment policies in the public sector

Comprehensive data on the effectiveness of carer-friendly employment policies in the public sector are not available. Baseline data on absentee and sickness rates in local authorities, for example, were collected in 2000 (DETR 2001), but the author is not aware of any follow-up study as yet. Nevertheless, the effectiveness of carer-friendly working arrangements in the public sector has been addressed in two recent reports. Phillips *et al* (2002), in *Juggling Work and Care*, examine the effectiveness of workplace policies from the perspective of carers and managers in the public sector, focusing on one local authority SSD and one NHS Trust. Coyle (2003) has evaluated the effectiveness of the NHS IWL initiative, in a report entitled *Women and Flexible Working in the NHS*, on behalf of the Equal Opportunities Commission (EOC) and the Women and Equality Unit (WEU). In addition, other studies are also relevant (DoH 2001a, Mooney *et al* 2002).

Effectiveness of carer-friendly employment policies from the carers' perspective

Take-up of carer-friendly employment measures

One measure of the effectiveness of carer-friendly arrangements is the extent to which they are taken up by working carers. This is, for example, an indicator used in the IWL Practice Plus Award, where NHS organisations are evaluated in terms of the extent to which systems to support carers are taken up by staff who are carers (DoH 2001d).

The study by Phillips *et al* (2002) looked at the take-up of the measures designed to support carers in both a local authority and an NHS Trust. The study found that: "Only a selected few of the range of family-friendly policies and benefits on offer are actually used on a routine basis by our sample of working carers of older adults" (Phillips *et al* 2002: 28). "In times of crisis, and for regular caring responsibilities" the report goes on, "people tend to make use of what is most familiar to them and what is easiest to access: annual leave and TOIL (time off in lieu)¹ being clear examples. In contrast, using counselling and carers' leave label employees as in need of help and are not straightforward to access" (Phillips *et al* 2002: 28). A similar conclusion was reached by Mooney *et al* (2002). In their study of council employees, they found that "when time off was needed for informal care, it was much more likely to have been taken as holiday rather than unpaid leave or sick leave" (Mooney *et al* 2002: 18).

Therefore, the employment policy that could be described as most specifically oriented towards carers' needs, carers' leave, did not tend to be much used by carers. Phillips *et al* found that, although carers who used carers' leave found it very helpful, there were a number of obstacles hindering its use. First, there was confusion over what was meant by 'carers leave'. Phillips *et al* found that carers did not properly understand what exactly was meant by carers' leave or even whether it was available (Phillips *et al* 2002: 21). The term was "often used by managers and carers alike as a generic, shorthand term for a number of ... policies and benefits....: for dependant leave, extended leave, short-term leave, 'domestic distress' and sometimes for compassionate leave" (Phillips *et al* 2002: 14-15). Phillips *et al* commented that the personnel managers alone seemed confident in their knowledge of what benefits were on offer.

The second reason why carers' leave was not much used was that the complexity of the policy guidelines, and the limitations of certain policies, may have deterred carers from applying for them. For example, a planned admission to hospital could not be included under compassionate leave arrangements, while the interpretation of 'urgent domestic distress' operated in the SSD was unclear to all who were interviewed in the agency (Phillips *et al* 2002: 14). A policy like dependant leave, which was designed with carers in mind, was of reduced usefulness because it needed to be booked in advance and, in the SSD, it had to be at least a week off rather than a couple of days,

¹ TOIL refers to an arrangement whereby extra hours worked can be taken off in lieu at a later date. It is available in both local authorities and the NHS, but tends to be confined to certain grades. In the SSD studied by Phillips *et al*, it was available to field social workers and occupational therapists (Phillips *et al* 2002: 12).

although this was not true in the NHS (Phillips *et al* 2002: 13). In addition, as Mooney *et al* point out, where carers' leave is unpaid, many working carers are not in a position financially to take advantage of it (Mooney *et al* 2002: 18).

Carers' leave also tended not to be used for another reason, which is because it labelled staff as in need of help (Phillips *et al* 2002). Phillips *et al* found that the organisational culture in both the SSD and the NHS Trust of "having to be seen to be coping" militated against carers asking for flexibility and help. As Phillips *et al* concluded: "Managers feel that employees are often silent about their caregiving responsibilities, particularly in comparison with their childcare duties. This lack of openness often means that it is only when a crisis arises that managers are told the true situation" (Phillips *et al* 2002: 34). Other studies have identified similar problems. For example, the study of caring and employment in five councils with social services responsibilities, carried out in 2000, found that "carers often did not know about the council's policies where they did exist; or were afraid to ask for ... flexibility... because they felt their status as a carer might undermine future promotion prospects" (DoH 2001a: #2.4).

The low take-up of employment-based measures to support carers is a more widespread phenomenon. Company-based programmes to support carers in the US have been strained partly by low take-up by carers, particularly of information and care services (Metlife 1999, cited in Anderson forthcoming). Some workers are hesitant about the impression that they will create as lacking in motivation or the ability to cope, while others are unaware of the available resources.

Discretionary nature of policies

Another factor that reduces the effectiveness of some employment policies for carers is their discretionary nature. A point that is consistently made in a number of studies is that, how flexible the working arrangements really are in the public sector, depends on the manager (Arksey 2002a, Phillips *et al* 2002, Mooney *et al* 2002, Coyle 2003). Phillips *et al*, for example, identified the importance of a supportive manager as a key factor in helping carers to juggle work and care, and as a result, found that unsupportive managers were a hindrance to carers (Phillips *et al* 2002). The more general point made by Phillips and colleagues is that "flexibility is usually only achieved by negotiation and through the building of a bank of trust rather than being seen as an entitlement or right" (Phillips *et al* 2002: 38). Mooney and colleagues make similar points. They found that "implementation of flexible working practices depended on awareness and attitudes of line managers, who sometimes blocked access to support. Flexible working practices often had to be negotiated, rather than being accepted as a right" (Mooney *et al* 2002: 37-38). This is not a problem confined to public sector employees in Britain. It has also been found in the US that carer-friendly initiatives introduced by employers depend for their success, in part, on the attitudes of line managers (Anderson, forthcoming).

The problem with allowing flexibility for working carers to be discretionary is that managers are not always sympathetic to flexible working arrangements. The survey of local authorities carried out by the DETR in 2000 found that, in general, local government employers were positive about the impact of work-life balance practices. However, a sizeable minority of employers also felt that these practices could have a negative impact, notably increased managerial workloads, increased overall costs and shortages of staff at key times (DETR 2001).

Long working hours culture

A further hindrance to the effectiveness of flexible working practices for carers is the continued prevalence of a culture of long working hours in the public sector. As Coyle writes in relation to the NHS, “The long hours culture still pervades the NHS, as it does many other areas of employment, and there are still few opportunities for reduced working hours amongst doctors. Many doctors also state that their work has been at the expense of family life” (Coyle 2003: v). It is not just in the NHS that a long hours culture prevails. Phillips *et al* found that, in both the SSD and the NHS Trust that they studied, there was a “long-hours culture” and there was pressure to be “seen to be working long hours”. This culture militated against carers asking for flexibility and help (Phillips *et al* 2002: 34).

Costs of flexible working to working carers

A number of authors have observed that many forms of flexible working involve costs to employees. Part-time working is a case in point. Part-time work is widely used by working carers in the public sector. The study by Phillips *et al*, for example, found that approximately a third of the working carers in the sample were employed part-time, and that the percentage was higher for women than for men (Phillips *et al* 2002: 5).

For women, however, part-time work comes at a price (Coyle 2003). “Mostly it has been constituted as a secondary, low paid, low status and gender segregated labour market... (Beechey and Perkins 1987)” (Coyle 2003). Coyle’s report on the IWL initiative in the NHS,

“... cautions against any simple re-branding of part-time work as flexible work, or all flexible work as ‘family-friendly’. Part-time work based on short hours, in gender segregated occupations, has proved to be extremely rigid, with a detrimental impact on women’s skills, pay and employment conditions. It rarely provides an acceptable standard of living, and is not usually a viable option for women who are lone parents or for women with non-working partners. There is growing evidence that more women are seeking to increase their working hours, not reduce them. Even where women continue to want to work less than full-time, they want high quality part-time jobs that are better integrated with full-time work.”

(Coyle 2003: 2).

Coyle makes the point that, in the NHS, part-time work is not always effectively integrated with full-time work, especially for higher grade staff. For example, nurses often have to accept demotion in order to work part-time (Coyle 2003: v). The same point applies to flexible working in local authorities, in that flexible working is often not available to senior managers (DETR 2001).

To the extent that flexible working takes the form of reduced hours of working, this means that employees receive lower earnings and, as the quote from Coyle above makes clear, this may be neither what employees want nor can afford. Moreover, the costs of working reduced and flexible hours for working carers may extend into their retirement. As Evandrou and Glaser point out, the increased emphasis on earnings-related second tier pensions means that those carers who do remain in work, but who change their working arrangements to take on lower paid, part-time and flexible work, will still face a penalty in terms of reduced pension income in later life (Evandrou and Glaser 2003). Although the new State Second pension (S2P) offers some protection to carers whose earnings are low, this will be available only to the relatively small group of carers who are providing care for 35 hours a week or more (Evandrou and Glaser 2003).

The extent to which carers remain in employment

Perhaps the most important measure of the effectiveness of carer-friendly working practices in the public sector is the extent to which they enable carers to remain in employment.

A number of studies of working carers in the public sector have found that many employees do combine working and caring. The study by Phillips *et al*, for example, found that at least ten per cent of the employees in the SSD and NHS Trust that they surveyed cared for an adult aged over 60 (Phillips *et al* 2002: 5).¹

However, the vast majority of the working carers in the sample surveyed by Phillips *et al* were providing relatively small amounts of care. Two-thirds of the sample provided care for less than ten hours a week. Only around ten per cent cared for 20 hours a week or more. The study, which sampled two organisations employing around 5,000 workers each, identified only six people caring for 50 hours a week or more in the NHS Trust and two in the SSD (Phillips *et al* 2002).

The study by Mooney *et al* (2002) of council employees and recent retirees in two authorities also found that most of the working carers they identified provided relatively low amounts of care. Approximately a third provided care for under five hours a week and around a third for between five and nineteen hours a week (Mooney *et al* 2002: 10). Approximately a quarter provided care for 20 or more hours a week. This was a rather higher proportion than that found in the sample surveyed by Phillips *et al* (2002), but Mooney and colleagues' study had a more inclusive definition of carers, including not just carers of older people but carers of grandchildren as well.

¹ The proportion of employees providing informal care in the study by Phillips *et al* seems low compared to that found elsewhere. A study of social services staff, carried out by the National Institute of Social Work, found that 27 per cent of staff had informal caring responsibilities (McFarlane 2001). This was defined as care for an adult, a more inclusive definition than that used by Phillips *et al*, who included carers of older people.

These studies suggest that most carers employed in the public sector are able to combine working and caring because they provide relatively small amounts of care. As Laczko and Noden have pointed out, working carers who provide relatively few hours of care “benefit from relatively modest changes in employment policy, such as a more sympathetic attitude on the part of employers, more flexi-time and paid special leave” (Laczko and Noden 1992: 88). However, as they also go on to say, “for those carers providing more substantial amounts of care, usually in the same household as the care-recipient, more significant changes in policy are required” (Laczko and Noden 1992: 88). These measures include “employment policies targeted at carers and recent ex-carers” (Laczko and Noden: 88). Laczko and Noden’s observations suggest, among other things, that more effective employment policies are needed if carers providing longer hours of care are to be enabled to stay in employment.

Effectiveness of carer-friendly employment policies from the employers’ perspective

From the employers’ perspective, the benefits of carer-friendly employment policies, identified earlier in this paper, should include improvements to the recruitment and retention of staff, greater labour flexibility, and reduced absenteeism and sickness.

Some of the evidence regarding the effectiveness of the IWL initiative in the NHS is positive. The Department of Health set up a Good Practice Database to enable local initiatives to be more widely promoted (www.doh.gov.uk/iwl). As Coyle reports, it now provides rich information on a wide range of local case studies and numerous examples of flexible working measures across Trusts, including self-rostering, annualised hours, compressed hours and working from home (Coyle 2003). Positive effects are reported, as Coyle notes:

“Trusts report that flexible working arrangements are popular with staff and that they have helped reduce staff turnover, sickness absence and the use of bank and agency nurses (see for example, King’s College Hospital, Department of Health, Good Practice Database).”

(Coyle 2003: 14)

On the other hand, there is also evidence of problems that reduce the effectiveness of flexible working conditions from the employers’ point of view. Flexible working arrangements that are designed to meet employers’ needs for staffing may not fit easily with the family commitments of staff. For example, Coyle reports that “some NHS Trusts have found that not all staff can always comply with the requirements of some forms of flexibility, such as self-rostering and annualised hours. Staff with children may have inflexible childcare arrangements, for example, and require predictability in their working hours, time off and holidays” (Coyle 2003: v). The same is also true of those with eldercare responsibilities, who may also have inflexible care arrangements and require predictability in their working hours.

In addition, the introduction of flexible working arrangements may not be as effective a tool for increasing recruitment and retention of staff as has been supposed (Coyle 2003, Phillips *et al* 2002). As Coyle explains, in relation to the NHS:

“...the research evidence suggests that nurses have not been leaving the NHS because of the lack of flexible working arrangements, but because of a more complex dissatisfaction with pay, the erosion of their skills and occupational downgrading, heavy workloads and the inability to influence health care practice.”

(Coyle 2003: v)

Phillips and colleagues make a similar point in relation to public sector employees in both local authorities and the health services. The final paragraph of their report concludes by saying:

“... issues of recruitment and retention, commonly regarded as organisational drivers, are not necessarily eased by the introduction of family-friendly developments at the workplace. In fact, carers in the study did not mention family-friendly policies and practices as an incentive to stay with their employer. A concerted effort to look at the bigger picture of such organisations, in which staff are working long hours in emotionally difficult and stressful jobs, is overdue”.

(Phillips *et al* 2002: 41)

Effectiveness of carer-friendly employment practices in the public sector: summary

The two public sector organisations examined here, local authorities and the NHS, have a range of formal employment policies aimed either at carers or potentially of benefit to them. The literature suggests, however, that their effectiveness, from the point of view of working carers, is reduced by a number of factors. There is a low take-up of measures intended to support carers, especially carers' leave. Staff prefer to use familiar, tried-and-tested policies, like annual leave, rather than family-friendly policies that are difficult to access and may label them in need of help. Part of the difficulty in accessing family-friendly policies is their discretionary nature, which means that access has to be negotiated. A further hindrance is the prevalence of a long working hours culture in the public sector, which militates against carers asking for flexibility and help. The effectiveness of carer-friendly measures in protecting the conditions of employees is reduced when flexible working takes the form of part-time work in gender-segregated occupations, with detrimental effects on women's skills, pay and employment conditions. Staff in the public sector who want to work part-time often have to accept demotion in order to do so. Part-time work also tends to have long-term effects on pension rights. Finally, the carer-friendly employment measures in use in the public sector do not seem to be effective in helping carers, who provide more substantial amounts of care, to remain in employment.

These problems with carer-friendly employment practices may also reduce their effectiveness from the employers' point of view. In addition, although employers in the NHS in particular have identified benefits from introducing flexible working arrangements, problems are also identified. Flexible working arrangements that are designed to meet employers' needs for staffing may not fit easily with the family commitments of staff. In addition, flexible working may not be as effective a tool for increasing recruitment and retention of staff as has been supposed, because there are other reasons why staff may leave public sector employment, including dissatisfaction with pay and heavy workloads.

Methods of improving carer-friendly employment practices in the public sector

Although not part of the researcher's brief, it seems incomplete to conclude without also looking at methods that have been suggested for improving carer-friendly employment practices in the public sector. The literature suggests that, although the public sector is ahead of the private sector in adopting carer-friendly employment policies, there is still a long way to go. As Phillips and colleagues concluded: "family-friendly policies designed to meet the needs of working carers are still evolving and being tested... Implementation of many policies is still in its infancy..." (Phillips *et al* 2002: 38).

Indeed, a comment made about both local authorities and the NHS is that much of the emphasis on flexible working arrangements is still primarily oriented towards employees with childcare responsibilities, not those with responsibility for the care of older people. Carried out in 2000, the study of caring and employment in five councils with social services responsibilities, concluded, in relation to local councils as employers, that "childcare/parenting issues were often much more explicitly addressed..., with carers issues being implicit or given much less attention" (DoH 2001a: #2.4). Alongside the introduction of flexible working arrangements in the health service, there is an NHS Childcare Strategy, which has made a commitment to providing staff with high quality, affordable and accessible childcare, including 150 new on-site nurseries in hospitals by 2004 (Coyle 2003). There is no such commitment of resources and endeavour to eldercare. The author could not find any examples of good practice relating to carers of older people on the Good Practice Database, set up by the Department of Health as part of the IWL initiative (www.doh.gov.uk.iwl).

Indeed, although it is generally accepted in the literature that childcare and eldercare are fundamentally different, a sharing of ideas between child and eldercare is regarded as useful (Phillips *et al* 2002: 39). Phillips and colleagues, for example, argue that "employees should have the 'right' to ask for the kinds of flexibility they currently have in relation to childcare" (Phillips *et al* 2002: 39). These rights now include Parental Leave, which is an entitlement to 13 weeks leave for employees who are parents, introduced under the Employment Relations Act 1999. It has been argued for some time that an extension of the notion of family/parental leave is needed for those caring for older people (Glendinning 1992, Mooney *et al* 2002). Other ideas borrowed

from childcare include the implementation and use of innovative schemes, such as daycare vouchers for childcare, which, it is argued, could usefully be considered in relation to adult care (Phillips *et al* 2002). Indeed, in the US, some employers have introduced workplace-based facilities for older relatives, presumably based on workplace-based childcare facilities (Anderson, forthcoming).

There are many other suggestions for strengthening carer-friendly employment policies in the public sector in this country. First, there are suggestions for introducing review and monitoring of existing arrangements. As Phillips and colleagues put it “robust systems of review and monitoring of uptake are yet to be developed” and point out that “to date, the organisations have little overall information about who benefits, or not, nor are policies being evaluated” (Phillips *et al* 2002: 38). Even more fundamentally, many public sector organisations do not know how many carers they employ. The study of caring and employment in five councils with social services responsibility, carried out in 2000, found that “councils’ human resources staff often had little or no idea of the likely numbers of carers in their workforce” (DoH 2001a: #2.4). The guidance on preparing policies for carers, issued as part of the IWL initiative in the NHS, suggests that employers begin by developing a profile of caring responsibilities among staff in their organisation (DoH 2001e).

Second, a number of analysts suggest that there is a need for “a change of culture within the workplace” that would give greater recognition to the needs of employees with caring responsibilities (Mooney *et al* 2002, Phillips *et al* 2002). As part of this, there is a need for more training for managers in the implementation of their organisation’s policies (Phillips *et al* 2002). There is clearly a great need for better communication concerning family-friendly benefits and policies (Mooney *et al* 2002, Phillips *et al* 2002). A specific role is envisaged for trade unions in communicating to their members what is available in these collectivised workplaces. As Phillips and colleagues put it, “ensuring that up-to-date information about policies and practices is available to members is crucial, as is promoting a sense of ‘entitlement’ within the workplace so that carers of older adults come to feel they have a ‘right’ to ask for leave or increased flexibility” (Phillips *et al* 2002: 41).

Finally, a range of practical responses are suggested for supporting carers in the workplace. These were listed by Phillips and colleagues: “other practical solutions for carers revolve around developing telephone helplines, putting people in touch with each other, and introducing them to carers’ networks. More flexible interpretation of compassionate leave, a framework and ethos that allows working from home, time off with pay, and counselling services, are also suggested” (Phillips *et al* 2002: 40).

Part 4

Carer-friendly service provision in the public sector

The specification of the review of employment and caring by the Audit Commission invited a focus not just on the employment policies of public sector organisations but also on their service provision. It asked for an examination of the extent to which mainstream services take into account the particular circumstances and needs of carers of older people in their provision of services.

The issue of carer-friendly service provision potentially needs to be located within a number of different strands of current government policy. First, there is an emphasis on flexible service delivery. The *Modernising Government* White Paper, published in March 1999, included a commitment that public services would be made available to suit the needs and convenience of the citizen rather than the service provider. Service providers were encouraged to respond to the needs of their users by, for example, providing extended opening hours to enable users to obtain information and access to services at times more convenient to them, given their work and non-work commitments (DETR 2001). In the context of the health service, the government has been seeking to introduce more flexibility into the organisation of health services in order to enhance the ability of the NHS to expand existing services as well as to adapt and respond to changing user needs (Coyle 2003). The emphasis on flexible service delivery in the public sector is closely related to the emphasis on flexible employment practices, and indeed (as Part Three has suggested) the latter are sometimes regarded as a means of achieving the former.

More specifically, the *Practice Guidance* associated with the *Carers and Disabled Children Act 2000* stresses that all services, not just local authority services, need to recognise and support carers (DoH 2001b). It identifies health and housing services as having key roles, as well as councils with social services responsibilities. In relation to health, for example, the guidance stresses that General Practitioners (GPs) and other primary care staff are often the first point of contact for carers and that a caring role often begins at the point that the cared for person is discharged from hospital.

Of most relevance in the present context, the *Practice Guidance* associated with the *Carers and Disabled Children Act 2000* includes a section on 'Carers and Employment' (DoH 2001b). It states that "Carers should be supported to stay in work, or to return to work, where this is what they want to do" (DoH 2001b: 13). The guidance identifies a number of strategies that local councils should adopt to enable carers to stay in work. These include an "audit [of] services to identify how well they support carers through providing flexible and reliable packages of care which allow carers to continue to work" (DoH 2001b: 13). It stresses that "if involvement in employment is or will be at risk this constitutes a critical risk to the sustainability of the caring role" (DoH 2001b: 13). The guidance also stresses that the local council, and all

partner agencies, that provide services should investigate how well appointments and multi-agency assessments, including at discharge from hospital, are arranged to accommodate the fact that the carer is working (DoH 2001b).

The literature on carers addresses two main themes of relevance to service provision for carers in employment. First, it addresses issues to do with the provision of services to carers who are working or wish to return to work. Second, it addresses the treatment of carers in the health service, at the point of contact with GPs and when the cared for person is discharged from hospital. These two themes are addressed below.

Carers in employment and social services

Recent studies suggest that the overwhelming majority of carers in public sector employment do not receive any formal social services organised by local authorities. The study by Phillips *et al* of carers in local authority and health service organisations found that, “Surprisingly, only minorities of carers make use of services provided by their own organisations” (Phillips *et al* 2002: 7). The study found that “Less than one in ten carers make use of rehabilitation services, care-attendance schemes, carer drop-in centres, sitting services, laundry and shopping services, meals-on-wheels or respite care” (Phillips *et al* 2002: 7). One-in-four used occupational therapy and one-in-three had a social worker to assist them (Phillips *et al* 2002). A similar observation was made by Mooney *et al*, whose study of council employees found that “Carers had often found it difficult to access support services in the community and many felt that there was insufficient government support, especially for older people” (Mooney *et al* 2002: 37). The limitation in access to services for older people is likely to disproportionately affect certain groups of carers, in particular, working carers from some ethnic minority groups, who may experience greater difficulty in accessing services more generally (Katbamna *et al* 1997, Katbamna *et al* 1998, Hirst 2000).

Recent studies have identified the kinds of support that working carers would have liked. Phillips *et al* found that the working carers in their study “identified a need for greater accessibility to personal home care rather than, as might be expected, respite care” (Phillips *et al* 2002: 40). They go on to say “In other words, support is being sought for the more routine aspects of care and employers – in partnership with others – may well be able to assist in this” (Phillips *et al* 2002: 40). The respondents in Mooney *et al*’s study identified a long list of services that would have been of help and suggested that services were less available than they had been, pointing to reductions in geriatric health visitors, long waits for chiropody appointments and a lack of suitable day centres offering interesting activities for older people (Mooney *et al* 2002: 37). Respondents felt that the following services would have been of help: carer relief services, meals-on-wheels, care assistants and provision such as sheltered housing. They identified the poor quality of service provision as a barrier to take-up. The authors of the study commented that “Formal support services needed to be dependable, flexible and properly staffed if they were to be helpful”. (Mooney *et*

al 2002: 37). As one international analyst recently concluded, in a report on support for carers in England, "...it will be virtually impossible to make more carers participate in the labour market without improving the quality and quantity of services for dependent people" (Pijl 2003: 51).

The studies by Phillips *et al* (2002) and Mooney *et al* (2002) focused on carers who had successfully combined work and caring, with little support from either the employment arrangements in their workplaces or formal services. Their ability to do so was primarily due to the fact that they provided relatively low levels of informal care. Carers who are not in work, but would like the choice of being so, may be providing higher levels of informal care and so need higher levels of formal support. As Phillips *et al* put it: "The overriding lack of use of services may also reflect the fact noted earlier that, on the whole, our carers are not engaged in 'heavy' caring for older people with complex physical and mental health problems, who often require a network of coordinated services to support them" (Phillips *et al* 2002: 7).

Nevertheless, it seems to be carers engaged in heavy caring that the *Carers Act 2000* appears to want to support in employment. The guidance refers to "flexible and reliable packages of care which allow carers to continue to work". These are the sort of packages of care that would be required by older people with more complex problems.

There is little available evidence of the arrangement of complex packages of care for older people with carers in employment by social services departments. In the Evaluation of Community Care for Elderly People (ECCEP) study, which evaluated community care in the mid-1990s, only a minority of carers of frail older people using social services were in employment: just over a third of the sample were employed (Bauld *et al* 2000: 352). The study found that the introduction of packages of care made little impact on the employment of carers. As Bauld *et al* wrote, "there was little change in the employment status of carers during the months following the implementation of a new or revised package of services" (Bauld *et al* 2000: 352). Indeed, there was evidence that the average hours worked by carers in employment actually *declined* following the implementation of packages of care (Bauld *et al*: 352-4). Although the numbers in the sample were small, Bauld *et al* concluded that "some carers were still adapting their own routines to accommodate the changing needs of users over time, despite intervention from formal services" (Bauld *et al* 2000: 352-4).

More recently, a study of carers and employment in five councils with social services responsibilities, carried out in 2000, found that "service provision was generally not flexible or reliable enough to support carers' working lives effectively" (DoH 2001a: #2.1). It identified a number of problems with service provision arranged by local councils from the point of view of carers and employment. These included: tight eligibility criteria that prevented care managers from acting in a preventive way; a need for services to become more flexible and available for longer hours, which was inhibited by insufficient resources; and poor reliability and quality of services,

especially home care services (DoH 2001a: #2.3). In general, the study found that “bringing carers’ support into the mainstream was still very much ‘work in hand’” (DoH 2001a).

One of the reasons that carers have not been the recipients of packages of care that might enable them to stay in, or join, the labour force is that the needs of carers in employment have not been fully taken into account in the design of packages of care. The ECCEP study, referred to above, was carried out before the *Carers (Recognition and Services Act) 1995* was fully implemented (Bauld *et al* 2000: 366). Even after the 1995 Carers Act was implemented, however, the study of carers and employment in five councils with social services responsibilities found that carers’ assessments were not routinely provided, and that, where they were, “carers’ assessments did not as a matter of course address the employment aspirations of the carer” (DoH 2001a #2.1; also Arksey 2002b). More recent evidence suggests that the employment needs of carers are still not being recognised to any great extent, despite the passing of the 2000 Carers Act. A recent survey of carers’ assessments in England by the national organisation for carers (Carers UK), which generated 1,695 replies from carers, found that only a third had actually had a carer’s assessment (Carers UK 2003). Even where an assessment had been made, as Carers UK reported, the “risk to carers’ employment does not appear to trigger support services. Just over half (54 per cent) of respondents who had given up work or reduced their working hours saw services stay the same following their assessment – three quarters of these also reported that they were not getting all the help they needed” (Carers UK 2003). The limited impact to date of the *2000 Carers Act* may be associated with two limitations on its implementation: first, the Act brought no extra funding to local authorities; and second, although it empowered local authorities to provide services to carers, it did not place a duty on them to do so (Pijl 2003).

While there is little evidence of packages of care being provided to older people with carers who wish to work, there is also little evidence concerning the services that would most effectively enable them to do so. As reported in the literature review on the effectiveness of services, the ECCEP study of the efficiency of community care services was unable to look at the effectiveness of services in reducing employment disadvantage due to caregiving because there were too few employed carers in the sample (Davies and Fernandez 2000). The study does, however, contain some evidence regarding the effectiveness of services and carers in employment. It found that daycare services had beneficial effects on the subjective burden experienced by carers in paid employment (Davies and Fernandez 2000).

Carers in employment and the health service

Carers and GPs

The National Strategy for Carers identified the role of GPs as central to the identification of carers, pointing out that nearly all carers are in regular contact with their GPs (DoH 1999: 57). In turn, identification of carers is seen as a first step towards meeting not just carers' health needs, but their wider needs for service support (DoH 1999). The National Strategy contained a checklist for GPs and this was repeated in the *Practice Guidance* accompanying the *Carers Act 2000* (DoH 2001b). The identification of service needs of carers through GPs may be of value to employed carers and carers wishing to be employed, as well as to other carers.

Issues around the relationship between carers and GPs have been of particular interest to the Princess Royal Trust for Carers, which has published a guide to good practice for carers' support workers and GP practices, entitled *Seven and a Half Minutes is Not Enough* (Princess Royal Trust for Carers 1999). The guide suggests that it may be cost effective for GPs to identify and support carers:

“Where carers are supported, and in receipt of benefits to which they are entitled, stress can be reduced. Lower stress can make it less likely that the carer would reach crisis point – a situation that may require two emergency admissions, for both the carer and cared-for. It should, therefore, be possible for GPs to save money by supporting carers, as well as improving the quality of life for carers and cared-for.”

(Princess Royal Trust for Carers 1999:Foreward).

The guide also suggests that GPs may save time by supporting carers, by working with organisations that can address the carer's needs outside the GP consultation time, and therefore reducing demands on GPs themselves. They argue that:

“The proposal is that everybody should win – GPs with lower demands on time and budgets; carers with better support as a result of a joined-up approach...”

(Princess Royal Trust for Carers 1999: Foreward).

The effectiveness for GPs of identifying and supporting carers has yet, however, to be demonstrated. The Princess Royal Trust for Carers good practice guide addresses issues of cost effectiveness, but concludes that more comprehensive research is needed (Princess Royal Trust for Carers 1999). In addition, GPs themselves may be ambivalent about their role in identifying carers (Pijl 2003: 46).¹

Carers and the discharge of patients from hospital

A number of recent government policy documents describe the discharge of patients from hospital as a particularly important point at which the support needs of carers may be identified. The *Practice Guidance* associated with the *Carers and Disabled*

¹ Two recent reports by Arksey and colleagues on access to health care for carers discuss carers and GPs, including issues such as 'tagging' of carers' records and the effectiveness of carer support projects in GP surgeries (Arksey *et al* 2003, Arksey 2003b).

Children Act 2000 states that “A caring role will...often begin at the point that the cared for person is discharged from hospital. Health staff have a key role in helping carers access the support they need” (DoH 2001b: 3). The *Practice Guidance* specifically mentions that appointments and multi-agency assessments at discharge from hospital should be arranged to accommodate the fact that the carer is working.

Hospital discharge has been of particular interest to the national organisation of carers, Carers UK. It has recently conducted two surveys of carers and hospital discharge: *You Can Take Him Home Now* (Holzhausen 2001) and *Health's Forgotten Partners?* (Carers UK 2001). One reason for a concern with support for carers following hospital discharge, the Carers UK reports argue, is that, if carers are left unsupported, it can result in early re-admission of the patient (Holzhausen 2001).

The first of the Carers UK reports, *You Can Take Him Home Now*, looked specifically at the experience of employed carers and hospital discharge. The survey, which was conducted in 2001 and received 2,215 replies from carers, found that carers in paid employment were less likely to be involved in the discharge process than carers not in paid employment (Holzhausen 2001). “The results show consistently smaller proportions of carers in employment being consulted, given a choice about whether or not to care, given copies of discharge plans, being involved in decision making or having their needs assessed” (Holzhausen 2001). The more hours the carers worked in paid employment, the less likely they were to be involved in the discharge process.

Being given a choice about being a carer is important for all carers, but may be especially so for working carers. The Carers UK study overall found that 70 per cent of carers in the survey did not feel that they had been given a choice about taking on caring responsibility (Holzhausen 2001). The subsequent study of hospital discharge procedures, *Health's Forgotten Partners?*, surveyed the discharge policies of 23 NHS Acute hospital trusts in England, and found that only 4 per cent of discharge policies acknowledged that carers should be given a choice about taking on a caring responsibility (Carers UK 2001).

The findings of the Carers UK reports are consistent with those of the study of carers and employment in five councils with social services responsibilities (DoH 2001a). The study in five councils helps to explain why carers in employment were less likely to be involved in the discharge process than carers not in paid employment. It found that “while some councils could offer assessments/appointments outside working hours to make working carers' lives easier, health services were less likely to do this” (DoH 2001a: #2.3). The study also confirmed the Carers UK finding that carers lacked choice in taking on caring responsibility for people discharge from hospital. It found that “carers' aspirations/practical needs were not routinely addressed at discharge from hospital – assumptions were often made that there was no choice but that the carer should give up work” (DoH 2001a: #2.1). In general, the study found that

“councils often felt that health services were less carer-aware and that there was some way to go in getting their services to acknowledge carers’ needs” (DoH 2001a: #2.3).

Carer-friendly service provision in the public sector: summary and conclusions

The evidence suggests that there is little service support for carers in employment or who wish to become employed. It suggests that most carers in public sector employment do not receive any formal services organised by public agencies. Carers are able to combine work and caring primarily because they provide relatively low levels of informal care, while carers who provide higher levels of care are unlikely to work. There is little evidence of the arrangement of complex packages of care for older people with carers in employment by social services departments, and services are generally not flexible or reliable enough to support carers’ working lives effectively. The needs of carers in employment are not fully taken into account in the design of packages of care. Carers in paid employment are less likely to be involved in the discharge of the cared for person from hospital than carers not in paid employment. There is little evidence that carers are given a choice about caring for people discharged from hospital; rather there is often an assumption that the carer should give up work. The kind of services that carers would like to help them in employment include home care, suitable daycare, carer relief services, meals on wheels, care assistants and sheltered housing. There is evidence that carers in employment benefit from daycare provided to the older person. The quality, reliability and flexibility of services are very important. Good employment practices alone are not enough, and good quality support services are also essential if carers are to be enabled to work.

These findings from the literature are not particularly surprising. The *Carers Act 2000* was intended to address precisely the problems identified here. Indeed, some of the research reported here, in particular the study of carers and employment in five councils with social services responsibilities, was specifically carried out in order to inform the *Practice Guidance* associated with the *2000 Carers Act* (DoH 2001b). The Act has not been in force for long and it is to be expected that public agencies are still attempting to implement it. Whether they can do so without additional funding is a question asked in a number of recent papers from the social policy literature (Parker and Clarke 2002, Pijl 2003).

Acknowledgements

A number of colleagues kindly provided advice for this literature review. The author would like to thank Peter Scurfield and Tom Dixon at the Audit Commission who provided advice and guidance, as well as detailed comments on an earlier version of the review, and Hilary Arksey and Michael Hirst of the Social Policy Research Unit at the University of York, who also provided comments and suggestions on an earlier version of the review. The author would particularly like to thank Caroline Glendinning of the National Primary Care Research and Development Centre at the University of Manchester for her help and advice throughout the writing of the review. The advice and support provided by colleagues at the PSSRU, especially from Martin Knapp, Ann Netten, Raphael Wittenberg and Adelina Comas-Herrera was also greatly appreciated. Responsibility for any errors and all views in the literature review lie with the author.

References

- Anderson R (forthcoming) Working carers in the European Union. In Harper S (ed) *The Family in an Ageing Society*. Oxford: Oxford University Press.
- Arksey H (2002a) Combining informal care and work: supporting carers in the workplace. *Health and Social Care in the Community*, 10, 151-161.
- Arksey H (2002b) Rationed care: assessing the support needs of informal carers in English Social Services Authorities. *Journal of Social Policy*, 31, 1, 81-101.
- Arksey H (2003a) People into employment: supporting people with disabilities and carers into work. *Health and Social Care in the Community*, 11, 283-292.
- Arksey H (2003b) *Access to Health Care for Carers: Intervention Evaluations*. Social Policy Research Unit, University of York.
- Arksey H, Jackson K, Wallace A, Baldwin S, Golder S, Newbronner E & Hare P (2003) *Access to Health Care for Carers: Barriers and Interventions*. Social Policy Research Unit, University of York.
- Barr J K, Johnson K W and Warshaw L J (1992) Supporting the elderly: workplace programs for employed caregivers. *Milbank Quarterly*, 70, 509-533.
- Bauld L, Chesterman J, Davies B, Judge K and Mangalore R. (2000) *Caring for Older People: An Assessment of Community Care in the 1990s*. Aldershot: Ashgate.
- Beechey V and Perkins T (1987) *A Matter of Hours: Women, Part-Time Work and the Labour Market*. Cambridge: Polity Press.
- Berry-Lound D (1990). *Work and the Family: Carer-Friendly Employment Practices*. London, Institute of Personnel Management.
- Bevan S, Dench S, Tamkin P and Cummings J. (1999) *Family-Friendly Employment: The Business Case*. DfEE Research Brief No. 136. London: Department for Education and Employment.
- Brotchie J and Hills D. (1991). *Equal Shares in Caring*. London, Socialist Health Association.
- Carers UK (1999). *Welfare to Work: Carers and Employment Project Evaluation Report*. London: Carers UK. (www.carersonline.org.uk)

Carers UK (2001) *Health's Forgotten Partners? How Carers are Supported through Hospital Discharge*. London: Carers UK. (www.carersonline.org.uk)

Carers UK (2002) *Redressing the Balance: Inclusion, Competitiveness and Choice. A Report on the Barriers and Bridges for Carers in Employment*. London: Carers UK. (www.carersonline.org.uk)

Carers UK (2003) *Missed Opportunities. The Impact of New Rights for Carers*. London: Carers UK. (www.carersonline.org.uk)

Coyle A (2003) *Women and Flexible Working in the NHS*. EOC Working Paper Series No.9. Manchester: Equal Opportunities Commission.

Daniels L and McCarraher L (2000) *The Work-Life Manual*. London: The Industrial Society.

Dautzenberg M G H, Diederiks J P M, Philipsen H, Stevens F C J, Tan F E S and Vernooij-Dassen M J F J (2000) The competing demands of paid work and parent care. *Research on Aging*, 22, 165-187.

Davies B and Fernandez J with Nomer B (2000) *Equity and Efficiency Policy in Community Care: Needs, Service Productivities, Efficiencies and their Implications*. Aldershot: Ashgate.

DETR (Department of Environment, Transport and the Regions) (2001) *Work-Life Balance: A Survey of Local Authorities*. London: Office of the Deputy Prime Minister (ODPM).

DoH (Department of Health) (1999) *Caring About Carers: A National Strategy for Carers*. London: Department of Health.

DoH (Department of Health) (2001a) *Carers and Employment. Report on Visits to Five Councils with Social Services Responsibilities*. London: Department of Health (<http://www.carers.gov.uk/visito5councils.pdf>).

DoH (Department of Health) (2001b) *Carers and Disabled Children Act 2000. Carers and People with Parental Responsibility for Disabled Children. Practice Guidance*. London: Department of Health.

DoH (Department of Health) (2001c) *Improving Working Lives Standard*. London: Department of Health.

DoH (Department of Health) (2001d) *Improving Working Lives: National Audit Instrument*. London: Department of Health.

- DoH (Department of Health) (2001e) *Working Lives: Programmes for Change. Carers*. London: Department of Health.
- Edwards L and Burkitt N (2001) *Wanting More From Work*. London: Institute for Public Policy Research.
- Evandrou M (1995) Employment and care, paid and unpaid work: the socio-economic position of informal carers in Britain. In Phillips J (ed) *Working Carers*. Aldershot: Avebury.
- Evandrou M and Falkingham J (1993) Social security and the life course. Developing sensitive policy administration. In Arber S & Evandrou M (eds) *Ageing, Independence and the Life Course*. London: Jessica Kingsley Publishers.
- Evandrou M and Glaser K (2002a) Changing economic and social roles: the experience of four cohorts of mid-life individuals in Britain, 1985-2000. *Population Trends*, 110, 19-30.
- Evandrou M and Glaser K (2002b) *Family, Work and Quality of Life: Changing Economic and Social Roles*. Research Findings from the Growing Older Programme: 5. Economic & Social Research Council (ESRC). (<http://www.shef.ac.uk/uni/projects.gop/index.htm>)
- Evandrou M and Glaser K (2003) Combining work and family life: the pension penalty of caring. *Ageing and Society*, 23, 583-601.
- Evandrou M, Glaser K and Henz U (2002) Multiple role occupancy in midlife: balancing work and family life in Britain. *The Gerontologist*, 42, 781-789.
- Evers A (1994) Payments for care: a small but significant part of a wider debate. In Evers A, Pijl M & Ungerson C (1994). *Payments for Care. A Comparative Overview*. Aldershot: Avebury.
- Forth J, Lissenburgh S, Callender C & Millward N (1997). *Family-Friendly Working Arrangements in Britain*, 1996. DfEE Research Report No. 16. London: Department for Education & Employment.
- Gilhooly M & Redpath C (1997) Private sector policies for caregiving employees: a survey of Scottish companies. *Ageing and Society*, 17, 399-423.
- Glendinning C (1992) *The Costs of Informal Care: Looking Inside the Household*. London: HMSO.
- Hancock R and Jarvis C (1994) *The Long-Term Effects of Being a Carer*. London: HMSO.

Hogarth T, Hasluck C and Pierre G, with Winterbotham M and Vivian D (2000) *Work-Life Balance 2000: Baseline Study of Work-Life Balance Practices in Great Britain*. London: Department for Education and Employment.

Holzhausen E (2001) *You Can Take Him Home Now: Carers' Experiences of Hospital Discharge*. London: Carers UK. (www.carersonline.org.uk)

Hirst M (2000) *Informal Care in Ethnic Minorities*. Working Paper 1731. University of York: Social Policy Research Unit.

Hirst M and Hutton S (2000) Informal care over time. *Benefits*, 28, 9-12.

Joshi H (1995) The labour market and unpaid caring: conflict and compromise. In I Allen and E Perkins (eds) *The Future of Family Care for Older People*. London: HMSO.

Katbamna S, Bhakta P, Parker G and Ahmad W (1997) *The Needs of Asian carers. A Selective Literature Review*. University of Leicester: Nuffield Community Care Studies Centre.

Katbamna S and Bhakta P with Parker G, Ahmad W and Baker R. (1998) *Experiences and Needs of Carers from the South Asian Communities*. University of Leicester: Nuffield Community Care Studies Centre.

Lea R (2001) *The Work-Life Balance... And All That. The Re-regulation of the Labour Market*. London: Institute of Directors.

Lea R (2003) *The "Work-Life Balance" Revisited*. London: Institute of Directors.

Laczko F and Noden S (1992) Combining paid work with eldercare: the implications for social policy. *Health and Social Care in the Community*, 1, 81-89.

Lyonette C and Yardley L (2003) The influence on carer wellbeing of motivations to care for older people and the relationship with the care recipient. *Ageing and Society*, 23, 487-506.

McFarlane L (2001) Managing a dual role: working carers in social services. *Managing Community Care*, 9, 4, 26-31.

Maher J and Green H (2002) *Carers 2000*. London: The Stationery Office.

Martin-Matthews A and Keefe J (1995) Work and care for older people: a Canadian perspective. In Phillips J (ed) *Working Carers: International Perspectives on Working and Caring for Older People*. Aldershot: Avebury.

Metlife Mature Market Institute (1997) *The Metlife Study of Employer Costs for Working Caregivers*. New York: Metropolitan Life Insurance Company (www.metlife.com).

Metlife Mature Market Institute (1999) *The Metlife Juggling Act Study*. New York: Metropolitan Life Insurance Company (www.metlife.com).

Mooney A and Statham J with Simon A (2002) *The Pivot Generation. Informal Care and Work After Fifty*. Bristol: the Policy Press.

Morris J (1997) Care or empowerment? A disability rights perspective. *Social Policy & Administration*, 31, 1, 54-60.

NJC (National Joint Council for Local Government Services). (2001) *Finding the Balance. Work-Life Policies in Practice*. London: National Joint Council for Local Government Services.

ONS (Office for National Statistics) (2003) *Social Trends*, No 33, 2003 edition. London: TSO.

Parker G and Clarke H (2002) Making the ends meet: do carers and disabled people have a common agenda? *Policy and Politics*, 30, 3, 347-359.

Parker G and Lawton D (1994) *Different Types of Care, Different Types of Carer. Evidence From The General Household Survey*. London: HMSO.

Phillips J (1995) Balancing work and care in Britain. In Phillips J (ed) *Working Carers*. Aldershot: Avebury: 42-57.

Phillips J E (1996) *Working and Caring. Developments at the Workplace for Family Carers of Disabled and Older People*. European Foundation for the Improvement of Living and Working Conditions.

Phillips J (1998) Paid work and the care of older people: a UK perspective. In Drew E, Emerck R and Mahon E (eds). *Women, Work and the Family In Europe*. London: Routledge: 66-75.

Phillips J, Bernard M, and Chittenden M (2002) *Juggling Work and Care. The Experiences of Working Carers of Older Adults*. Bristol: The Policy Press.

Pickard L (1999) Policy Options for Informal Carers of Elderly People. Royal Commission on Long Term Care. *With Respect to Old Age: Long Term Care – Rights and Responsibilities*. Research Volume 3. Cm 4192-II/3. TSO, London.

Pickard L (2002) The decline of intensive intergenerational care of older people in Great Britain, 1985-1995. *Population Trends*, 110, 31-41.

Pijl M (2003) *Developments in the Support of Carers. In Finland, England and the Netherlands, 1998-2002*. Stockholm: National Board for Health and Welfare.

Princess Royal Trust for Carers (1995) *Carers in Employment. A Report on the Development of Policies to Support Carers at Work*. London: Princess Royal Trust for Carers.

Princess Royal Trust for Carers (1999) *Seven and a Half Minutes is Not Enough. A Good Practice Guide for Carers Support Workers and GP Practices*. London: Princess Royal Trust for Carers.

Ramcharan P and Whittell B (2003) Carers and Employment. In Stalker K *Reconceptualising Work with 'Carers'. New Directions for Policy and Practice*. London: Jessica Kingsley Publishers: 137-159.

Spieß C K and Schneider A U (2003) Interactions between care-giving and paid work hours among European midlife women, 1994 to 1996. *Ageing and Society*, 23, 41-68.

Trades Union Congress (TUC) (1991). *A TUC Charter for Carers*. London, TUC.

Twigg J (1996) Issues in Informal Care. In OECD, *Caring for Frail Elderly People: Policies In Evolution*. Social Policy Studies No 19. Paris: OECD.

Twigg J (1998) Informal care of older people. In Bernard M and Phillips J. (eds.) *The Social Policy of Old Age*, pp. 128-141. London: Centre for Policy on Ageing.

Twigg J and Atkin K (1994) *Carers Perceived. Policy and Practice in Informal Care*. Buckingham: Open University Press.

Wittenberg R, Pickard L, Comas-Herrera A, Davies B and Darton R (2001) Demand for long-term care for older people in England to 2031. *Health Statistics Quarterly*, 12: 5-17.

To order further printed copies, please contact
Audit Commission Publications, PO Box 99, Wetherby,
LS23 7JA, 0800 502030.

This document is available on our website at
www.audit-commission.gov.uk

