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***Compatibility of Employment and Caregiving***  
***-Initiatives for the Improvement of the Situation***  
***of Working Carers -***

Master Thesis Public Health

by

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## Abstract

**Purpose:** This study meant to assess the compatibility of gainful employment and caregiving, and potential approaches for its promotion. The main aim of this study was to identify initiatives for working caregivers across Europe, and to expose examples of good practice. **Method:** An exploratory literature research was conducted using a broad range of international studies. In addition, information provided by carer support organisations were considered. **Results:** Compared with the issues “childcare and work-life-balance”, a reduced amount of research has been conducted regarding the compatibility of employment and caregiving especially across Europe. Only a small number of studies focussing on workplace policies and programs across European companies has been carried out. With respect to the compatibility the literature review has revealed a bi-directional interaction between caregiving and employment. Further, evidence indicates that although gainfull employment causes various concerns for carers it can also have protective effects on carers’ health. One key factor to enable carers in successfully combining paid work with caring are flexible work arrangements. Even though the UK appears to be very innovative concerning policies explicitly dedicated to carers in employment, workplace initiatives are not widespread across Europe yet. **Conclusion:** Workplace initiatives are a significant instrument for the support of caregiving employess, can prevent them from giving up paid work, and support carers who wish to return to employment respectively. Since comprehensive workplace policies have been rather neglected their implementation need to be promoted. The utilisation by carers of workplace initiatives in place appears to be a critical issue, so that particular emphasis has to be put on ensuring that workplace measures actually meet carer’s needs. This implies the need for a participative approach in tailoring programs including a careful evaluation by caregiving employees. Furthermore, a culture endorsing carers’ support needs to be prevalent among all hierarchies within the company including colleagues.

### Key words:

Caregiving, Employment, Workplace programs, Initiatives for working carers

# 1 Introduction

## 1.1 Context of the study

An aging population and extended longevity are increasing the number of older people needing informal care and family support (Jacobzone & Jenson 2000).

At the same time, there is a general decrease in the number of persons available to give care to dependent relatives whereas those who remain participate still in the labour market. This decline of potential caregivers is caused by the increase of the female employment participation rate, and moreover, the extension of the number of years that workers have to stay in employment due to changes in retirement laws and pension reforms. (Pflüger 2004).

Moreover, it is evident that providing family care to dependents in particular to frail elderly may interfere with the caregiver's ability to work (Convinsky et al. 1994). As a result, concerns about the care for dependent family members have become a workplace relevant issue.

Hence, the outlined trends entail the necessity to support caregivers with regard to their competing responsibilities, and to put this issue of the agenda of Governments and Employers in order to launch initiatives.

## 1.2 Study aims

This research focuses on such carers that care for dependents - predominantly older people - and who combine family care responsibilities with paid employment or wish to return to work.

The central study aim of this work is to reveal initiatives for the promotion of the compatibility of employment and caregiving across Europe, and to expose good practice concerning workplace policies. Notwithstanding the fact that general support measures and initiatives are essential for both working and non-working caregivers this study is focussing on those specifically dedicated to improve the situation of working carers or those who wish to return to employment.

Besides, this work aims to point out in which way working and caregiving interferes since it reviews the interdependencies between caregiving and employment. That

encompasses an outline of the complexity of the impairments that carers are facing who combine employment with caring responsibilities, and an outline of the significance of carers' support for employers including the provision of insights on how workplace support for carers should be created in order to be effective.

### **1.3 Background “Family Care”**

According to a definition of a leading carers organisation in the UK “carers” (“caregivers” likewise) are persons “who looks after a family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid” (Carers UK 2005). This work refers predominantly to the care of dependent elderly people. Terms as “family care” and “informal care” refer to the care provided by caregivers.

Caregivers, whether as child, sister, spouse, friend or neighbour, are predominantly women (Mestheneos & Triantafillou 2005). Carers are confronted with many different tasks that vary depending on the problems experienced by their frail relative. Types of assistance provided by caregivers are physical or financial support as well as emotional support. Other frequently provided types of assistance include transportation, shopping, doing household chores, coordinating assistance from social service and health care providers, routine health care such as administering and monitoring medications, personal care such as bathing, feeding, toileting, and dressing, as well as supervision, financial management, financial assistance, and the sharing of a common household (Toseland & McCallion 1997)

It is well established that caregiver responsibilities may cause substantial strain, stress and burden (Scharlach et al. 1994, Chappell & Reid 2002). Moreover, there is evidence that in contrast to caregivers of children caregivers of the elderly may experience crises like awareness of degeneration, unpredictability, time constraints, the caregiver-receiver relationship, and lack of choice (Lee et al. 2001).

The value of carers' support is economically significant as exemplified by data referring to UK: the care provided by family and friends is worth an estimated £ 57 billion each year across the UK – the equivalent of UK spendings on the National Health Service (Carers UK 2002). However, also the financial consequences to families of providing informal care are substantial (Stommel et al. 1994).



## 1.4 Research Method

Compatibility of employment and caregiving is becoming more and more a subject of political discussion, and is also getting into the focus of research. However, compared with the issues “childcare and work-life-balance” and “family care provision” in general, so far a reduced amount of research has been conducted regarding the compatibility of employment and caregiving in Europe (Anderson 2004). This applies particularly with regard to initiatives in the workplace, which are central within this work. Workplace initiatives have not been systematically surveyed yet (Anderson 2003). The conducted research therefore was of explorative nature aiming to review existing evidence.

In order to find publications to be included in the review, an extensive literature search through professional and academic databases<sup>1</sup> was conducted and potentially relevant international journals were searched directly. Literature published in German as well as in English was considered. Key words<sup>2</sup> used were covering the issue caregiving in relation with employment. Furthermore, the references in cited publications were followed up. A broad range of international literature, from across Europe to North America of both, qualitative as well as quantitative nature was considered for the review. In addition, reports emerging from the very recent European comparative study project concerning family care “EUROFAMCARE” were reviewed for relevant findings.

Moreover, relevant websites<sup>3</sup> like those of carer supporting organisations and Government departments were searched directly for findings concerning the reconciliation of employment and caregiving and in particular concerning policies to be presented as good practice. One best practice example was chosen since it was awarded for its endeavours and its initiative presented as innovative practice by the British carers organisation. The company was contacted for requesting further information.

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<sup>1</sup> For instance “Pub Med” and “DIMDI”

<sup>2</sup> Searched terms: “care, family care, eldercare, caring, caregiving, respectively caregiver and carer”, in various combinations with “workplace programs, business benefits, initiatives, employer, employee, employment, compatibility, combining, and reconciliation. Moreover, these terms were searched in combinations with the term “good practice” respectively “best practice”.

<sup>3</sup> Examples: “Carers UK” including all the links given, “European Foundation for the Improvement of Working and Living Conditions”, Princess Royal Trust for Carers, Department of Health (UK), and OECD.

Since the comprehensive research of literature showed that within Europe predominantly initiatives from the UK are appropriate to be presented as good practice and furthermore, some experts statements<sup>4</sup> recommended to look to the UK while searching for good practice a larger section within this work is dedicated to the presentation of British initiatives.

## 1.5 Structure of this work

Within the subsequent section (**chapter 2**) the issue of caregiving combined with employment will be elaborated. This section outlines the prevalence within Europe, presents the implications of the reconciliation of employment and care, and hence, shows in which way paid work interferes with caregiving. Despite the fact that it is not always possible to clearly separate the implications and impacts respectively of combining work and care for either the caregiver or the employer as they overlap, this section tries to categorize those impacts that are predominantly significant for caregivers and those that are primarily relevant for employers. Moreover, caregivers' needs in support will be exemplified within that section.

Subsequently, **chapter 3** will deal with initiatives that support caregivers in combining work and care responsibilities and promote the compatibility. An outline will be given on the provision of innovative initiatives aiming to support working caregivers and on its significance for employers. Considered are public policies, those from non-profit organisation and designated workplace programs and measures. Furthermore, this section will outline aspects influencing the success of workplace measures and provide guidance for the conception of workplace support.

Subsequent to the **summary** the **conclusion** will be drawn. This section takes up crucial aspects and discusses approaches for the implementation of workplace programs under consideration of quality assurance. Finally, **future research needs** will be pointed out.

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<sup>4</sup> During the conference of the European comparative study project "EUROFAMCARE" experts regarding "family care", e.g. leader of caregiving organisations, from numerous European countries were personally asked concerning hints regarding best practice in companies across Europe.

## 2 Reconciliation of Employment and Caregiving

### 2.1 Patterns of caregiving and employment across Europe

In general in most countries<sup>5</sup>, the bulk of care is provided in family settings and women do still most of the caring work (Jacobzone & Jenson 2000). Given these facts the participation rates in the labour market of women are of particular relevance when overlooking the prevalence of caregiving responsibilities combined with employment, and its future development.

According to the study of Spiess & Schneider (2002) focussing on female caregivers, countries displaying the highest labour force participation rates for midlife women are showing relatively low proportions of caregivers in the very same group and vice versa. The top three countries with regard to labour force participation of midlife women are *Denmark*, the *UK* and *Germany* while caregiving is most prevalent in the southern European countries, *Italy*, *Spain* and *Greece* (Spiess & Schneider 2002).

The recent research conducted within the framework of the European comparative study regarding family care "EUROFAMCARE" revealed that in countries with high rates of labour participation (80%) for women until the age of 55 years like *Denmark*, *Sweden*, *Czech Republic*, *Portugal*, and *Finland* a large proportion of carers are employed (Mestheneos & Triantafillou 2005). Concerning these figures Mestheneos & Triantafillou added in their report that the degree of dependency was often less than in other countries. Accordingly, among elderly with higher level of dependency in *Portugal*, *Sweden* and the *Czech Republic* there were observed an uptake of either residential care or other forms of residential support. Data from *Poland* revealed that a third of family carers were combining their caregiving responsibilities with employment (Mestheneos & Triantafillou 2005).

Further, according to the same study family carers in *Belgium*, *Greece*, *Germany* and *Spain* were more likely to be housewives, pensioners or unemployed. Data concerning *Spain* showed that in total 22% of family carers were employed whereas 36% in part time and 64% were working full-time while the analysis of data from *Germany* showed that those who were most likely to be employed and care for an

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<sup>5</sup> Data are pertaining to OECD countries which include also non- European countries.

elderly were civil servants, self employed, and salaried. In addition these German data indicate that characteristics of the cared-for such as the prevalence of dementia influence the likelihood of combining work and care among carers. In Germany, those providing care for older people without dementia were more engaged in the labour market (30.9%) than caregivers caring for a person with dementia (25.3%) (ibid.)

For *Switzerland* it is stated within the report of Mestheneos & Triantafillou (2005) that 33% of the self-employed and about 22% of the unemployed were family caregivers.

Furthermore, data from *Austria* indicate that the job status appears to influence the likelihood to combine employment with caregiving responsibilities. In Austria amongst the 40% who were combining work and care those with low job status were more likely to do so (ibid.).

Regarding *Ireland* Mestheneos & Triantafillou (2005) mentioned that there family care provision rates don't decline even though it might be expected since the proportion of women participating in labour market has been increased (50%).

In the *UK* over 3 million people combine work with caregiving responsibilities for a disabled, ill or frail relative or friend (Carers UK 2005). This is roughly one in eight worker in the *UK* while of these, over 2 million carers work full time and 1 million part time. Six out of ten male carers work and 90% of these in full time (Carers UK 2005).

## 2.2 Implications with regard to carers

There is evidence that carers can experience considerable difficulties in combining caring and employment (Spiess & Schneider 2002). Many people begin to function in the role of a caregiver without making a conscious and explicit decision to do so (Klein 1993). This is of particular importance since due to the fact of an absent decision making process it is difficult for these emerging caregivers to make plans concerning employment and other competing commitments in their lives.

The literature review has revealed that taking over caregiving responsibilities may have consequences on several areas pertaining to carers' life. These areas encompass:

- ◆ Family life
- ◆ Social life and leisure time
- ◆ Health and well-being

- ◆ Career development
- ◆ Current and future income
- ◆ Relationship to colleagues and superiors

Due to reduced compatibility competing demands as employment and caregiving responsibilities may interfere with each other and can as a consequence lead to a variety of impacts. Not only the caregiver itself can be affected but also its family members and the cared-for since the quality of the care might be poorer in case the caregiver is over demanded with juggling both work and care (Barkholdt & Lasch 2004). Moreover, when combining employment and caregiving responsibilities caregivers are particularly endangered to lose their contacts to friends and family members as a result of reduced leisure time (ibid.)

### **2.2.1 Impacts on carers' health and well being**

The emotional impact of providing eldercare and work is even in the US-American context not as thoroughly researched as that resulting from balancing childcare and work. However, some studies, mainly within the framework of US-American investigations, provide insights on the effects of balancing eldercare and work on carers' emotional health.

Generally, caregivers for the elderly differ from non-caregivers with respect to physical health conditions and symptoms (Scharlach et al. 1994) whereas their study did not include the effects of employment status. An US-American study by Dellasega (1990) has taken the employment status into account and revealed that even though substantial differences exist in the characteristics of working and non-working caregivers (age, marital status, personal health status, and caregiver-care recipient relationship), neither full nor part time workforce participation significantly increases the stress experienced by caregivers. In contrast, Mooney et al. (2002) found in their study that combining work with informal care can be exhausting both physically as well as emotionally.

Another US-American study conducted by Lee et al. (2001) aiming to analyse the effects of caregiving responsibilities and employment could not find a significant difference in terms of emotional health between employed caregivers and employed non-caregivers. Though, according to this study, the level of involvement with

eldercare responsibilities appears to play a major role concerning caregivers' emotional health. Lee et al. showed that employed caregivers who gave more caregiving hours did report poorer emotional health than employed caregivers who gave fewer hours. Moreover, within this investigation female caregivers reported more depression symptoms than male caregivers which suggests that gender differences exist in the degree of emotional burden experienced. However, female caregivers may experience more depression symptoms as male caregivers due to the fact that they may be more involved with their caregiving responsibilities.

Moreover, some studies have shown that the combination of caregiving with paid work can have positive impacts on the caregivers' physical health as well as on their well-being (Arksey 2002; Mooney et al. 2002; Hawranik & Strain 2000). It has been argued that employment provides social security through assured pensions and rights. Furthermore, carers who are in paid work are less likely to social exclusion. Paid work provides the caregiver with a social network and allows sharing concerns with colleagues. Many caregivers reported in research by Mooney et al. (2002) that they enjoyed work and found it satisfying. Caregivers perceive working as a relief, even if only temporary of the caring role, and moreover, it enhances their self-esteem (Arksey 2002).

## **2.2.2 Caregivers' employment situation**

### **2.2.2.1 Loss of career opportunities**

Employees are likely to experience loss of opportunities at work when they are caregivers since they

- ◆ pass up promotions,
- ◆ don't take training programs that their companies offer,
- ◆ and they don't accept transfers that would increase their salaries.

They pass up such opportunities because the caregiving responsibility can affect carers in their ability to progress in their careers. (Barkholdt & Lasch 2004; Mooney et al. 2002, Scharlach & Boyd 1989). This fact is also reflected in their income development. British data indicate that besides the current earnings also carers' future income is affected due to caregiving responsibilities (Carers UK 2005). Further,

deferring promotions, taking leave of absence will have as a result adverse effects on lifetime earnings that eventually will result in reduced retirement benefits (Wagner 2003). Wakabayashi & Donato (2005) conducted research concerning the effects of caregiving focussing on women's earnings and revealed that the effects differed in various subgroups of women: those older, with fewer skills, and more competing roles paid substantial costs if they began caregiving.

#### **2.2.2.2 Relationship to colleagues and superiors**

Managers might fear that the employee who has taken over caregiving responsibilities will be less productive or flexible e.g. in doing overtime. This attitude may affect the relationship negatively. Manager's experiences such as the caregiver being late or leaving the workplace earlier as well as sudden work interruptions might further impact on the relationship and enforce managers' critical attitude concerning combining caregiving and employment (Barkholdt & Lasch 2004). Moreover, such incidents may also impact on the relationship to colleagues especially in case they have to compensate for the caregivers' restrictions (ibid.).

#### **2.2.2.3 Changes in work status**

Due to a lack of compatibility caregivers reduce the hours of their employment or give up employment completely (Anastas et al. 1990, Arksey et al. 2005).

According to British data the onset of caring did not affect work for two thirds of the study population, but 16% had stopped work altogether and 10% had reduced their hours (Evandrou & Glaser 2001).

Also research conducted by Wakabayashi & Donato (2005) indicates that the caregiving obligations among women lead to a substantial reduction in their weekly hours worked.

Moreover, while having a look to the relationship between the number of working hours and caring hours it appears that carers in employment are less likely to contribute high numbers of hours per week of caring. British data from the General Household Survey in 1995 show that among carers who are working full-time nearly 20 per cent are caring for more than 20 hours. Moreover, these data of carers in Britain show that the proportion of carers who are not working (because of retirement,

unemployment or else economical inactivity), and who are providing care for more than 20 hours is by far greater than among those who are working. Nevertheless, it is remarkable that there are about 5 % carers providing more than 50 hours of care and working full-time.

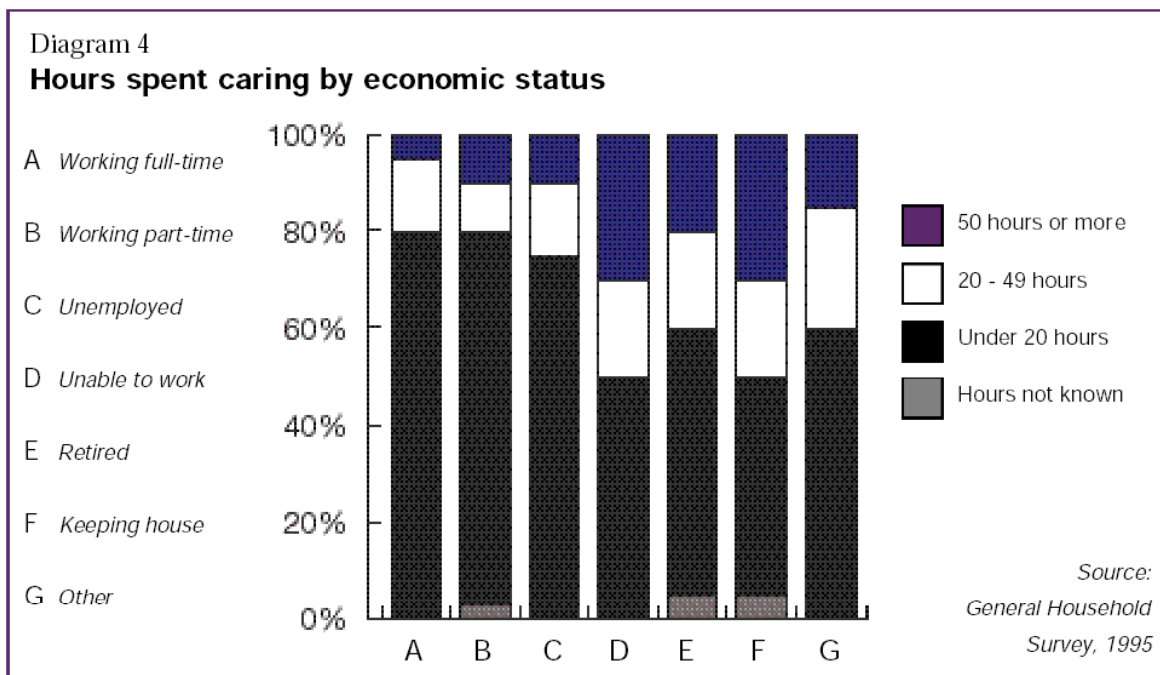


Table 2-A. Hours spent caring by economic status (Source: Department of Health 1999)

However, this raises the question, whether carers with high demands are people who were never in full-time employment or those who had to leave or reduce employment because of caring responsibilities.

**Carers’ decision to give up work or reduce working**

The factors influencing the decision to give up work or to reduce hours are complex involving aspects such as the carers’ household income, gender, marital status, stage in the life cycle, as well as the nature of dependency (Anderson 2004).

In the study by Loomis et al. (1992) 16% of the employed carers were interested in taking early retirement. This study revealed those who were interested in this option were older and had more years of service



Convinsky et al. (2001) analysed in their study within the American population the characteristics of patients and caregivers associated with reduction in employment. They found that the risk of reduced employment varied considerably depending on

- ◆ the patient's ethnicity,
- ◆ the clinical characteristics of the cared-for,
- ◆ whether or not the caregiver lived with the patient,
- ◆ and the caregiver's relationship to the patient.

The burden of reduced employment is more likely to be incurred by the families of patients with specific clinical characteristics like dementia. Furthermore, they showed that caregivers who lived with the patient are more likely to reduce work hours than caregivers who do not live with the patient. However, this does not necessarily be based on a causal relationship as caring for the elderly within the same house just might reflect a stronger commitment of the caregiver to its duty. Schulz et al. (1995) study revealed that caregivers who live with the patient experience higher levels of stress and burden than those caregivers who do not live with the cared-for. Moreover, Convinsky's study showed that daughters of patients are more likely to reduce work hours than sons.

### **2.2.3 Caregivers' accommodations for juggling work and care**

As presented before caregivers experience various impacts in different areas of their life due to juggling work and caregiving responsibilities. In order to make employment and caregiving more compatible most caregivers adjust in various areas of their life and try their best to create a balance between working and caring.

The following table takes up the areas that have been pointed out prior and displays the pertaining accommodations that carers undertake as a response to their competing demands. A few aspects of carers' accommodations, such as the withdrawal from the labour market overlap with those facts that have been elaborated before. The subsequent table containing the findings of the qualitative research by Gubermann & Maheu (1999) supplemented by those of Wagner (2003), presents the various accommodations comprehensively, and therefore amplifies the extent of the impacts that caregiver are facing.

<b>Caregivers' accommodations</b>	
<b>Work</b>	<ul style="list-style-type: none"> <li>▪ Withdraw partially or totally from the labour market for a prolonged period of time</li> <li>▪ Choose type of work, location and working conditions on the basis of caregiving demands</li> <li>▪ Organize working conditions to better coincidence with caregiving demands</li> <li>▪ Coming late to work and /or leaving work early (Wagner 2003)</li> <li>▪ Taking unpaid leaves of absence or using personal or sick days to provide care (Wagner 2003)</li> <li>▪ Refusing relocations or work-related travel (Wagner 2003)</li> <li>▪ Refusing overtime work (Wagner 2003)</li> <li>▪ Refusing new assignments (Wagner 2003)</li> </ul>
<b>Caring</b>	<ul style="list-style-type: none"> <li>▪ Mobilize help from family members, community, public and private resources</li> <li>▪ Reduce / limit caregiving work</li> </ul>
<b>Family life</b>	<ul style="list-style-type: none"> <li>▪ Mobilize family members or other resources to share housework or childcare</li> <li>▪ Reorganize time spent on housework</li> <li>▪ Reduce / eliminate non-essential, non-obligatory aspects of family life</li> </ul>
<b>Personal and social life</b>	<ul style="list-style-type: none"> <li>▪ Reduce / eliminate time for oneself</li> <li>▪ Adopt new habits and attitudes</li> </ul>

Table 2-B. Caregivers' accommodations (Sources: Gubermann & Maheu 1999, Wagner 2003)

### 2.3 Implications with regard to employers

The implications of eldercare for the employers of working carers have been examined in a small number of European studies, but more extensively in research in the US and Canada. Research indicates that caregiving can affect employment negatively (Loomis et al. 1992; Scharlach et al. 1991; Anastas et al. 1991). Eldercare responsibilities through caregiver stress, absenteeism and reduced productivity can impact employment significantly (Klein 1993).

### 2.3.1 Absence

Besides the fact that caregivers tend to reduce their working hours the increased absence rate is highly relevant for employers. It is evident that elder-caregivers tend to be absent from work significantly more often (Shoptaugh et al. 2004, Burton et al. 2004).

A particular problem for organisations is apart from “full” absence the mental absence of the working caregiver. Employees can be partially “absent” from work without leaving the workplace, for instance due to time spent on the phone. A study by Loomis et al. 1992 showed that the onset of caregiving responsibilities lead to an increase of the number of personal phone calls made at work. However, hardly any literature based on empirical studies is available concerning the types of interruptions or partial absences that are related to caregiving for the elderly.

### 2.3.2 Job performance and commitment

Regarding job satisfaction and organisational commitment<sup>6</sup> Shoptaugh et al. (2004) found that elder-caregivers did not differ from other groups. In contrast, another study exploring the relationship between job attitudes and caregiving responsibilities found that those with eldercare responsibilities compared to those without such obligations were less satisfied with their organisational support, pay, leave, and work family balance (Buffardi et al. 1999).

Loomis et al. (1992) revealed in their study that caregivers reported on a reduced ability to concentrate on work due to their caregiving responsibilities whereas their report on impacts on work performance increased with the amount of care provided. Also Burton et al. (2004) showed that caregiving for dependents is associated with significant work limitations while on the job.

Additionally, as pointed out before caregivers frequently don't accept transfers, and they don't take training programs offered by their companies. This might entail a reduced productivity, and can be considered as a loss in potential of skilled leaders or workers for the employer.

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<sup>6</sup> [0] Organisational commitment is defined as “employees’ acceptance, involvement and dedication (...) towards achieving the organisation’s goals.” (Muthuveloo & Rose 2005).

### **2.3.3 Turnover**

The ultimate withdrawal behaviour of caregivers is turnover. As already elaborated above several caregivers quit their jobs due to the high burden of juggling both work and care. According to Scharlach et al. (1991) between 9% and 28% of caregivers report on they had to quit work because of eldercare responsibilities. From the employers' view turnover is giving cause for concern since the lost of staff leads to extra expenditures for the employer. The following paragraph elaborates further on the costs resulting from incompatibility.

### **2.3.4 Economical impacts on business due to incompatibility**

The costs of recruitment due to the replacement of carers who were forced to leave work, and retraining are considerable and commonly underestimated (Princess Royal Trust for Carers). A figure from the UK pertaining to replacement and training costs says that they can be as high as around 1 to 1.5 times an employee's annual salary (Department of Health 1999).

The incompatibility of employment and caregiving causes economical impacts. According to a study based on data from the US (MetLife Mature Market Group 1997) the aggregate costs of caregiving to US business in lost productivity are at least \$ 11.4 billion per year. For every employee who has hands-on caregiving responsibilities, the employers' costs were estimated to be \$1,142 per year in absences, work interruptions, added supervisory workload, and replacement costs (MetLife Mature Market Group 1997). A comparable assessment for Europe has not been conducted (Anderson 2004).

## 2.4 Benefits sought by working carers

Research indicates that most carers prefer to remain in work and many are very reluctant to quit their jobs (Arksey et al. 2005). Only few employees want to give up working in order to take on caring responsibilities (Mooney et al. 2002). That suggests that carers need options that help them to combine work with informal care rather than find a way out of either working or caring responsibilities. This will be demonstrated by the following citation of an expert working with caregivers:

*“... employees don’t want a way out of their caregiving responsibilities – they just want some help in coping”.*

(cited in: BMFSFJ 1997, p. 69)

### Flexible work arrangements

Scharlach (1994) pointed out that those workplace policies are considered most helpful by employed caregivers, which provide options for adapting work routines to complement caregiving responsibilities.

Flexibility in job task and flexibility in interruptions, more flexible and shorter leave of absence can assist caregivers and it appears to be a popular option among employees with caregiving responsibilities. The working practices carers mostly request are:

- ◆ Time off for emergencies
- ◆ Flexible working hours
- ◆ Working from home
- ◆ Part-time work

(Phillips 1995, Princess Royal Trust for Carers 1995).

Phillips et al. showed that carers of their study sample that were working in public sector organisations, were highly committed to their job but reported that inflexible work schedules and the pressure of the job made juggling competing responsibilities difficult (Phillips et al. 2002).

A study by Jacobzone & Jenson (2000) exploring the support desired by caregivers showed with regard to “flexible, friendly work arrangements” that in Australia 82% of

full-time working carers (51% of all carers) wish to change their participation in the workforce. In Canada 12% of women and 11% of men wished flexible work/ study.

Loomis et al. (1992) conducted a study focussing on working caregivers (57% of the sample were full-time employed), which assessed the interests of caregivers in workplace programs and benefits. Their study confirmed the need of “Flexibility in handling both work and caregiving” as it was mentioned as the benefit of greatest interest. 37% of the sample (1,451 usable surveys) expressed an increased interest in “flextime”. 20% self-reported on the difficultness to maintain their current work schedule, and 24% were willing to change their work hours.

Also carers in the study by Arksey et al. (2005) expressed the need for being able to set own timetables and a scope to make changes in relation to days/ hours worked. Their interviewees wished planned appointments, working at home, and flexibility to deal with emergencies. Flexible starting and finishing times are also very important in case carers use day care centre for their relatives since their study showed that carers had problems to combine day care opening hours with working hours. Without such flexible starting and finishing times of their work day care centres were not regarded as supportive by carers.

Furthermore, carers also sought jobs with particular characteristics like limited number of hours since their earnings would be under the threshold for claiming additional financial support (Arksey et al. 2005).

### **Reduction of commitments**

Respondents of the by Loomis et al. (1992) conducted study reported on the need to reduce work commitments. 23% were interested in seeking a job with less pressure.

### **Acceptance by colleagues and managers**

Carers want employers “to be more understanding” (Loomis et al. 1992). Managerial discretion and flexibility is found to be of particular help for carers, together with having earned the trust of their manager (Phillips et al. 2002). Beyond sympathetic managers caregivers valued also colleagues that are supportive and understanding (Arksey et al. 2005, Phillips 1995).

**Access to advice and information / counselling**

Carers also often identify a need for information and advice about their caring role (Princess Royal Trust for Carers 1995). The recent study by Arksey et al. (2005) revealed that carers would appreciate to get advice and information about the full range of options available.

However, the study by Loomis et al. (1992) indicates that “counselling” were also requested by caregivers but played a minor role for them.

**Guaranteed car parking & Access to a telephone**

Arksey et al (2005) identified some further facts that were -from the carers' view- very helpful concerning the compatibility of work and caregiving. Working carers' suggestions encompass in addition:

- Guaranteed car parking at their workplace or a workplace that is close to their home. Being forced to use public transport regarded carers as a fact that would make caring and working incompatible as it requests additional time.
- Access to a telephone.

**More benefits / job with higher pay**

The study by Loomis et al. (1992) also revealed that a large proportion (30%) want employers to provide more financial benefits or a job with higher pay whereas those caregivers who provide more hours of care are more interested in having a job with higher pay than those who provide fewer hours.

### **3 Initiatives for working caregivers**

#### **3.1 Employers' business benefits of support provision**

Demographic considerations suggest that innovative organisations should extend their family-friendly programs to include services for their employees who are involved in elder-caregiving. Though, there are risks associated with organisations intruding into employees' nonwork lives. If employees become more reliant on employers in nonwork areas the bond between employee and employer can be affected (Guzzo et al. 1992). However, organisations need to establish eldercare programs in order to attract and retain skilled employees (Shotaugh et. al 2004).

The provision of employer's support can be considered as an opportunity to get a win-win situation. The employees who are involved in caregiving win, but also employers get more work, lower retraining costs, and more flexible solutions to problems. The recruitment and retention of key staff especially trained and skilled workers are also important business case arguments for the introduction of workplace measures supporting caregivers (Howard 2005).

Research undertaken by Bevan et al. (1999) among small and medium sized enterprises has revealed that those companies who introduced family-friendly employment policies like flexible working arrangements, paid or unpaid carer leave, and job sharing felt they had benefited in business terms. Although none of their case study firms had conducted quantitative work to isolate the business benefits of family-friendly policies in operation, each of them highlighted were they felt they had benefited in business terms. The key areas of these business benefits include:

- Reduced casual sickness absence
- Improved retention
- Improved productivity
- Improved attraction
- Improved moral and commitment.

Shoptaugh et al. (2004) assessed the effects as a result of employers' introduction of "flexibility in scheduling" for caregivers. Their study confirmed that flexibility in scheduling entails important benefit for companies since employees with control over



their schedules were less likely to be late for work, interrupted on the job, leave early, or consider quitting their job, and additionally, they reported greater levels of job satisfaction.

### **3.2 The US approach in eldercare workplace programs**

Despite the fact that this work is focussing on workplace initiatives in the European context it might be useful to give an idea on the US approach since workplace support for elder caregivers in companies has a longer tradition in the USA. Although some of the private company initiatives from the USA may be neither necessary nor appropriate in the European context its presentation may provide suggestions for the conception of workplace programs in Europe.

However, for the United States it is estimated that less than a quarter of companies with 100 or more employees have programs in place for carers' support and some initiatives have even been abandoned after failing to meet carer needs (Anderson 2004). Mentioned reasons for failing were the schemes were too flexible, or in the wrong place at the wrong time, and further, the take-up by carers were too low.

#### **The first generation of workplace eldercare programs**

The first official eldercare programme was started in 1986 by an US American company called Hallmark (Wagner 2003). The first generation of workplace eldercare programs in the US were resource and referral programs designed to link workers with services in the community that would be helpful to older persons in need of assistance (ibid). According to Wagner (2003) employers established programs to assist their caregiving employees at that time for the following reasons:

- To enhance worker recruitment and retention
- To improve morale among workers
- Personal experiences of managers and supervisors
- Interest in being a "family friendly" company
- Research about caregiving and demographics

Further incentives for the establishment of workplace programs in the USA were set since research conducted at that time found that working caregivers could cost

employers money as a result of lost work time, lower productivity, replacement costs for workers who leave the workplace to provide care (Wagner 2003).

Like in the past, also nowadays the most widely available specific workplace eldercare / dependent care programs in the US rely largely upon a resource and referral model, which includes phone support for the identification of service options and information resources to help working caregivers better manage their caregiving responsibilities (ibid.).

### **Provision of workplace programs by “vendors”**

For the provision of such workplace eldercare programs even large corporations in the US rely on vendors. “Vendors” are specialised consulting organisations.

These vendors provide employers with a set of key options that may include:

- Support groups and counselling services,
- Access to direct eldercare services such as adult day services, respite care services or home health providers,
- On-site information resources (lending libraries of printed and video material),
- Educational seminars and occasional “caregiving fairs” (Wagner 2003)

Eldercare programs offered by such external service providers have the advantage that caregiver’s privacy might be guaranteed and the company itself don’t need to use own personal and technical resources which is especially relevant for small enterprises. On the other hand, an internal caregiver assistance program might be less expensive. Costs for services provided by vendors can be invoiced per employee who received consultation or as a lump sum according to the amount of employees (BMFSFJ 1997).

### **“Decision-Support Model”**

A current more sophisticated model, which is rather implemented in more progressive US companies, is so called “decision-support model”. It is consisting of an on-site or off-site care manger to provide individualized services to employees and help with care planning and the complex issues related to insurance and legal matters (Wagner 2001 cited in Wagner 2003).

It can be also either a vendor-supplied service or an employer-provided service. That means the employers can hire their own geriatric care manager or they can contract

with a vendor to supply a care manager or a geriatric care management system to support employees (Wagner 2003).

### **Financial support**

Besides “information and referral services” including “Hotlines” and “caregiver fairs” provided by vendors some rather big-sized enterprises offer their employees financial support in form of “long term care insurance” (BMFSFJ 1997). The employer pays these insurances partly or completely for their employees and it aims to reduce caregivers’ costs arising due to their care responsibilities.

Furthermore, as financial support “Dependent Care Assistance Plans (DCAPs)” are in place in US-American enterprises. This plan works the way that 5% of the annual income of the employee goes to a savings bankbook which is administered by the employer. In case of a need, e.g. for costs for care, the employee is entitled to receive up to an amount of 5000\$ (BMFSFJ 1997).

### **3.3 Initiatives across Europe**

The Europeans Union’s employment policy guidelines have highlighted the care issue as an important element influencing the ability of workers to remain in and to return to employment (Anderson 2004). Nevertheless, care policies in nearly all countries are built on the centre of general family care and depend more or less explicitly upon it (ibid.). Since most of the EU member states focus on childcare and give relatively less priority to care for elder persons in need specific consideration of carers’ priorities with reference to employment has been rather neglected (Pflüger 2004). Existing “family-friendly schemes and services are still primarily designed for working parents of young children and rarely address the needs of employees who care for adults (Phillips et al. 2002).

Moreover, specific measures considering caregivers exist predominantly in Northern European workplaces (Hoffmann & Leeson 1994) but those services sponsored and initiated by companies are not widespread (Anderson 2004). Hence, there are relatively few examples of workplace initiatives that have been designed specifically for carers of elderly people, and in most EU member states difficulties in resolving work-care conflicts have been managed within the family or by recruiting private help (Anderson 2004). This applies particularly for Southern European countries. In

Greece, for example, families recruit migrants in order to care for their older dependents (Mestheneos et al. 2004).

Hoffmann and Leeson from the DaneAge Foundation, Copenhagen, identified examples of good practice of employers in the EU member states concerning caregivers' support. Their findings were published in 1994 in a report for the European Foundation for the Improvement of Working and Living Conditions. At that time 9 out of 38 contacted companies had established some formal eldercare policies and 5 organisations out of 38 were planning at that time some kind of eldercare facilities for working carers. The following table will give an overview of the identified companies and their eldercare initiatives:

<b>Eldercare supporting companies (1990 – 1992)</b>								
<b>Findings by Hoffmann &amp; Leeson 1994</b>								
<b>Country</b>	<b>Company</b>	<b>Survey</b>	<b>Career breaks</b>	<b>Flex hours</b>	<b>Job sharing</b>	<b>Part time</b>	<b>Referral / Informat.</b>	<b>Financial support</b>
<b>UK</b>	Barclay	X	1-6 moths	X	X	X	X	possible
	Hilligdon	-	X	X	-	-	-	-
	BBC	-	X	-	-	-	X	possible
	Marks & Spencer	-	X	X	X	-	X	possible
	Ford	X	X	X	X	-	X	-
<b>Germany</b>	Bayer	-	1 year	X	X	X	X	-
	Siemens	-	1 year	X	X	-	X	day care
	Mercedes	-	1 year	-	-	X	-	-
	BASF	-	2 years	-	-	X	-	insurance
<b>DK</b>	Danfoss	"Arrangements on individual basis" were in place						
	Grundfoss							
	Novo-Nordisk							

Table 3-A. Eldercare supporting companies (Source: Hoffmann & Leeson 1994)

Among the responding companies in Germany, United Kingdom, the Netherlands, Ireland and Luxembourg merely companies from Germany and UK had established formal eldercare policies. Three Danish companies that hadn't any formal policies in place did offer eldercare support on an individual basis like "flex hours". The by two companies conducted surveys aimed to estimate the extent of eldercare obligations. The offered career breaks/ leaves of absence were unpaid (Hoffmann et al. 1994). One of the companies offered adult day-care provision to the employees, and three financial support in some cases, and one an insurance scheme.

Phillips (1995) also conducted research concerning the developments at the workplace for family carers and published her findings also in a report for the European Foundation for the Improvement of Working and Living Conditions. She revealed policies, benefits, and services provided by companies aiming to promote the work – family balance, whereas according to her study several companies considered the eldercare issue explicitly. For instance within the framework of operating "Equal Opportunities Policies" that had "many" companies in place or through the provision of "visiting schemes, free lunches, and access to social activities at the workplace to ex-employees, of whom many were carers.

The following table aims to give an overview on her findings. The initiatives encompassed workplace policies such as flexible work arrangements concerning time and tasks, counselling and information services as well as service provision for care recipients. Moreover, trainings for managers concerning eldercare issues, and measures assessing the needs of caregiving employees were provided.

<b>Eldercare supporting companies (Findings by Phillips 1995)</b>		
<b>Country</b>	<b>Company</b>	<b>Initiative</b>
<b>UK</b>	“At least 30 large British companies” (Names not mentioned)	<ul style="list-style-type: none"> <li>▪ Performance of “care audits” within their workforce</li> <li>▪ Conduction of small “inhouse surveys” by independent researchers</li> </ul>
	Oxfordshire County Council	<ul style="list-style-type: none"> <li>▪ Introduction of a scheme to enable employers to work at home (Source: Hogg &amp; Harper 1992 cited in Phillips 1995)</li> </ul>
	Peugot Talbot	<ul style="list-style-type: none"> <li>▪ Provision of company sponsored day care on site under consideration</li> </ul>
<b>Ireland</b>	Telecom Eireann	<ul style="list-style-type: none"> <li>▪ Unpaid leave for carers up to 100 days per year</li> </ul>
<b>Germany</b>	Deutsche Bank	<ul style="list-style-type: none"> <li>▪ Provision of “leave” up to 10 years; Enabling women to retrain while on leave</li> </ul>
	Siemens AG	<ul style="list-style-type: none"> <li>▪ Provision of company sponsored day care on site</li> </ul>
<b>Luxembourg</b>	LLGB (Workers organisation)	<ul style="list-style-type: none"> <li>▪ Provision of advisory support to carers together with the Government and “a special organisation, AFP”.</li> </ul>
<b>Denmark</b>	Danish State Railways (DSB)	<ul style="list-style-type: none"> <li>▪ Equal Opportunities Program with “adult care” on the agenda</li> <li>▪ Training workshops for managers and supervisors on work-family issues / working hours</li> <li>▪ Distribution of a pamphlet on the family policies of DSB, rules on leave and other benefits available among all employees</li> <li>▪ Provision of “non-management advisors” with whom employees may discuss problems</li> <li>▪ Support of local groups campaigning for adult / childcare</li> </ul>
<b>Netherlands</b>	Dow Benelux	<ul style="list-style-type: none"> <li>▪ Introduction of a flexible working time arrangement (The scheme enables employees to “sell” leisure time / “buy” days off. Employees get a “credit” of 15 days.)</li> </ul>

Table 3-B. Eldercare supporting companies (Source: Phillips 1995)

Even if not company provided support the initiative by the German Federal Ministry for Family, Elderly, Women and Youth should be mentioned since their project is explicitly dedicated to working caregivers. The Federal Ministry has initiated research concerning working and caregiving and finally published **practical guidelines** in 2000 addressing managers of companies, as well as workers and its representatives in order to inform about the issue of the compatibility of employment and caregiving and the implementation of workplace measures for carers' support (BMFSFJ 2000).

### **3.3.1 Good practice across the UK**

In the UK, in such enterprises with formal policies or programs the family agenda has moved from direct help with childcare to a range of benefits and flexible working practices designed to support a wider range of employees with caring responsibilities (Anderson 2004). Although, it applies also for the UK that carers still stand to benefit from legislation and initiatives supporting family-friendly policies and work-life balance, and measures specifically targeting caregivers are less commonly found in the workplace (Arksey et al. 2005).

However, progressive public policies especially designated for working caregivers, companies who have introduced comprehensive workplace programs, and organisations addressing carers who wish to remain or return in employment can be found in the UK. Due to this reason that this particular issue of reconciling work and caregiving responsibilities seems to be tackled innovatively by the British government and British employers (Barkholdt & Lasch 2004), examples of good practice and initiatives will be presented in the following from the UK.

#### **3.3.1.1 Governmental initiatives**

In the UK there are a range of initiatives launched aiming to improve the situation of caregivers in general. Some of them are consider explicitly working carers or are especially dedicated to them. This applies also for several key acts that have been put in place in order to increase carers' rights and improve their situation. In the following only those will be presented which consider in particular caregivers in employment.

### **“National Strategy for Carers: Caring about Carers”**

A “National Strategy for Carers” has emerged in the beginning of 1999 in the UK. This document outlines the Governments „policy package“ for carers and appreciates publicly the work done by caregivers: *“We are giving new support to carers – because we value what they do”* (Department of Health 1999, p. 5). The National Strategy for Carers recognises the important role that carers play and provides a framework for practical help for carers. The Government strategy for carers, consisting of three key approaches

- ◆ “Information for carers”,
- ◆ “Support for carers”,
- ◆ and “Care for carers”

has been an important milestone regarding carer-friendly endeavours in the UK.

The element *“Information for carers”* encompasses a “new charter on what people can expect from long-term care service: setting new standards” (Department of Health 1999, p. 6). Furthermore, the promotion of consistency in charging for such services as well as the provision of health related information for carers are taken into account. Access to information should be facilitated through a “NHS Direct Helpline” and the internet.

The element *“Support for carers”* takes account of the carers’ and their representatives’ participation and involvement in creating processes for supporting services.

The third key element, *“Care for carers”*, comprises the consideration of the carers health needs and its maintenance. Moreover, the promotion of services for carers, as well as for those being cared-for, and the facilitation of breaks for carers are considered (Department of Health 1999).

Within this strategy that is also dealing with the particular group of working caregivers<sup>7</sup>, one chapter is explicitly dedicated to the issue of employment and caregiving providing a framework of practical support for carers in the workforce. It considers the need of support for those carers who are in employment and wish to

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<sup>7</sup> Besides the particular group of „Young carers“.



continue, as well as for those who wish to return to work both during their caring responsibilities and after caregiving cessation.

#### **“Employment Relations ACT, 1999”**

The Employment Relations Act has introduced leave entitlements, which benefits carers. It includes the right to time off for emergencies. Employees are entitled to take a “reasonable” amount of time off work to deal with an emergency involving a dependent, whereas it is at the employer’s discretion whether the leave is paid or unpaid (Carers UK 2005 b).

#### **Government’s “Work-Life Balance Campaign”**

The increased recognition of the importance of supporting individuals in juggling work and family commitments has been also reflected in the Government’s launch in March 2000 of the Work-Life Balance Campaign. Even if primarily focussing on the improvement of the balance between paid work and parenting for young children, working caregivers can take advantages from this campaign. The chief executive of the Carers’ National Association is member of the Ministerial Advisory Committee, which has been advising and for this reason influencing the development of this campaign. The campaign aims to encourage employers to recognise the benefits to their organisation of flexible working arrangements and enable employees to strike a better balance between work and their responsibilities (Department of Health 2001).

#### **“Carers and Disabled Children Act 2000”**

This Act contains practice guidance with relevance on carers and employment. For instance, the paragraph 35 of the Carers and Disabled Children Act, 2000 recommends, “carers should be supported to stay in work, or return to work, where this is what they want to do” (Department of Health 2001).

#### **“Carers (Equal Opportunities) Act 2004”**

The Carers (Equal Opportunities) Act 2004, which commenced in April 2005, promotes cooperation between authorities and has recognised the need for greater support to help these carers. The Act is placing a duty on local authorities to inform carers about their rights and to consider their wider needs. This legislation supports the need of a “carers assessment” which considers the fact whether a carer works or wishes to work. Further, according to this document local authorities should take into

account if carers wish to undertake training when doing a carers' assessment (Department of Health 2005).

### **Evaluation of carers' support in practise**

The Department of Health initiated an evaluation study of local authorities' practice in carers' support. For the purpose of getting a "feeling for how carers were actually being supported out in the field", and to find out "how carer-friendly the authorities might be as employers" the Department of Health developed the model of study visits (Department of Health 2001, p. 2 and 3).

The study teams consisting of representatives of the Department of Health, Local Authority Services and charities visited five local authorities in the year 2000. Meetings were held with senior managers, front-line staff, carers and their organisations and health and employment services. Critical issues found were for instance the inappropriate provision of an assessment for carers. Additionally, this study revealed that carers had often already given up work before they approached the local authority for support. Moreover, the study exposed some good practice examples (Department of Health 2001).

### **Work-focussed Interviews with "ONE"**

From April 2000 in some pilot areas for all clients of working age the condition of undertaking work-focussed interviews inline with "ONE" for receiving benefits was introduced. "ONE" aims to help carers to "stay in touch with the world of work" (Department of Health 2001).

#### **3.3.1.2 Good practice of local authorities**

Within the framework of the before mentioned evaluation study of local authorities' practice concerning carers' support, initiated by the Department of Health, examples of good practice were identified.

#### **Examples "Surrey" and "Devon"**

„Surrey County Council Social Services“ and the „European Social Fund“ have initiated a project promoting employment among caregivers. This employment project for carers that is run by a carer's organisation (Action for Carers, Surrey) has worked with individual carers and groups to extend employment and training opportunities.

The Project is also working with the local business community and employment agencies such as “Surrey Training” and “Enterprise Council” to raise carer awareness and promote carer friendly employment policies. A parallel project was successfully run in Devon and the “Carers’ National Association”<sup>8</sup> mentored the work (Department of Health 2001).

### **Example “Hartlepool”**

The local authorities carers project of Hartlepool is assisting unemployed carers with focus on young carers. Given that many young carers will live in work-less households, with no working role model of any kind this project is “seeking to prevent young carers from slipping into long-term caring”.

The Employment Service has a dedicated adviser for carers. The focus on carers involves working with:

- ◆ The local “Primary Care Group”, which identifies and supports young carers in schools using school nurses, whose role has been extended for the purpose. The PCG sees its role in this context as “improved mental well-being”.
- ◆ The local “Training and Enterprise Council” (“Learning and Skills Council” from April 2001) delivers flexible pre-vocational and work-related training.
- ◆ “Hartlepool Carers Centre” and “Hartlepool Young Carers” are working closely with the project.

(Department of Health 2001)

### **3.3.1.3 Support through non-profit organisations**

In the UK there are several organisations aiming to enhance the rights of carers in general but also especially for carers who are working besides their caregiving responsibilities either through representing their interests or through direct support. Additionally, there are several companies who have publicly demonstrated its commitment for working caregivers within the framework of these organisations and have put carer friendly policies and practice in place.

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<sup>8</sup> Now Carers UK

**“Princess Royal Trust for Carers” (PRTC)**

The “Princess Royal Trust for Carers” was set up in 1991 aiming to support carers by providing information and practical help to carers in the UK through a national network of carers’ centres. Also PRCT has taken up the issue of combining employment and caregiving. PRTC supports working caregivers through providing information and advice. Further, PRTC aims to increase awareness of employers of the issues faced by their caregiving employees, and helps to support them. PRTC arranges workplace information sessions and provides assistance in developing policies and practices for companies (Princess Royal Trust for Carers 2005).

**“Pilkington Charitable Trust Fund”**

A special service for caring employees or former employees has been in place in the UK: The Pilkington Charitable Trust Fund introduced a “Carewatch Scheme” aiming to provide “social time” especially for employees with caregiver responsibilities. Within the framework of this scheme “care attendants” look after the cared-for for few hours occasionally or regularly or overnight while the carer goes out (Phillips 1995).

**“Carers UK”**

“Carers UK” is a registered charity of and for carers in the UK. This organisation aims to improve the situation of carers by raising awareness at all levels of government and society of the needs of carers, providing carers with information and advice, and training and advising professionals who work with carers. Carers UK is working across the UK through its memberships and networks of branches and groups. It runs offices in England, Scotland, Wales and Northern Ireland to tailor policy work and represent the views and interests of carers in these regions (Carers UK 2005). Moreover, Carers UK distinguishes employers with particular commitment for their working carers with the “Employer of the Year Awards”. Those employers who have put effective, “often simple but practical measures” in place to help those juggling work and care for a dependent relative, will be distinguished by this award (Carers UK, URL 1). Moreover, Carers UK has initiated the establishment of the following organisations explicitly dedicated to improve the situation of working caregivers.

**“ACE National” – Action for Carers and Employment”**

One of these organisations led by Carers UK is “ACE National” – Action for Carers and Employment”. “ACE National” is working to support the inclusion of carers in training and work and is funded by the European Social Fund's Equal Programme.

According to the information on the ACE Nationals website their objectives are:

- ◆ to carry out research into the factors that influence why, how and if carers access alternative care services that enable them to work,
- ◆ to use local delivery partnerships to identify existing care services which enable carers to work, and to explore how they can be improved,
- ◆ to evaluate how carers are involved in consultation on care service provision,
- ◆ to develop a national policy partnership that will use the lessons of the delivery partnerships to influence long term development and investment in the social care sector (ACE National, URL 1).

**“Employers for Carers”**

Another initiative, “Employers for Carers”, is a partner in Action for Carers and Employment (ACE National), a project funded by the European Social Fund's Equal programme and managed by Carers UK. According to information available on their website the project “Employers for Carers” is working as part of an integrated partnership, which includes the public, private and voluntary sectors, as well as Government departments. It aims to address a wide range of issues affecting working caregivers. Furthermore, Employers for Carers has been influential in supporting and promoting national policy developments such as the “Carers (Equal Opportunities) Act 2004” and the possible extension of the right to request flexible working to carers (Howard 2005).

The followings UK based companies are member of this organisation expressing its special commitment for working caregivers. These companies have put several policies in place, which improves the situation of caregiving employees.

<b>Members of “ Employers for Carers“, UK</b>		
BT (Chair)	Department for Constitutional Affairs	The Metropolitan Police
Business in the Community	Department for Trade and Industry	Nestor Healthcare
Carers UK	HSBC	NHS
CBI	Jobcentre Plus	PricewaterhouseCoopers
Centrica	Listawood Ltd.	

*Table 3-C. Members of „Employers for Carers“, UK (Source: “Employers for Carers” URL 1)*

### **3.3.1.4 Current business case example - British Telecom (BT)**

The British Telecom (BT) is chair of the organisation “Employer for Carers” in the UK, and was in 2005 rewarded for good practice as “Employer of the Year”.

According to Action for Carers and Employment (ACE National, URL 1), BT has been singled out for providing a dedicated website to help employees to balance their two roles of work and care. Moreover, the company has a wide range of flexible working policies in place – including job sharing, home based working and flexitime. BT also chairs a special interest group of major employers, employers’ organisations and Government agencies, all working to find ways of supporting carers in the workplace.

BTs further carers’ support consists of the following key approaches:

- ◆ The use of flexible working arrangements and work/life balance policies: adjustments of attendance, making time-off available and flexible team working.
- ◆ The introduction of a Policy Statement for Carers in 2000 expressing BTs commitment to supporting caregivers and assurance that those carers are “managed fairly and consistently”.
- ◆ The communication of a definition of carers within BT including the recognition of the needs of this group.
- ◆ The establishment of a “designated section” within BT aiming to “highlight the particular needs of working carers and display the level of commitment to the people”.
- ◆ The recognition that caring is very different from mainstream childcare.

- ◆ The provision of help for their line managers in supporting carers after the cessation of their caregiving responsibilities.
- ◆ The demonstration of commitment through external partnerships: corporate membership of “Carers UK”, active supporter of “National Carers Week”, chair and sponsor of “Employers for Carers”.
- ◆ The commitment to work with the other member organisations to engage the Government and other public and private bodies in a greater debate on the future of caring.

(According to “Employers for Carers”, URL 3)

### **3.3.2 Flexible working time arrangements in European companies**

As already mentioned the facilitation for employees to co-ordinate their working hours with their caregiving responsibilities appears to be very significant since they are one of the measures frequently wished by caregivers and seems to prevent them from reducing working time or quitting their jobs. Hence, flexible working time arrangements can be considered as one of the most important approaches concerning the compatibility.

The working time and work–life balance patterns were recently examined by the “European Foundation for the Improvement of Working and Living Conditions”. The survey conducted between autumn 2004 and spring 2005, covered about 21,000 workplaces in 21 EU Member States, is representative for all establishments with 10 or more employees, and covers both the private and public sector. Both personnel managers and employee representatives were interviewed. This survey showed that flexible working time arrangements are in operation in almost half (48%) of workplaces with 10 or more employees in Europe. Further key findings from this study, published on their homepage as first results concerning flexible working time are:

- “The degree of working time flexibility varies greatly between EU countries. For example, working time arrangements allowing the accumulation of hours are practised in more than 50% of establishments in Finland and Sweden, but in only about 10% to 15% in Greece, Portugal or Cyprus” (European Foundation for the Improvement of Working and Living Conditions 2006, URL 1). As added in a recent press release by the Foundation, in Southern European establishments, flexibility

is often limited to a variation in the start and end of work on a daily basis (European Foundation for the Improvement of Working and Living Conditions 2006, URL 2).

- “Some 61% of managers state that higher job satisfaction results from the introduction of flexible working time arrangements.
- A better adaptation of working hours to the workload is reported by 54% of managers.
- Lower absenteeism (27%) and a reduction in paid overtime (22%) are other positive effects mentioned by managers.” (European Foundation for the Improvement of Working and Living Conditions 2006, URL 1).

At this point it should be mentioned that besides working time matters, “parental leave”, “company childcare facilities“ and retirement issues, the survey did not cover explicitly “eldercare” as a core issue.

### **3.3.3 Informal work arrangements in practice**

Besides formal and official policies that support caregivers to combine their caring responsibilities with working there are informal practices and working arrangements in place, which are possibly as significant in terms of successfully combining work and care as formal work employment arrangements. Recent research conducted by Arksey et al. (2005) revealed that these informal flexible practices were widespread and varying in type. According to this research there are three types of informality in place.

#### **1. Autonomy**

The work arrangement is based on the autonomy of the employee, which is also reflecting the nature of the job and the level of the employees’ seniority. Employees with certain autonomy can arrange their own workload, which includes also working in the evenings or on weekends.

#### **2. Agreements with supervisor or line manager**

Caregivers can reach agreements about informal working arrangements with their supervisor or line manager. However, their research showed that informal arrangements could lead to a problematical situation with caregivers’ colleagues. Moreover, those caregivers who were making use of such informal arrangements



were very dependent on their individual line manager since the arrangements could be lost in case the manager left the company.

### 3. Support from colleagues

Another type of informality found in the study of Arksey et al. (2005) is support from colleagues even without reference to their supervisor. In their study caregivers reported on the possibility to receive support from colleagues either in form of swapping shifts in short notice or in form of agreements on working hours amongst the colleagues in case extra work were demanded by supervisors.

However, it should be mentioned that on the one hand such informal work arrangements could be beneficial and important but on the other hand they could entail employees feeling insecure and dependend.

## **3.4 Factors influencing employer involvement in support**

Goodstein (1995) analysed determinants influencing the employer involvement in the care of elderly dependants. His research conducted with a representative sample of US-American companies with 100 or more employees revealed that employer involvement in eldercare is influenced by a number of factors:

- ◆ The employer involvement with organisations responding to work-family issues,
- ◆ the availability of a broad scope of other work-family benefits,
- ◆ the assessment of employee needs,
- ◆ and the perception of eldercare benefits as enhancing employee productivity.

Goodsteins' findings indicate that employers who are externally involved with other organisations responding to work-family issues are more likely to provide eldercare benefits. This encompasses for example an employer's membership in business groups or coalitions or through associations with other organisations involved in work-family issues.

Furthermore, the employers' provision of other work-family benefits, and the employer assessment of employee eldercare needs are strongly related to involvement in eldercare support provision. Assessments are likely to influence the importance of employee eldercare concerns and motivate greater employer involvement in supporting their employees, as they are leading to an increased awareness of

eldercare needs. The greater the perceived importance of eldercare benefits for enhancing employee's productivity, the greater the level of employer involvement in eldercare. According to Goodstein methods of assessment consist of employee surveys or focus groups.

Goodstein also revealed that the proportion of female employees in an organisation, the proportion of employees 40 years of age and older, and the level of professionalism within an organisation is not influencing the employer involvement in eldercare support.

### **3.5 The effectiveness of employer provided support**

#### **3.5.1 Carers' utilisation**

Arksey et al. (2005) interviewed working carers and found out that many working carers are not aware whether their employers provide formal policies that are explicitly addressing carers. Moreover, according to this study interviewees held opposing views about the value of special policies. Some carers prefer to have such policies existent since they feel less guilty in case they come up with special needs. On the other hand, other carers don't like to know about official policies in case their line manager provide them with informal support that is more generous than the official policy (Arksey et al. 2005).

Caregiving benefits are under-utilised even at companies that have these programs in place (Wagner 2003, Phillips 1995). Employees do not use these programs either because they are not designed to address the caregiver's needs or because the caregivers fear coming out from behind closed doors. Phillips et al. (2002) showed that carers tended to use policies that did not publicly identify them as in need of help, such as annual leave. They might fear repercussions if their employer knew the struggles on their life. They are concerned about not being promoted, being laid off, or being considered a liability. Especially those carers who work in environments where staff tended to maintain quite strict divisions between work and home spheres, carers preferred to remain their commitments hidden from managers and colleagues (Arksey et al 2005).

In contrast, carers working for large employers in the British public sector seem to appreciate being registered as a working carer with their manager since in case problems arise they could be taken into account. Further, carers appreciated registration since it prevented them from remaining invisible (Arksey et al. 2005).

### 3.5.2 Managers' role

A study conducted by Phillips et al. (2001) investigated the use of workplace practices from the perception of both managers and carers. The study revealed that among other factors managers influence the uptake and effectiveness of family friendly policies by caregivers. Managers have an influence on both organisational change and the experiences of working carers. Manager attitudes appeared as both a barrier and a facilitator to the adoption of flexible work arrangements. Moreover, Phillips et al. have shown that lack of policy knowledge among managers and carers may impede the use of policies that are suitable for adult care.

## 3.6 Principles for setting up good practice

### 3.6.1 Recommendations for Employee Assistance Programs

Following recommendations according to Klein (1993), and supplemented by the German Federal Ministry for Family, Elderly, Women and Youth (BMFSFJ 2000) that will benefit both the employer and the employee should be considered while creating a comprehensive program.

<b>Recommendations for creating Employee Assistance Programs (EAP)</b>	
◆ Increase gerontological expertise in EAP	◆ Make assessment and care planning services available
◆ Make comprehensive long term care service information available	◆ Enhance service availability
◆ Employment flexibility	◆ Support of the "Aging Agenda"
◆ Financial support [German BMFSFJ (2000)]	◆ Training for managers [German BMFSFJ (2000)]

*Table 3-D. Recommendations for creating Employee Assistance Programs*

*(Sources: Klein 1993 & German BMFSFJ 2000)*

Initially, Klein (1993) demands an increase in gerontological expertise in Employee Assistance Programs. This encompasses expanding the capacity of personnel related to gerontology and aging families. Their task is to assist employees to understand the dynamics of the aging process and differentiate stereotypes and pathologies from the normal aging process, and to provide specific information on caregiving, planning for caregiving in retirement and health issues for both caregivers and care receivers. For the accomplishment persons in charge for the EAP may use caregiver discussion groups.

Additionally, Klein recommends making comprehensive information on community resources available for caregivers. This includes information on both the service availability as well as service funding.

Employment flexibility, which encompasses the support of employees through flexible schedules and part-time employment opportunities, should be also part of an Employee Assistance Program.

Moreover, he requests to make assessment and care planning services available. In case care provision through formal services is present, it must be assured that these service providers' work is coordinated as a network. In order to fulfil this, employers should facilitate access to a full needs assessment and comprehensive service plan development.

Additionally, employers should be directly involved in expanding employees' ability to access Long Term Care (LTC) services. Depending on the size of the company and their potential budget, employers could contribute through making service subsidies available, through enhancing service availability by negotiating group rates for LTC services, or through initiating direct provision of LTC services.

Moreover, Klein (1993) requests that employers should actively support the "aging agenda" in the appropriate political contexts, which means corporate support of local, state and federal policies.

These recommendations by Klein (1993) can be supplemented by the demand of the German BMFSFJ (2000) to provide those caring employees who do not get any other allowances with employer's financial support. In addition, it is necessary to provide leading staff and superiors with appropriate training referring the accurate interaction with caregiving employees. It must be ensured that superiors actively support the use of benefits provided by the company (BMFSFJ 2000).

### **3.6.2 Criteria for good practice by “Employers for Carers”**

The above-mentioned British organisation „Employers for Carers“ has published a package of criteria for good practice (Employers for Carers, URL 2). Their suggestions appear to be both very concrete and practical with respect to their adoption by employers. For that reason their package should be presented within this section as a whole notwithstanding that some criteria overlap with the prior presented elements.

Recommendations given by „Employers for Carers“ for effective caregiver support includes also the element of flexible work arrangements. In contrast to the prior elaborated recommendations “Employer for Carers” don’t mention explicitly the performance of assessments as a criterion for good practice.

“Employers for Carers” put particular emphasis on the realization of a carer-friendly culture within a company. The establishment of carer’s policies endorsing equity among all employees, and providing managers with guidance, foster the realization of a carer-friendly culture. Likewise Klein with his recommendations, also “Employers for Carers” stresses on the necessity of gerontological expertise for creating workplace support. This organisation suggests the engagement of external experts in case there are not sufficient resources available within the company.

The subsequent table will present an overview on the recommendations by “Employers for Carers” for developing good practice in eldercare support:

<b>Recommendations for Good Practice by “Employers for Carers”, UK</b>	
<b>Equal opportunities policy</b>	“Employees with caring responsibilities should have the same opportunities to get a job or stay in work as everyone else, regardless of their responsibilities outside of work. You should therefore include carers in your equal opportunities and diversity policy, alongside other factors such as race, gender etc, and communicate this to your employees.”
<b>Carers policy</b>	<p>“ (...) This can support managers when recruiting carers as well as provide detail about supporting employees in the process of balancing work and care. This policy should include:</p> <ul style="list-style-type: none"> <li>• reference to the organisation’s definition of a carer and what this means,</li> <li>• the support provisions available to carers,</li> <li>• support options available to their line managers.</li> </ul> <p>Many of the support options will be dependent on the employee’s needs, and it is beneficial to consult your employees when you develop this policy about what provision will be most beneficial to them. Some options to include:</p> <ul style="list-style-type: none"> <li>• Emergency leave (paid and unpaid)</li> <li>• Carers leave (paid and unpaid)”</li> </ul>
<b>Flexible working and ‘Work Life Balance’ policy</b>	<p>“(…) Flexible working is the key to ensuring employees with caring responsibilities can work and continue to be effective in the workplace. (...).</p> <p>Adjustments can include:</p> <ul style="list-style-type: none"> <li>• Flexible starting and finishing times</li> <li>• Compressed working hours</li> <li>• Annualised working hours</li> <li>• Job sharing or part-time working</li> <li>• Home-working and tele-working</li> <li>• Term-time working</li> <li>• Flexible holidays to fit in with alternative care arrangements”</li> </ul>
<b>Culture</b>	“Building an open culture, with equality of opportunity for all, is an essential part of ensuring employees with caring responsibilities can balance work and care. (...) The culture and working environment need to welcome and accommodate employees with caring responsibilities.”
<b>External support</b>	“(…) Where there is not sufficient resource or expertise within the organisation to support carers effectively and ensure that the appropriate workplace practices are implemented, it may be useful for you to engage with external experts in this area.”
<b>Practical examples</b>	<p>“(…) There are many practical solutions that you can discuss with your employees in order to establish what will be most effective for all, some are included below:</p> <ul style="list-style-type: none"> <li>• Flexible benefits, for example healthcare</li> <li>• Access to a telephone</li> <li>• Reserved or nearby car parking spaces</li> <li>• Reasonable notice if shift patterns are changing or overtime is required</li> <li>• Career breaks</li> <li>• Compassionate leave</li> <li>• Flexibility with regards to requiring employees to work away from home”</li> </ul>

Table 3-E. Recommendations for Good Practice by “Employers for Carers”, UK

(Source: Employers for Carers, URL 2)

## 4 Summary

Given the demographic development in Europe the reconciliation of caregiving and employment becomes a more and more significant issue that is increasingly dealt with in the political discussion.

There is evidence that caregivers can experience significant difficulties in combining caregiving and employment. Caregiving can reduce labour market participation in form of lower hours of work or full withdrawal from employment. Potential impacts upon work also include adjusting work commitments around caregiving responsibilities. Moreover, undertaking caregiving responsibilities can potentially affect work performance

Depending on the extent of the caregiving responsibilities, the reconciliation of caregiving and employment can have negative effects on the caregiver's health. On the other hand, there is evidence that paid work can have positive effects on carers' health since it prevents them from social exclusion and helps to maintain social networks. A rewarding job can protect emotional health.

The compatibility of caregiving and employment is affected by a number of factors. This includes the intensity of caregiving, characteristics of the caregiver and the cared-for, and the nature and the conditions at the workplace.

Within this work several elements to enhance the compatibility of employment and caregiving have been pointed out. Concerning workplace measures one very important factor enhancing the compatibility is flexibility that allow the carer to control their work environment. Enhanced flexibility is covered by most initiatives of those companies that have been introduced in eldercare friendly policies.

Regarding developments for working carers it can be summarized that "childcare" is still to a greater extent considered in public policies than eldercare. Moreover, the review of existing literature showed that specific policies have been introduced for caregivers in European workplaces, but such services sponsored and initiated by companies are not widespread. Activities focussing on this particular issue of employment and eldercare are mostly found in Northern European States whereas innovative initiatives can be predominantly found in the United Kingdom.

## 5 Conclusion and Recommendations

Examples of initiatives have shown that there is a range of elements in place among those who are engaged in the support of working caregivers. Also the introduction of flexible working time schemes, which appears to be one of the most sought benefit by working caregivers are considered in a majority of the workplace initiatives, and supported through many governmental initiatives.

However, the introduction of such policies does not necessarily mean that carers feel supported with their competing demands and actually benefit from these policies. As shown in this work the success of such schemes and policies may be influenced by a variety of aspects. In the following, different critical aspects will be taken up and elaborated in the light of both the successful implementation as well as operation of workplace related caregiver support.

### **Culture**

From the exposed examples the workplace initiative of British Telecom appears to put particular emphasis on a supporting culture. However, the culture within the company needs to be evaluated in order to determine whether the initiative is actually good practice. For that reason BTs' carers' evaluation of their support would be interesting but information concerning this issue were not available.

Likewise other health promotion schemes in companies, the success of carer-friendly schemes appears to be dependend on the attitudes throughout the company and the support of managers and colleagues. The corporate culture reflected in attitudes of managers and supervisors can discourage use of workplace programs. Hence, once put in place promotion of the actual utilization of workplace programs is necessary. That encompasses that the culture of the company needs to support these programs, benefits and policies in order to be fully accessible for working caregivers among managers, supervisors, as well as colleagues. This includes the encouragement of caregivers to take advantage of provided benefits. Since, more male employers will need assistance and they might be less likely to discuss their caregiving responsibilities with supervisors



or co-workers than women particular emphasis has to put on the encouragement of male caregivers within a carer-friendly culture.

While looking to the culture within a company it is important to be aware of underlying cultures. In organisations that have already introduced supportive policies, some traditional organisational cultures may weaken their effectiveness. Even in organisations, which at first glance might appear flexible, underlying cultures can be quite different from reality. Therefore, attention must be paid to those underlying cultures, which requires that employers will need to continue to address these issues.

The aim of a carer-friendly culture could be expressed and realized through the integration of a responsible person within the human resources department of the company dedicated to carers' issues. Moreover, for the realization of a carer-friendly culture trainings for managers and supervisors are essential not only to foster the use of workplace programs but also to assure accurate dealing with concerns and needs of working caregivers.

### **Participation**

As mentioned, measures are frequently introduced within the framework of childcare support programs, and are therefore not tailored on the needs of working carers. Carer-friendly employment policies are only beneficial for carers if they are implemented carefully. To be effective on a larger scale, policies that are introduced to support carers must be well-targeted and meet carers' needs. This requires employers to find out more about the carers among their staff, and encompasses caregivers have the opportunity to shape their programs and policies. Employers should involve carers in determining which particular provisions would help them best. This might be possible through e.g. the performance of workshops or circles aiming to reveal specific issues that affect individual caregiving workers. However, while planning caregivers' participation it needs to be ensured that the privacy of working carers at their workplace will be respected which could be realized through electing a representative for carers' interests.

### **Evaluation and Accommodation**

As already mentioned above evaluating workplace initiatives is crucial for determining whether carers feel actually supported by a policy. Apart from surveys the conduction of

circles with carers within companies held on a regularly basis might be apart of being useful for the implementation also a practical tool for the evaluation of introduced measures. The inclusion of caregivers' perspectives is not only useful for implementing workplace programs but also for its evaluation and continuous accommodation to ensure measures meet carers needs. Within the framework of an evaluation the analysis of both caregivers' as well of supervisors' view on implemented measures/ policies should be facilitated. Furthermore, it might be useful to introduce a "reporting system" to guarantee that top managers will learn from feedbacks given by carers in order to adopt policies and make sure that the aim of a carer-friendly culture will be realized.

### **Awareness of eldercare issues**

Given the fact that public policies may serve to increase awareness and recognition of the contribution and rights of working carers the eldercare issue should be more explicitly considered in public policies. Bringing the eldercare issue into public discussion promotes the empowerment of working caregivers to ask for those benefits and that support they need in order to fulfil their duties as an employee as well as their caring responsibilities. Moreover, some employees do not see caregiving as a workplace issue. It need to be ensured that carers learn that eldercare is also relevant for employers and encourage carers in addressing this issue.

Both the external and the internal awareness within companies of eldercare issues are important for motivating employers' involvement of eldercare support. This implies that the eldercare issue need to be put on the agenda among organisations working around, and in direct collaboration with companies. Employers should learn that the eldercare issue concerns them. Firstly, by suggesting to identify in which way their own employees are concerned with caregiving responsibilities. Secondly, through indicating how employers are affected by employees with caregiving responsibilities. Benefits are more likely to be introduced because the employers wish their employees to be able to concentrate on their work. Together with pointing out feasible solutions for promoting employees productivity this might be an effective way to increase employers' willingness to support their working caregivers. However, if employers would review their current personnel services and identify those that could their working carers benefit there may be some solutions available without causing extra expenditures.

**The Network Idea - Creating Partnerships**

Since the possible network design depends on the individual structure of the respective country this section aims to present the approach rather than a concrete proposal. The comprehensive analysis of existing structures that can be found in the respective environment is a precondition for realizing the network idea. Associations that might be relevant for the support of employers concerning the caregiving issue need to be identified and partnerships should be created.

Moreover, endeavours like setting up networks among local employers as well as community-wide collaborations through working in partnerships with non-profit organisations and authorities aiming to provide services and share resources may be essential especially for small businesses.

Partnerships, for instance with non-profits organisations and community agencies, as well as caregiver supporting groups could provide employers with services to better manage eldercare responsibilities of their employees. The assistance could consist of support in designing practice models in partnerships with employers and business groups such as the chamber of commerce to address the issues of working carers, and provide employers with consultation and referral.

Through partnerships even small employers could provide access for their working caregivers to “case managers” who could help caregivers negotiate care and work and select resources. Such “case managers” could be for instance volunteers or professionals of non-profit organisations. The inclusion of such “case managers” in partnerships, provided that they are experienced and knowledgeable, could provide working carers e.g. through seminars with information concerning the best resources available locally, in insurance matters, their rights etc. and help them this way in juggling work and care responsibilities.

## **6 Future research need**

As already mentioned in the introduction the crucial research aim focussed very much on the identification of companies' workplace initiatives across Europe worth to be exposed as good practice. The literature research showed that such services have not been surveyed comprehensively recently. Consequently, future research should focus more on such policies undertaken by companies supporting caregivers to remain in work or to return to work during or after an episode of caring. Moreover, further research is necessary concerning the evaluation of introduced policies both in the public sector as in private organisations. Particularly regarding the evaluation of introduced measures, especially workplace programs, there is substantial need for further research.

As presented, companies already undertook in the past endeavours for caregivers through the establishment of workplace programs. Those companies that introduced programs should be in focus of future research. Developing a better understanding concerning the motivation of companies for introducing such programs, the evaluation of introduced programs from the companies' point of view as well as reasons in case of an abolishment of measures might be helpful with respect to the development of policies and the identification of companies' needs in supportive interventions.

Finally, the characteristics of patients and families that are associated with reduction in caregiver employment should be more in focus of future research. Research concerning reduction in caregiver employment should consider various features such as for instance different cultures. Ethnic minorities within the countries should be in focus of such research as well. Moreover, workplace conditions such as stress level should be considered while conducting research concerning reduction in caregiver employment. Knowledge of these characteristics can provide insight into how the cost of caring for frail elderly is distributed across European societies and may be supportive in creating targeted interventions for caregivers at risk of reduced employment.

## References

ACE National, URL 1. Website: <http://www.acecarers.org.uk> Last accessed: 31/01/2006.

Anderson R (2003). Health risks and resources in the life course and in different living arrangements. Paper presented at the seminar "The family in the health system: a cost-raising or cost-reducing factor?" organised by the European Observatory on the Social Situation, Demography and the Family. Tutzing, Germany June 2003.

Anderson R (2004). Working carers in the European Union. In: "Families in Aging Societies" ed. by Harper S. Oxford University Press. Oxford, New York.

Arksey H (2002). Combining informal care and work: supporting carers in the workplace. *Health and Social Care in the Community*, 10, 151-161.

Arksey H, Kemp P, Glendinning C, Kotchetkova I, Tozer R (2005). Carers' aspirations and decisions around work and retirement. Available online: <http://www.york.ac.uk/inst/spru/pubs/ccatreps.htm> Last accessed: 12/12/2005.

Barkholdt C, Lasch V (2004). Vereinbarkeit von Pflege und Erwerbstätigkeit. Expertise für die Sachverständigenkommission für den 5. Altenbericht der Bundesregierung. Dortmund, Kassel.

Bevan S, Dench S, Tamkin P, Cummings J (1999). Family-friendly employment: the business case. Department for Education and Employment's Research Brief No. 136. Available online: <http://www.emploment-studies.co.uk/summary/summary.php?id=fambus> Last accessed 12/12/2005.

Buffardi LC, Smith JL, O'Brien AS, Erdwins CJ (1999). The impact of dependent-care responsibility and gender on work attitudes. *Journal of Occupational Health Psychology*, 4 (4) 356-367.

Bundesministerium für Familie, Senioren, Frauen und Jugend (BMFSFJ) (1997). Vereinbarkeit von Erwerbstätigkeit und Pflege. Beck B, Naegele G, Reichert M, Dallinger U (eds.) Vol. 106/1. Kohlhammer. Stuttgart, Berlin, Köln.

Bundesministerium für Familie, Senioren, Frauen und Jugend (BMFSFJ) (2000). Vereinbarkeit von Erwerbstätigkeit und Pflege: betriebliche Maßnahmen zur Unterstützung pflegender Angehöriger. Ein Praxisleitfaden. Naegele G, Reichert M, Carell U (eds.) Available online: [www.bmfsfj.de](http://www.bmfsfj.de)

Burton WN, Chen CY, Conti DJ, Pransky G, Edington DW (2004). Caregiving for ill dependents and its association with employee health risks and productivity. *Journal of Occupational Environmental Medicine*, 46 (10) 1048-1056.

Carers UK (2002). Without us...? Calculating the value of carers' support. Carers UK London. Available online: [www.carersuk.org](http://www.carersuk.org) Last accessed: 12/10/2005.

Carers UK (2005). Facts about Carers. Carers UK London. Available online: [www.carersuk.org](http://www.carersuk.org). Last accessed: 12/10/2005.

Carers UK (2005 b). Carers at work: Information for Employers. Carers UK London. Available online: [www.carersuk.org](http://www.carersuk.org) Last accessed: 12/10/2005.

Carers UK, URL 1. Website: <http://www.carersuk.org>; Last accessed: 12/10/2005.

Chappell NL, Reid RC (2002). Burden and well-being among caregivers: examining the distinction. *Gerontologist*, 42, 6, 772-780.

Convinsky KE, Eng K, Lui LY, Sands LP, Sehgal AR, Walter LC, Wieland D, Eleazer GP, Yaffe K (2001). Reduced employment in caregiving of frail elders: impact of ethnicity, patient clinical characteristics, and caregiver characteristics. *Journal of Gerontology*, 56A, 11, 707-713.

Convinsky KE, Goldman L, Cook EF, et al. (1994). The impact of serious illness on patients' families. *JAMA*, 23, 1839-1845.

Dellasega C (1990). The relationship between caregiving and employment. A study of stress in employed and unemployed caregivers of elderly persons. *AAOHN Journal*, 38 (4), 154-159.

Department of Health (1999). Caring about Carers: National Carers Strategy. DoH; London.

Department of Health (2001). Carers and Employment: Report on Visits to Five Councils with Social Services Responsibilities. Available online: <http://www.carers.gov.uk/visitto5councils.pdf> Last accessed 31/01/2006.

Department of Health (2005). Carers and Disabled Children Act 2000 and Carers (Equal Opportunities) Act 2004 combined policy guidance. DoH; London.

Employer for Carers, URL 1. Website: <http://www.employersforcarers.org> Last accessed 31/01/2006.

Employers for Carers, URL 2. Website:

[http://www.employersforcarers.org.uk/docs/good\\_practice.html](http://www.employersforcarers.org.uk/docs/good_practice.html) Last accessed 31/01/2006.

Employers for Carers, URL 3. Website: <http://www.employersforcarers.org.uk/docs/bt.html>

Last accessed 31/01/2006.

European Foundation for the Improvement of Working and Living Conditions (2006). First results on working time and work–life balance in European companies. URL 1:

<http://www.eurofound.eu.int/areas/worklifebalance/eswtfindings.htm> Last accessed: 20/01/2006.

European Foundation for the Improvement of Working and Living Conditions (2006). EU-wide survey finds that both companies and employees profit from flexible working time. Press release, 14 December 2005. URL 2: <http://www.eurofound.eu.int/press/releases/2005/051214.htm>

Last accessed: 20/01/2006.

Evandrou M, Glaser M (2001). Family care and paid work: multiple role occupancy in Britain.

Paper presented at Working Carers of Older Adults Pre-Conference Workshop. British Society of Gerontology. Stirling.

Goodstein J (1995). Employer involvement in eldercare: An organizational adaptation perspective. *Academy of Management Journal*, 38, (6) 1657-1671.

Gubermann N, Maheu P (1999). Combining employment and Caregiving: an intricate juggling act. *Canadian Journal on Aging*, 18 (1), 84-106.

Guzzo R, Nelson G, and Noonan K (1992). Commitment and employer involvement in employees' nonwork lives. In: Zedeck S (Ed.) „Work, families and organizations“. San Francisco: Jossey-Bass.

Hawranik PG, Strain LA (2000). Health on informal caregivers: effects of gender, employment, and use of home care services. Report submitted to the Prairie Women's Health Centre of Excellence.

Available online: [http://www.pwhce.ca/pdf/informal-care/informal\\_report.pdf](http://www.pwhce.ca/pdf/informal-care/informal_report.pdf)

Last accessed: 08/11/2005.

Hoffmann M, Leeson G (1994). Eldercare and employment: Workplace policies and initiatives to support workers who are carers. Report for the European Foundation for the Improvement of Working and Living Conditions by DaneAge Foundation, Denmark.

Howard M (2005). Support for working carers. Joseph Rowntree Foundation. Available online: [www.jrf.org.uk](http://www.jrf.org.uk).

Jacobzone S, Jenson J (2000). Care Allowances for the frail elderly and their impact on women care-givers, OECD Labour Market and Social Policy Occasional Papers, No. 41, OECD Publishing.

Klein, WC (1993). Eldercaring employees: an agenda for employers. *Benefits quarterly*, First quarter.

Lee JA, Walker M, Shoup R (2001). Balancing elder care responsibilities and work: The impact on emotional health. *Journal of Business and Psychology*, 16, 2.

Loomis L, Sorce P, Tyler PR (1992). Benefits sought by the employed care giver. *Benefits Quarterly*, first quarter 1992.

Mestheneos E, Triantafillou J (2005). Supporting family carers of older people in Europe – The pan-European background report. Vol. 1. Lit-Verlag. Münster.

Mestheneos E, Triantafillou J, Kontouka S (2004). Services for supporting family carers of elderly people in Europe: characteristics, coverage and usage. EUROFAMCARE. National background report for Greece. Available online: <http://www.uke.uni-hamburg.de/eurofamcare/>;  
Last accessed: 01/09/2005.

MetLife Mature Market Group (1997). The Metlife study of employer costs for working caregivers. New York: Metropolitan Life Insurance Company.

Mooney A, Statham J, Simon A (2002). The pivot generation: Informal care and work after fifty. Thomas Coram Research Unit, commissioned by the Joseph Rowntree Fund. Policy Press.

Muthueloo R, Rose RC (2005). Typology of organisational commitment. *American Journal of Applied Science* 2 (6): 1078-1081.

Pflüger K (2004). Study into the impact of EU policies on family carers. Report within the framework of the project EUROFAMCARE.  
Available online: [www.uke.uni-hamburg.de/extern/eurofamcare/documents/EU\\_Policy\\_Report.pdf](http://www.uke.uni-hamburg.de/extern/eurofamcare/documents/EU_Policy_Report.pdf)  
Last accessed: 01/09/2005.

Phillips J (1995). Working and caring: developments at the workplace for family carers of disabled and older people. Report for the European Foundation for the Improvement of Living and Working conditions, Dublin.



Phillips J, Bernhard M, Chittenden M (2001). Evaluating the effectiveness of support for working carers of older adults. Available online: [http://www.keele.ac.uk/depts/so/csg/effective\\_support.htm](http://www.keele.ac.uk/depts/so/csg/effective_support.htm)  
Last accessed: 10/10/2005.

Phillips J, Bernhard M, Chittenden M (2002). The experiences of working carers of older adults. Findings Ref 7112. Available online: <http://www.irf.org.uk/knowledge/findings/socialpolicy/7112.asp>  
Last accessed: 10/10/2005.

Princess Royal Trust for Carers (1995). Carers in employment. A report on the development of policies to support carers at work, Summary. Available online:  
<http://www.carersinformation.org.uk/showdoc.ihtml?id=784&zz> Last accessed: 10/10/2005.

Princess Royal Trust for Carers (2005). Corporate Strategy 2005-10 Summary. Available online:  
<http://www.carers.org/about-us.5.GP.html> Last accessed: 10/10/2005.

Scharlach AE, Boyd SL (1989). Caregiving and employment: results of an employee survey. *Gerontologist*, 29, (3) 382-387.

Scharlach AE, Runkle MC, Midanik LT, Soghikian K (1994). Health conditions and services utilization of adults with elder care responsibilities. *Journal of Aging and Health*, 6, 336-352.

Scharlach AE, Sobel EL, Roberts REL (1991). Employment and caregiver strain: an integrative model. *Gerontologist*, 31 (6) 778-787.

Schulz R, O' Brian AT, Bookwala J, Fleissner K (1995). Psychiatric and physical morbidity effects of dementia caregiving: prevalence, correlated and causes. *Gerontologist*, 35, 771-791.

Shoptaugh, Carol F; Phelps, Jeanne A; Visio, Michelle E (2004). Employee eldercare responsibilities: should organizations care? *Journal of Business and Psychology*, 19 (2).

Spiess CK, Schneider U (2002). Midlife caregiving & employment – An analysis of adjustments on work hours and informal care for female employers in Europe. Available online:  
<http://www.enepri.org>; Last accessed: 06/11/05.

Stommel M, Collins CE, Given BA (1994). The costs of family contributions to the care of persons with dementia. *Gerontologist*, 34, 199-205.

Toseland R, McCallion P (1997). Trends in caregiving intervention research. *Social Work Research (Special Issue)*. *Social Work Intervention Research*, 21, 154-164.

Toseland RW, Smith G, McCallion P (2001). „The Caregivers of the frail elderly“. In: Alex Gitterman (Ed.) Handbook of social work practice with vulnerable and resilient populations, 2001, Columbia University Press, New York.

Wagner DL (2003). Workplace programs for family caregivers: Good business and good practice. Report for the Family Caregiver Alliance. San Francisco. National Center on Caregiving.

Wakabayashi C, Donato KM (2005). The consequences of caregiving: Effects on women's employment and earnings. Population Research and Policy Review, 24, 467-488.

## **Statutory declaration**

This is to declare that I have prepared following thesis entirely by myself using only the sources mentioned.

This thesis – or any variation thereof - has never been submitted to any examination authority.

Nadine Janet Kubesch