Supporting staff carers in higher education:
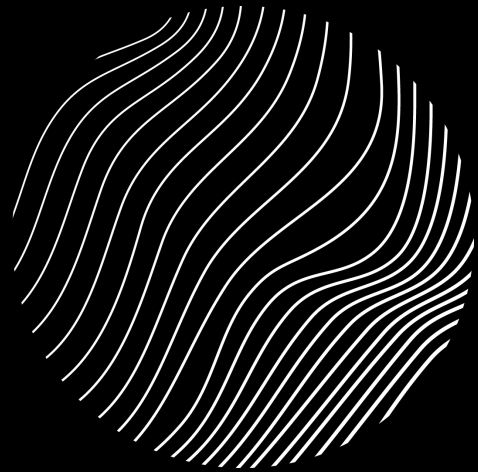# A case for reform

UTS

Centre for Social
Justice & Inclusion

Centre for Carers
Research

Acknowledgement of Country

About this project

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Institute for Public Policy and Governance

Executive summary

In 2020, the Centre for Carers Research (CCR) and the Centre for Social Justice and Inclusion (CSJI) at the University of Technology Sydney (UTS) commenced a research project to explore how public universities can both support and benefit from the contribution of staff carers in their workplaces[1]. The project involved a desk review of the carer research literature, along with a review of practices and policy frameworks that support staff carers in the higher education sector. The project also involved direct engagement with staff carers about their experiences of working at UTS.

The desk review found measureable benefits of carer inclusive policies and practices for public universities. Based on the findings, the research identified a series of recommendations for UTS to consider that focus on strengthening policy and practice to better acknowledge, support and celebrate staff carers. Many of these recommendations intersect with the UTS Social Impact Framework (SIF) aimed at ensuring the university contributes to public good and broader social inclusion.

The key recommendations include:

- Mainstreaming and promoting the Carers NSW toolkit for employees and employers (SIF domains 3,4 and 6)

- Developing a centralised online location for information for working carers (SIF domains 3, 4 and 6)

- Continuing efforts to support and develop flexible working arrangements at both informal and formal levels, acknowledging effective interventions are multidimensional (SIF domains 3 & 6)

- Actively encouraging carer engagement to critically evaluate workplace culture and core values, across departments, disciplines, and teams (SIF domains 3, 5 and 6)

- Ensuring working carers are considered as key stakeholders in the development of policy and strategic planning (SIF domains 5 and 6)

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[1] The CCR project was conducted with ethical approval (UTS HREC REF No. ETH20-4869). The data collection period from June to September 2020.

- Clearly communicating UTS's ongoing commitment to building community awareness of carers within and beyond our organisation (SIF domain 5)

- Considering the challenges and barriers for working carers on an individual, organisational and societal level, informed by collaborative approaches that centre their needs (SIF domains 3, 4, 5 and 6)

- Clearly articulating and communicating the differences between parental and carer responsibilities in official policy documents (SIF domain 6)

- Ensuring attention is given to the impact of COVID-19 on working carers' daily responsibilities, including the challenges around working from home and changed access to support (SIF domains 3, 4, 5, and 6).

These insights developed via the desk review apply not only to UTS, but provide a strong, evidence-based argument for developing carer inclusive higher education in general. The review recommended that the way forward for both UTS and other public institutions in the sector, should consist of continued, sustained efforts that combine research and practice for the best possibility of success. The desk review is included in its entirety in Annex 1 of this report.

The second phase of the research, investigating the personal experience of staff carers at UTS, reflects the challenges and conditions that carers face in society more broadly. According to the National Carers Survey undertaken by Carers NSW in 2020, carers in Australia report higher levels of social isolation and financial precarity than the broader population, and experience significantly, sustained lower levels of well-being. Carers working at UTS told stories of not accessing services and supports available to them; of retaining separation between home and work realms, often at the expense of their own well-being; and of not expecting UTS as their employer, to support their caring role. Staff carers value their jobs and are often reluctant to disclose their caring status, some because of concerns about job security, others in an effort to maintain privacy in relation to their family life and circumstances. Staff carers reported mixed experience of working and caring during the pandemic, but many expressed hopes for maintaining multi-dimensional work flexibility after COVID-19. Staff carers also reported that UTS would benefit from deeper and more consistent practices of empathy, particularly in communication, supervision and work planning.

As critical knowledge holders, staff carers offered a range of suggestions about practices and actions that UTS could enhance. These have been grouped under six sub headings:

- Policy, guides and resources;
- Staff training;
- Awareness raising;
- Support networks;
- Human resources; and
- Campus facilities.

Recommendations

1. Policy, guides and resources

It was recommended that UTS:

- Consider forming a carer-led team to review policies and communication resources to ensure empathetic, carer-inclusive language to address concerns that staff carers may not feel safe nor enabled to access the supports and services currently available.

- Consider collecting and collating data on staff carers and their caring responsibilities via voluntarily disclosure on NEO. Better understanding the population of staff carers at UTS could provide a stronger evidence base for supports and practices.

- Develop a single, easily accessible online resource hub for revised staff carer resources, to be promoted widely across UTS communication channels. Resources should include: *VC's Directive on Staff and Students with Carers' Responsibilities*, relevant leave policies, Carers+Employer resources, and guides developed for staff carers.

- Update the *VC's Directive on Staff and Students with Carers' Responsibilities* to reflect UTS updated policy and EBA commitments, as well as to ensure inclusive language.

- Develop a guide for staff carers, which details policies and supports available to align with the online resource hub (see above). The *UTS Guide for Student Carers* could be used as a model.

- Develop guidelines for managers on managing flexibility in the teams (for carers and others). UTS's stated commitment to being an inclusive employer requires that planning and implementing university activities provides for budgeting and work planning that allows leave to be taken by any team member. Managers need guidance to understand the UTS leave and flexibility arrangements available to all staff (including staff carers).

- Communicate that UniSuper can be consulted by staff carers to help develop tailored superannuation plans.

2. Staff training

It was recommended that UTS:

- Develop a training module for line managers (as with bullying training etc.) that builds understanding of the working and caring experience. The RNA model of training and awareness raising was highlighted as a successful model.

- Facilitate peer groups that allow supervisors and managers to connect and exchange ideas and good practice tips with others managers.

- Ensure managers understand the need to approach staff carers individually about the supports that are available and effective for the whole team, given the broad diversity of caring commitments that staff may face.

3. Awareness raising

It was recommended that UTS:

- Use evidence based carer research to guide training and awareness raising initiatives.

- Ensure that awareness raising campaigns sensitise the UTS community (particularly colleagues and supervisors) to the work that carers do, and the value carers contribute to UTS. These could include communication campaigns using carer case studies – both students and staff.

- Promote the stories of staff carer champions such as Prof. Shirley Alexander, who has shared her personal experience of caring while working in order to support student and staff carers at UTS.

- Raise awareness of the NSW Carers Charter established in the *NSW Carers (Recognition) Act 2010* which gives guidance to institutions around honouring their commitment to carer recognition and support.

- Consider establishing a memorial/remembrance wall of care recipients and carers to honour staff and student carers in our UTS community.

4. Support networks

It was recommended that UTS:

- Consider appointing faculty based third party mediators (similar to the ALO model for student carers) to support staff carers.

- Consider developing a carer passport system (trialled with student carer populations in the UK) so staff carers do not repeatedly have to make the case for accessing supports, leave or services.

- Facilitate space and time for staff carer peer support groups.

- Consider initiatives to support /encourage self-care among carers. This could include a communication campaign with Carers NSW around referrals to carer supports and services such as the Carer Gateway.

- Provide bereavement/grief support for carers after they cease caring.

5. Human resources

It was recommended that UTS:

- Consider integrating non-traditional KPIs such as empathy and other measures into staff performance recognition.

- Adapt existing work-planning tools to facilitate respectful disclosure of caring roles, and how to plan workloads to accommodate flexibility and caring.

- Consider developing intentional mentors/coaching frameworks to support staff carers (and other under-represented groups) in their career progression.

- Continue multi-dimensional flexible work arrangements post-COVID by actively promoting and mainstreaming a flexible work culture that benefits all staff, including carers.

- Collect and report on data on staff carers in the UTS community in order to understand the needs of the caring population across UTS and inform and guide the design of policy frameworks and supports.

- Consider an extended leave scheme for carers like parental leave – 6 months / 12 months if needed - with job guarantees on return to work.

6. Campus facilities

It was recommended that UTS:

- Consider offering subsidised parking on campus to carers, recognising that carers are often required to drive to appointments and transport the care recipient.

- Develop communications campaigns targeting staff carers to increase their awareness of existing facilities that promote health and wellbeing, including locations for meditation or rest during work breaks. This may include re-purposing alternative work spaces such as Breastfeeding / Quiet room at UTS Moore Park campus or meditation rooms on city campus.

Introduction

The *NSW Carers (Recognition) Act 2010*, defines a carer as someone who provides ongoing, unpaid support to people who need help because of disability, mental illness, chronic or terminal illness, dementia or frail age (NSW Goverment, 2020). In NSW the Act was introduced to formally recognise the significant contribution carers make to the people they care for and the community, by enacting the NSW Carers Charter and establishing the Carers Advisory Council.

In NSW the Department of Communities and Justice (DCJ) leads the implementation of the Act, including a NSW Carers Charter which includes 13 principles that affirm the valuable contribution that carers make and provides guidance on issues of significance for carers. As a public institution, UTS is required to comply with the NSW Carers Charter, including that carers should be supported to balance their caring roles with their other roles in employment and education. In operationalising the NSW Carers Charter, in October 2020, DCJ launched NSW Carers Strategy – Caring in NSW 2020-2030. Building on actions and learning from the 2014 to 2019 NSW Carers Strategy, the new strategy identifies carers need more support at work so that they can better balance caring and paid work as critical to improving carers financial security, and overall, well-being.

With over 854,300 carers residing in NSW, there is both a strong business and social case to be made for providing supportive workplaces for those balancing caring and paid work. The business case reveals cost savings in reducing employee absenteeism and in reducing stress among carers. The social case argues that as most of us will be carers, and/or need care at some stage during the trajectory our lives, we will all benefit from a society that values and supports caring.

As a public purpose focused institution, UTS is deeply committed to social justice and inclusion, and to acknowledging, supporting and celebrating carers, in both its student and staff populations. Beyond complying with the NSW Carers Charter, UTS has taken significant steps to honour its commitment to staff carers via a range of policies and program based initiatives. In 2019, UTS was the first organisation in NSW recognised as a Level 1 Accredited carer friendly employer, through the Carers NSW *Carers + Employers program* (Carers NSW, 2020a), which acknowledges the UTS commitment to supporting carers, and gives UTS staff access to a range of program resources.

Staff carers can self-identify through mechanisms such as the UTS *VOICE* Staff Engagement Survey but UTS centralised records are not maintained in HR or similar systems. As a result, the exact number of staff balancing working and caring roles at UTS is unknown. However, in the most recent comprehensive VOICE Survey conducted in late 2018, 316 staff members identified as carers of people other than dependent children – representing 9.3% of all staff who completed the survey. This is consistent with data from the Australian Bureau of Statistics *Survey of Disability,*

Ageing and Carers which is the most reliable source of generalisable population level data regarding carers in NSW: the most recent ABS survey data (2018) indicates that 10.3% of the employed NSW population were carers (ABS SDAC NSW, 2020).

Carer participation in employment and education

In the recent desk review of the carer research literature Taylor (2020) identified that the increasing presence of carers in the workforce is a strong focus. While consideration of carer work can be entwined with parental caring responsibilities, the review specifically used the definition established in the NSW *Carers (Recognition) Act 2010*, which defines a carer as someone who provides ongoing, unpaid support to people who need help because of disability, mental illness, chronic or terminal illness, dementia or frail age (NSW Goverment, 2020).

The research consistently found that caring requires a complex balance of factors, and addressing stand-alone concerns is not effective for every staff member with caring responsibilities (Hill et al., 2016; Woods & McCormick, 2018). As an alternative, Hill et al.'s (2016) study proposes a social inclusion framework, where a more holistic consideration of experiences and identities of carers within the organisation ultimately supports more meaningful inclusion of carers in the workforce. Working and caring is a balance, in which employees can find that carer work shapes all aspects of their career. Oldridge's (2019) paper "Hidden Care(e)rs: supporting informal carers in the workplace" takes a specific interest in caring's effect on careers and levels of support from employers, including an examination of carer's perceptions of their own roles when considering promotions and other forms of progression. Levels of organisational support, including policies in place, are directly related to decisions from working carers to take on further responsibilities, management roles and projects (Oldridge, 2019).

Considering carer employees as assets to an organisation rather than a burden to make allowances for, shifts not only a carer's participation in the organisation, but also the benefits gained by the employer themselves. Ireson et al.'s (2018) paper discusses the transferable skills an employee with carer responsibilities will bring to their organisation in addition to their specific expertise, arguing that there is significant value in time management, financial skills, adaptive problem solving, health care knowledge and abilities as well as advocacy skills (Ireson et al., 2018). The Carers NSW toolkit for employers further builds this argument by 'myth busting' a list of assumptions around working carers, in particular an assumption that there is no business case for supporting carers, or that caring is a personal issue rather than a workplace one (Carers NSW, 2020c, p. 2). Research in this area (Austin & Heyes, 2020; Hill et al., 2016; Ireson et al., 2018; Woods & McCormick, 2018) argues repeatedly that as a business decision, investing time and resources into supporting carers to continue working alongside meeting carer responsibilities makes good sense. The literature indicates that increasing staff retention enables organisations to maintain corporate knowledge and reduce costs of recruitment and orientation associated with higher staff turnover, as well as lowering the reduction of hours and cases of absenteeism (Austin & Heyes, 2020).

Beyond these factors, organisations increasingly motivated by building employee inclusion as a direct goal towards more robust health and wellbeing in the workforce are looking to ensure staff with caring responsibilities are supported in numerous ways.

Methodology

Conducted in two parts, with HREC approval: ETH20 – 4869, the aims of this research are:

- To examine UTS policies and practices in recognising and supporting staff carers.

- To understand good practices and policies in supporting staff carers in the academic/higher education setting in Australia and internationally.

- To understand the staff carers experience at UTS, with a greater awareness of staff carers at UTS.

- To reflect the voice of staff carers in UTS policies and practices.

First we conducted a desk review to examine UTS policies and practices in recognising and supporting staff carers; and including a rapid literature scan to understand good practices and policies in supporting staff carers in the academic/higher education setting in Australia and internationally. A range of suggestions emerged from the findings of the desk review where UTS can look to better acknowledging, supporting and celebrating carers. The desk review is appended in Annex 1.

Secondly we spoke with UTS staff – both carers and their supervisors, in focus groups about their experience of working while caring at UTS. In recognising that lived experience is a critical source of wisdom and insight, we asked about what facilitated or obstructed their work while balancing caring responsibilities. We asked staff to reflect on how UTS might better support carers in our teams, in policy development, in our culture and in our institutional engagement with our greater community. This part of the research explores the experience of staff who are balancing caring roles while working at UTS, to understand their everyday experiences and challenges and to develop and imagine with them ideas and suggestions to achieve a better balance in their working and caring roles. In all we spoke with 16 staff members: 11 staff carers and 5 supervisors/managers, from both academic and professional backgrounds.

The research was a collaboration between the Centre for Carers Research (IPPG) and the Centre for Social Justice and Inclusion and the research team comprised: Tania Teague, Leila Frijat and Paula Gleeson (Centre for Carers Research); Priya Viswanathan and Jo Tilly (Centre for Social Justice and Inclusion); Helen Taylor (UTS Business School).

Insights and ideas from both parts of the research were synthesized in a thematic analysis by the members of the research team, and these are set out in the Emerging Principles, Insights, and Recommendations sections below.

Limitations of the research

Several limitations apply to the methodology used in this project. Most notably, the small sample size of carers who participated in focus groups means that caution should be used when generalising findings to the broader population of carers at UTS. In addition, while the project and focus groups were promoted via a number of UTS communication channels, the resulting sample is likely to over-represent staff members who clearly identify as carers, are engaged with UTS initiatives that might support carers and may already have contact with supports and services.

Given that the data collection for this research was conducted during COVID, all focus groups were conducted over Zoom video conferencing. This method of data collection presented both a limitation and a possibility, in speaking with carers. Carers experience time poverty, and because of this are often difficult to recruit for research. Video conferencing from their homes meant that carers were more easily able to give time to research. At the same time, given the increase in caring roles undertaken because outside carer were unable visit during COVID, some carers were unable to participate in research.

With this research project we hope to acknowledge the existing UTS commitment to carers, and to modestly influence for policies and practices that better support our staff who have caring responsibilities, particularly in operationalising the UTS Social Impact Framework; and developing a nascent framework of good policies and practices to recognise, support and value working carers, for higher education institutions more generally.

Emerging Principles

Arising from these consultations are a set of guiding principles that are fundamental to the development of carer-inclusive policies and practices in higher-education institutions and organisations.

1. Build a culture of trust and empathy by:

a. Empathetically responding to carer disclosure

> *Unless you've lived through it, it's very difficult to understand what people are going through. They don't get it. It's something very personal and it is something very emotive, but until you've been in that position and you've lived through it and you've tried to cope with it, you can't explain it. You cannot explain it to anybody unless they're – how can you be empathetic? You can be to a certain level but until you've lived it, you've got no idea. (Academic staff)*

> *I very rarely tell people because I learnt very early on, when my child was diagnosed, that people don't understand, really, what it's like. Unless you live it you don't understand. (Academic staff)*

> *Can I clarify that my supervisor has a very similar situation. So I'd need to say that. Because that probably makes a big difference. However, I didn't know that at the time when I disclosed myself. But I believe that a lot of the sympathy, that a lot of the acceptance is because they know. They know what goes on. If it was someone else, with a very different personality, I may not have said – may not say anything. (Academic staff)*

> *I think, my direct managers are understanding. I have had higher managers who just don't get it, don't understand, have really seemed not to care. (Professional staff)*

Working carers consistently reported finding more empathy and supportive work relationships with others who had also experienced caring, and conversely, that supervisors and employers more generally could not be expected to trust carers to carry out their work unless they had also experienced intense care giving. In short, carers felt that empathy was only possible from others with lived experience. While empathetic workplace are likely to be more supportive, this finding is problematic as it suggests that exclusionary behaviours, policies and practices, are excusable from managers and employers who have not personally experienced caring. Staff carers also reported that they were uncomfortable with disclosing intimate details regarding the care recipient and specifying and their caring role.

Many staff carers were concerned that by disclosing their caring status or requesting support they would be perceived as burden to their teams. To prove otherwise, many overworked themselves, thereby facing a greater risk of burnout. A work culture that is empathetic and trustworthy to carers can work against these and prevent the further isolation of carers in the workplace.

b. Supporting carer needs

> *I guess, it's hard to teach that to somebody or to explain to somebody the little nuances in your situation and make it justifiably acceptable. (Professional staff)*

> *Empathy. I think empathy sometimes is not, yeah, exercised to its best ability. And it's all well and good saying oh, your kid's sick or your parent has had a fall or whatever. But they've got a job to do and they get on with it and they don't want to listen to your stuff.*

> *But if you've got someone looking out for you, and I'm very fortunate that my direct manager does this. She will proactively say, "Okay, you're not looking well. You're looking tired, you're looking stressed, what's going on. I think you need to take a break." But if you don't have someone there supporting you and validating that it's okay to not be doing great all the time, it's really hard. You just keep ploughing through. (Professional staff)*

> *I haven't accessed anything formally. But I have tried to have conversations with my immediate manager, as part of work planning, to say, look, would it be possible, can we have a look at when my classes are time-tabled or can I spend half a day or one day a week at home. It's always been frowned upon. It's not been supported in any way, shape or form. (Professional staff)*

> *I can't manage the carer responsibilities with my workload. And if I'm thinking about my experience at UTS, I kind of, feel like it's been a solo journey. The only support I've had is anyone else that's been in a similar scenario to me, particularly my colleagues who have got elderly parents that need ongoing support. (Professional staff)*

Carers consistently reported the benefits of working environments that were inclusive and built on trust. These inclusive work environments were more encouraging of carers disclosure and offered greater emotional and support in managing their workload. They contrasted inclusive culture with reports of dismissive or unsympathetic supervisors and managers, and how erosive such work culture were, both for carers and their colleagues. In these environments, carers often felt that the nuances of their caring experience were simplified and not recognised as a legitimate reason to request support.

I guess I'm lucky that my manager doesn't micro-manage time significantly, because there's time in lieu. So if there's a day that I can take off, she's happy for me to do that. But it's me finding the time to do that, because I've got so much work to do. (Professional staff)

Since working from home, there's a little bit more trust, I think, with my manager, because sometimes when I have to stay home, I did. I'd stay home and I got to the stage where I did not want to tell people I was working from home, because I knew it would be an issue. (Professional staff)

I think what happens is that unless your manager has experience in these areas, which they don't often have, they're just – they're hesitant to sort of like, allow – oh yeah, you're allowed to work from home, but you're going to have to give us 48 hours' notice or something like that, which is just – you know? I mean, I've got in trouble a few times, because I've stayed at home or something, said look, I'm going to work from home today and so you give them 48 hours. (Professional staff)

But just being a lot more flexible about how we work together. Because, at the end of the day, we all want to do a good job. So the more we try and help people achieve that, the better the outcomes for everybody. (Professional staff)

Carers often experience spontaneous and unplanned events that require their immediate attention which can interrupt typical work structures. Flexible work arrangements such as working outside office hours enables carers to work around these interruptions without it impacting their work. More than just being understanding or sympathetic to a carers difficult situation, managers who trust in the staff carers ability to work flexibly to meet deadlines drastically reduce the strain of balancing care and work. Offering flexible working arrangements to all staff But I think with everyone working from home now, I think at a managerial level, they'll probably relax a little bit and say, it wasn't as bad as I thought it would be. Like, I mean, we could get work done, we could do this kind of thing. So I'd like to think that there will be more opportunity to work from home, because it does have, in my case, it has a tremendous impact. (Professional staff) People can't turn up or turn up late or have had something happen. It used to stress me quite a lot as a manager and I think back then, I didn't have that insight of what it was like to care. I was single, I didn't – I don't have children. I didn't have any responsibility. (Academic staff)
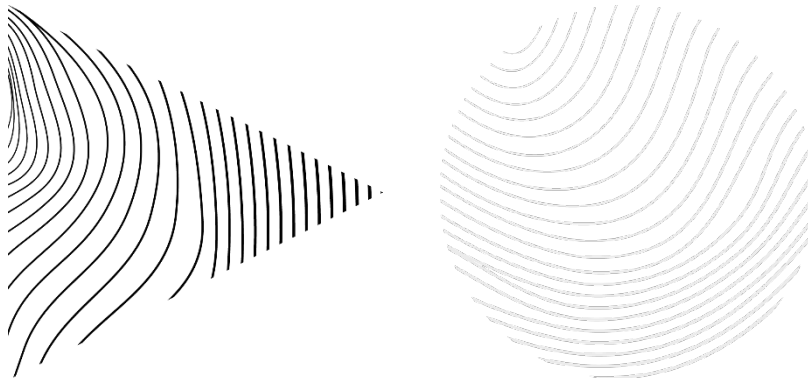
The complex experience of working during COVID has proven that workers can be trusted to be productive while working flexibly and remotely. (Carers+Employers: How COVID-19 has created the opportunity for employers to mainstream flexible work options) Carer sector advocates have long been calling for flexible and remote working for working carers, and the conditions forced on the vast majority of employees globally by the COVID pandemic have provided a testing ground for these conditions. For staff carers, this has meant that normally hidden roles and responsibilities in the home are now more visible and working carers can feel more confident in sharing their caring responsibilities, and not being concerned that they will be penalised for disclosing. It has also increased confidence that employers and supervisors will trust that when staff carers ask for time off or for flexibility, it will considered as a genuine request.

c. Understanding who carers are and what they do

So I think it's a cultural issue, more broadly but I also think coming back to our original points that what people consider be valid carer responsibilities or who should be allowed to be cared for and what care actually means. (Academic staff)

Engage with carers or support carers but that carers is always as an addition they're separated from the policy of people who have registered disability. Yeah. Just that in itself, I'm not saying it devalues it, but in the system it doesn't have the same level of priority. So, having that same recognition, of the role, and its impact on life, I think that's across all areas, personally. (Professional staff)

I think people can understand when you're caring for a baby or a young child but when you're caring for someone who isn't, whatever age they are, in some way it's not valid. (Academic staff)

This is a bit hidden, because we don't have the disability. We hide it at home. And we just get on with it. And no one really ever knows. And they don't actually know the extent of it. I mean we're hearing – I don't have the same issues that you guys have, but I completely can resonate because it's same but different. (Professional staff)

This research is based on the NSW Carer (Recognition) Act definition of a carer, i.e. being family or friend carer of a person with disability, chronic illness, aged and frailty, or mental ill-health. This definition does not include parental care (unless as a parent of a child/ren with additional care needs). It is important to highlight the difference between parental care and other forms of care, because the latter is often less visible and less valued than parental care. The hidden nature of other forms of caring than parenting often means that not all carers are treated equally in the workplace.

2. Adapt existing parental care supports for other forms of caring

So that's been my experience. It hasn't been a good one but, essentially, whether it's been said explicitly or there's an inference in something that somebody said, it's really about, unless you have kids, anything else doesn't count as a carer responsibility. And surely somebody else can step in for you. That's been a common piece of feedback. Are you sure no one else can do that for you. I'm pretty sure. If they could, I would have asked them, already (Academic staff)

Because I thought, there's an interesting perception around what it means to be a carer and who is defined as a dependent. And it's a been a theme all the way through. I've seen it, even, translate to how we treat students who seek special considerations, that if they're a parent and they have a sick child, for example, we've had conversations where there's much more leniency around that. (Professional staff)

How am I going to manage if anything happens to her and what am I going to do with my husband, and not be here and be there in two places at once, and trying to cope with multiple balls in the air as well as going to work full time. I don't' think so. It's just not going to happen. If I could call on leave to go, "I need to do this," and I know that they'll understand and go, "Yes. You're entitled, and your job is safe to come back to." I'd go, phew. It would be so much easier. (Professional staff)

I really found I had to prove my worth to be able to have flexible work arrangements, and the only way I actually got any cut through was not through caring. It was through having a baby, and that was it. Like, the managers are much more willing to look at working from home or adjusting your work days and probably because the frameworks already there within UTS, and they're well established, but before that, nope. If I needed to adjust anything for work, I just would have to make it work in whatever time I had. (Academic staff)

But quite early on, somebody said to me, as I was trying to explain that I need to get home to look after my mum and my sister, you know, there are things I needed to do. Somebody said to me, but you don't have kids. So we can ask you to do this. You don't have to go and look after kids – (Academic staff)

In general, parents have more well established and mainstreamed policy and practices to support them, particularly around the period of birth/adoption. The example of parental leave is illustrative: a parent has access to legislated protections to ensure that their job will be available when they return from parental leave. In the higher education context, on-going staff are also likely to have access to adjustments around working hours and conditions on their return to work following parental leave.

While some protections are provided in anti-discrimination and industrial law, equivalent adjustments are generally not afforded to family and friend carers. Many carers report perceived stigma in disclosing caring status, a fear that job security is in jeopardy if managers and colleagues know about caring roles. For staff carers, this can mean limiting or not accessing available entitlements, services and support.

Some carers of people accessing NDIS noted that while their caring roles were closely reflected to the needs of the person they care for, that their role as a carer remains hidden from view.

3. Understand the diversity of caring experiences, relationships, and responsibilities

I found that sibling relationship to be a big stumbling block, just across the board, for everything, every, kind of, support that there was. I think it's easier for people to understand if you're caring for a parent or a child, or a partner, but when you're caring for your sibling, they don't get it. (Professional staff)

Ever since I was 10, I've lived with this. It's just so much a part of my life, that I don't feel like I'm losing anything or things have suddenly changed or anything like that. (Professional staff)

A lot of people, in my experience, they feel really confronted and challenged by dealing with the fact, that more long term caring. The in and out, kind of, caring or the part-time caring, they can understand a little bit more easily, but when it's your life, they really struggle to comprehend it. A lot of people, I found, are actually really scared by it. They have a lot of fear of their own mortality. They have a lot of pre-conceived ideas about what a good quality of life is. (Professional staff)

While every individual caring experience is different, there are a number of experiences commonly shared among most carers. For example, carers generally experience higher levels of social isolation and lower well-being than the wider population and undertaking caring can have significant and multiple impacts on carers' ability to socialise and to work.

Diversity in caring roles experienced by employed carers can relate to the nature of how and when they became carers. For example, having been a carer since an early age is instrumental in choice of career and education from the beginning of their working life. Some cohorts of carers report a different experience of caring while working. For example CALD carers noted cultural expectations framed their caring and working experiences.

The type of care roles undertaken also impacts work choices, for example caring for someone with health-related issues often means attend doctor appointments. Caring for a person on the NDIS frequently involves intense administrative and organisational commitment, which can leave little time for paid employment. Given the diversity of caring responsibilities (and the unpredictability of when caring will be needed), flexible workplaces are critical to enable carers to negotiate with managers about how they need to work and what their needs are.

4. Value the skills and knowledge carers bring to the workplace

Anyone who's gone through a meaningful sustained carer situation, that is beaten out of you. I mean you can't basically go through such an existential experience without having your personality pretty much recalibrated. I hope I'm not over stating it. It's made me a much better person. I cringe when I look back on myself as a much younger person. Those qualities are really important for an institution. And it's not about you. It's about facilitating things for others. It's about helping others rise. It's about identifying where they might be falling short, because you care about them, and you want them to thrive. It's all those things. (Academic staff)

Carers have a lot to offer, as far as building a community and building networks and relationships and communication skills. All those things that you learn to be assertive, when you need to advocate for somebody and not to be afraid to do that, if you think that the person — and that doesn't just — that doesn't just apply to carers, it applies for us. (Academic staff)

Carers have skills that benefit their teams and improve the work culture. Some of the skills carers noted included empathy; Communicating and listening; time management; building community; taking responsibility; and agility and adaptation in fluid contexts. These skills promote inclusion and safety to their colleagues and to the university more broadly.

5. Recognise diversity in the carer community

a. Provide culturally competent support for CALD carers

There is an implicit understanding in my culture that aging makes you wiser. And that the kids look after their parents. And that's just – I mean I think that it's less so in the West possibly. But there are very few aged care homes in India, for example. People live with their families, and there's that expectation that there's this whole cultural duty.

So the continual relapsing into hospital for – hospital, then rehab, toing and froing and constantly, I think, cooking every day, to bring dinner to the hospital. So it was a daily visit to the hospital… because hospital food is nowhere near what they were used to eating. And I think an Italian background, as well too, was a culprit of that.

Nursing homes are out of the question, very typical to, I guess, a lot of ethnic backgrounds. So home is where nursing home is.

So I have an older mother who is a migrant. So there have been lots of issues around English language and cultural issues with how she experiences and attends care. She has a lot of comorbidities and all sorts of issues there.

Carers from culturally and linguistically diverse (CALD) backgrounds are some of the most 'hidden' in NSW. Research by Carers NSW in 2020 reveals that carers from CALD backgrounds experience similar impacts of caring to other carers including isolation, stress, burnout and the need for support, however, cultural and language issues can serve as additional challenges in their already difficult role.

Carers from different CALD backgrounds may experience: isolation, even within a tight-knit community; stigmatisation of people with a disability or an illness; language and communication barriers; caring as a duty not as a choice; lack of information; strong emotions such as anger, fear and guilt; and fear of the lack of confidentiality in small communities.

When working carers are from a CALD community or caring for someone from a CALD community their caring and working expectations and practices can be influenced by their diverse cultural backgrounds. These experiences were consistent with the experiences of CALD staff carers in the focus groups who reported cultural expectations (particularly placed on women) in relation to the care of parents and in-laws; ageing in place; food preparation; language translation; and negotiating the administrative pathways in relation to medical appointments.

CALD carers reported that their colleagues sometimes struggled to understand why they could not simply hire an interpreter to accompany their care recipient to a medical appointment and had little recognitions that CALD caring involves much more than overcoming language barriers.

b. Gender matters

UTS were really supportive. I found that female staff were a lot more supportive and compassionate about my circumstances. I did have a male manager who, his exact words were, "Your mother's cancer is an inconvenience." (Professional staff)

And when I used to have another male manager who used to — who — I would specifically say, look, I'm not going to be available at these points in time because I've got to take my mum and she's going in for surgery or she's got to have follow-up, post-surgical care, whatever it might have been. And almost gone out of their way to call me specifically during those times, demanding things of me. So it's been a, particularly, difficult experience. (Professional staff)

You know I did think about this, and I think it's a gendered response unfortunately. I just think it's – like I've fought so bloody hard, I'm not going to say – you know I got into a university at a time when only one in four women went to that university. I managed to get a job and get on despite the supposed disadvantages, so I wasn't prepared to be seen to be disadvantaged on any account. And I think that might be just a ridiculous thing of mine. It might just be something really quirky and personal. But, no, I wasn't prepared to put it on the form because I didn't want any concession for that, I wanted it to – if it happens to be because of what I've contributed, and what I've done, not because I've done it because of x, y, z, in spite of x, y, z. (Academic staff)

Because you want to be superwoman – I do anyway – like I rely on being superwoman, and I know that other people rely on me being superwoman. And I know that when I was caring I had to be superwoman at home too. And I had to be absolutely on top of everything. So the last person on your list of concerns is yourself. And so you get in the habit of not making a big deal of it because you're not the important one. Because you're just the shoulders that the world rests on. You're not the world. And so focusing on the world, and having that carrying on turning, is really important for carers. (Academic staff)

That male staff members were less likely to be understanding of what I needed to do. Which was work from home one day a week, which I managed to negotiate. And that helped a lot because I can't — try to — organise mum's need and any appointment she had so that I could take a break during the day, on the day that I worked from home and take her to oncology and specialist appointments and she had treatments and all that sort of stuff. So — and that — I had done that for quite some time and that helped me manage my time and my work/life balance, because I could get up early at home. (Professional staff)

Working carers consistently reported that male managers were less supportive than women managers. Staff carers were less likely to disclose their caring status to male managers, and this posed barriers to accessing services and supports available to them. Staff carers reported experiencing greater support and empathy from women colleagues and managers, and that with male managers they felt as though they were asking for special treatment in accessing flexible work or leave arrangements. The perception that women colleagues and mangers were more likely to be supportive of caring roles is often attributed to their own lived experience of caring.

Women staff carers repeatedly reported feeling a sense of responsibility to both excel at work and in their caring role and were concerned that if women disclosed their needs, they would be compromising their professional standards.

In NSW 55.4% of all employed carers are female. Among employed primary carers, 73.6% are women (ABS SDAC, 2018). Of the 11 staff carers we spoke with, nine were women and two men and all identified as primary carers. At 82% of our research respondents, the proportion of women to men primary carers working at UTS is slightly higher than the NSW data. Due to the lack of comprehensive data on carers at UTS, it is impossible to know whether the gender related experiences highlighted by focus group participants are UTS carers more broadly.

6. Champion equitable and carer-inclusive practices

> *You know, I've got people in my team, one had a disabled son who's blind. He's very high — he's got very high needs. And another staff member has an elderly mother who's very ill, living with them. But I get that so whatever they need to do, I'm saying you need to stay home a couple of days a week to do that. I'm okay with that because family comes first. But I wonder if I hadn't experienced what I've experienced whether I would be that generous. I'm hoping that I would be, but a lot of people aren't. A lot of people don't care. Like, that's your stuff, you know, this is work, keep it at home. They're not really — I'm not saying everybody but there are people that really don't give a shit. (Professional staff)*

> *I've had student carers come and speak to me. And I'm very empathetic. Because of course you've got the lived experience, you know what that challenge is. And I'm always in awe of how they continue studying. (Academic staff)*

> *I was really deeply disappointed when one of my students, who was a carer, dropped out. I was deeply disappointed because she was the top scoring student. She was also so committed, but she just couldn't do it. She couldn't find the time. It was killing her. (Academic staff)*

There is a difference between equal treatment and equitable treatment, and this difference seems poorly understood. When asked about their interactions with student carers, academic staff carers reported that although they had empathy with student carers, they did not want to be perceived as favouring the student carers over their peers without caring responsibilities. In other words, there was perceived pressure to ensure equal treatment for all, regardless of their individual circumstances.

In contrast, equitable and inclusive practices acknowledge that some student and staff carers experience barriers – in many cases very significant barriers - to study and employment. Enabling equity in education and employment means that such barriers must not only be acknowledged but processes and systems established that enable carers to overcome these barriers. Managers reported that they did not want to be seen as giving preferential treatment to carers in their teams and that this could be seen as playing favourites. A culture that preferences equal treatment over equitable treatment further stigmatises experiences of care, and impoverishing both workplaces and carers.

7. Provide multi-dimensional flexibility and support

And dealing with picking her up, getting her organised if she is organised, and taking her to appointments it's an all-day thing. It's never just a couple of hours, it's never an hour down the road quick in and out. And so it's hard – like you get behind. It's not like I'm drowning, but there's no doubt about it, the flexibility's great but it takes its toll on you. There's all that catch up. (Academic staff)

We're lucky at UTS. And there's carer's leave as well. Which I generally try to take if I need to take a full day off. Just to take the pressure off myself. (Professional staff)

They're very understanding, very caring, very empathetic. (Professional staff)

If you have to take days off, it doesn't happen so much now, but I used to have to explain myself constantly why I need the time off, or why I seem distracted. (Professional staff)

I think I probably have more flexibility because I don't have to go in there every day. I'm in there to teach. I very much go in there to teach or to do whatever and I do my research here. So I think I've probably got more flexibility in that way and I can work 24 hours, around the clock. So, as long as I'm available for what the university needs and for my sister and my children, that I can juggle it. (Academic staff)

Personally, all I've ever sort of really thought about is more opportunity to work from home in my thing. And I think part of working from home is the expectation that it may be a slightly different work schedule. (Academic staff)

Focus group discussions highlighted the utility of unpacking what flexibility means for working carers. Multi-dimensional flexibility means that a wide array of options are made available to assist in reconciling work and care responsibilities that can be adjusted to suit carers' particular circumstances. These can include common flexible working arrangements such as access to leave; working remotely; and flexibility of working hours outside standard office hours. But carers also reported the importance of a culture in which flexibility is mainstreamed though practices such as not having to re-tell their caring story with every flexible work request; controlling the extent to which details of their caring roles are disclosed to their colleagues; having access to quiet spaces at work; transport and parking options that can accommodate urgent care needs; and empathetic and respectful communication. It is not just staff carers who benefit from a multi-dimensional flexible workplaces, but organisations more broadly. Establishing a workplace that is inclusive of carers creates benefits for all staff.

It is concerning that staff supervisors and managers reported apprehension and uncertainty about how to manage teams when flexibility was accessed by a team member. Managers are aware that the work needs to be done according to particular timelines and commitments, and were sometimes reluctant to grant leave to some team members (including staff carers) for fear of compromising deadlines related to research projects or teaching.

Insights

In total 11 staff carers participated in this research. The table below sets out their profiles:

Participants	Women	Men	Total
Total	9	2	11
Academic	5	1	6
Professional staff	4	1	5
Full time	7	2	9
Part time	2	0	2
CALD carers (self-identified)	3	0	3
Primary carers	9	2	11

The carers who participated in these research discussion held deep knowledge and understanding of their lives as working carers. In order to frame and analyse the discussions we present this section with direct quotes by carers from our focus group discussions clustered around a number of key insight areas.
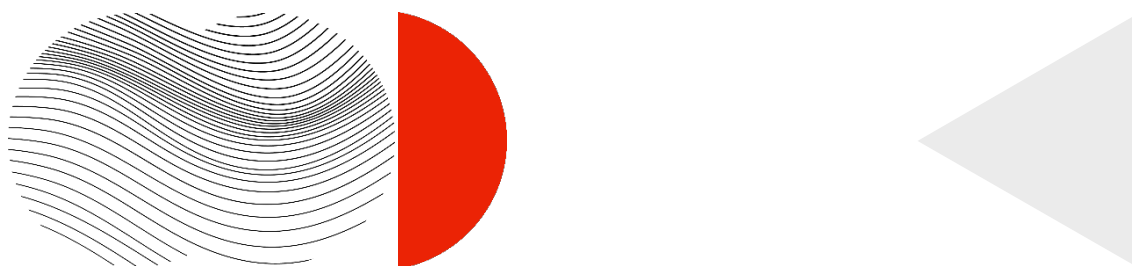
1. Accessing support systems and/or services

While UTS has a number of supports and services in place for staff carers including leave, flexible work arrangements, access to counselling services (via the Employee Assistance Program) and referral to Carer Gateway and other service platforms, significant numbers of staff carers reported that they were either unaware of these, or did not consider that it was appropriate to access them. Even when there was awareness, staff carers expressed reluctance to access supports, at times because of a lack of self-care ethic, or that others may need the resources more than them.

It was notable that a number of staff in the focus groups were not accessing, or were reluctant to access the supports available to them under existing UTS policies and industrial arrangements. Various reasons were cited including: a lack of awareness of support and services available; stigma or discomfort with revealing caring status professionally; time poverty; and structural barriers.

Illuminated by staff carers' direct quotes, some of the key emerging themes are:

a.   Reluctance to disclose carer identity:

> *For many, many years actually I hid it and tried to just manage and do it. But then obviously when you have to then go to appointments, or you just can't do it at home at night anymore because you can't take the phone calls, and you can't be there and all that's needed, then you have to actually disclose. (Academic staff)*

> *But I mean I don't know what UTS would provide? I mean I don't – the issues there are – I don't want services from UTS. I don't know what I want from UTS. I mean I'm now so used to dealing within the framework I'm in, that I wouldn't even know what to ask for anymore. (Professional staff)*

> *And I guess is UTS understanding, perhaps they are. But to be honest, in a promotion application that I made to UTS, I didn't say that I'd been a carer because I didn't want that special concession. (Academic staff)*

> *I mean we don't want to disclose. It's like you just don't want to say – you don't want to almost come out like you're weak. And then you're almost going to be watched. Okay, are they able to even do their job? And then there's all that worry about I'm not going to be competent. And they're going to say I'm not competent even though I'm doing – and you almost try and work harder, to try and make up for all of that. (Academic staff)*

b.   Burden of administration:

Many carers noted the complex burden of paperwork and bureaucracy in negotiating the NDIS and aged care structures for their care recipients, has also resulted in a wariness about accessing UTS supports and services for themselves. Staff carers experience significant time poverty which impedes their opportunity (and energy) to seek support for themselves.

> *But talking about work, I actually juggle two full-time jobs, because I juggle my job here at UTS with my team of employees, but then I juggle all my NDIS work and all my team carers and trying to predict who's going to be away when, and doing paperwork, and doing reports, reports and more reports. (Academic staff)*

> *Look I don't see the institution as being the carer, in my case. I'm definitely the carer. UTS and the caring happening in parallel, they're not necessarily intersecting. My job doesn't intersect with my work at home. And it is work at home. All the time it's work at home. (Professional staff)*

> *You end up not getting time off because you've spent all the leave that's meant to be for down time doing other more stressful work, and worrying about someone who's really, really sick. (Academic Staff)*

c. Being perceived as a professional

Carers reported a perception of not wanting to be seen as having an undeserved 'leg up' in the system, preferring to be recognised on their own merit and for their own work contribution. The significant financial impacts of COVID-19 on the university sector have also increased job insecurity, increasing the reluctance staff carers to seek support from UTS. This is compounded by perceptions in some quarters that staff carers may be less productive than other team members, and less capable of fulfilling their work responsibilities because of their caring role.

> *Staff at UTS who are carers are pioneers. We're paving the way for other people. Carers haven't been recognised before and we're trying to juggle and do things that previous generations haven't done, and that really stuck with me. That really empowered me, and it changed my perception of myself. (Professional staff)*

> *You almost overcompensate for it because it's your lot, you deal with it, and you do everything else. And maybe you do more. (Professional staff)*

> *But I never talked about the load on me, because I didn't feel that it was fair to put the load on anyone else. And it was my cross to carry I guess. So I didn't ask for help. (Professional staff)*

> *And I think sometimes being carer is, kind of, this bias that is, just follows you everywhere, this prejudice about — when people start making decisions about what you can and can't do. They don't give you the autonomy of making that decision for yourself. (Professional staff)*

> *I have been actively discouraged every time because the message comes back is, you don't want anyone, especially in research terms, to know that you have this, as a limitation. Somehow it's — the perception is it's formally recording a black mark next to your name somewhere additional help, support, that you're not capable of delivering to the same extent as anybody else. (Academic staff)*

> *I've always been the person that has felt bad to say that oh, I'm so sorry to let someone down and I think that's what's got me mostly, is that I've not been able to do my job, even though I probably worked more hours than what I should have. (Academic staff)*

d. Empathetic responses from supervisors are key to access:

But I must admit that I've got a really – the people I work with, who I've worked with for some time, are very, very, very understanding and supportive. I think there's a lot of knowledge around that now. (Professional staff)

And what a good role model that would be for our students, if that was — if we were living that culture and students, actually, could see that. And what a great thing to pass on to them, as students, going, wow, my university, actually, really does care for people, regardless of their circumstances, not just because they're a vocal small group. But because we actually do care about what's happening to people. (Academic staff)

I'm the wellbeing champion for my team so all of those opportunities, I absolutely share that with the rest of my school. And I'm always pushing EAP, particularly since COVID's been happening. (Professional staff)

I'm actually much more open with students about my experiences and I'm much more willing to share more personal information. Empathy goes a long way. They really do need to know that someone on the other end has been through that experience or something similar. Can relate to them, I think it's much more isolating for students than it is, perhaps, for staff in some ways. Yeah. It's really changed my interactions with students for sure. (Academic staff)

e. Job role matters:

The type of role in which carers were employed also influenced the extent to which they accessed supports and services. Two separate Enterprise Bargaining Agreements cover employment arrangements for academic and professional staff, which establish a number of different working conditions. Academic staff have more flexibility (outside of teaching commitments) and are generally granted more autonomy over their work commitments, meaning that they tend to be able to more easily adjust and self-manage their work and care roles. Professional staff report more rigidity in work rhythms, and less opportunity to make adjustments for their caring roles. Academic carers are grateful for this flexibility, but as a result, can be reluctant to request additional support.

And the hierarchy kind of goes front of line, the teaching – because they're there in the room, most committed teachers will always default towards the teaching. Then all the admin to keep everything afloat. Then the research. And then your life. I think people with carer responsibilities, and the stressors that go with that, when the life bubble expands it takes over the research. (Academic staff)

I've got maximum flexibility in a way that very few jobs have. And even pre-COVID I don't have to come in every day. I can work from home quite a lot anyway. I can move work around. The only thing that can't be is face to face teaching. (Academic staff)

Look just want to pick up – the job scenario is so brutal at the moment, I think a lot of us are just going around thinking we're really lucky. (Academic staff)
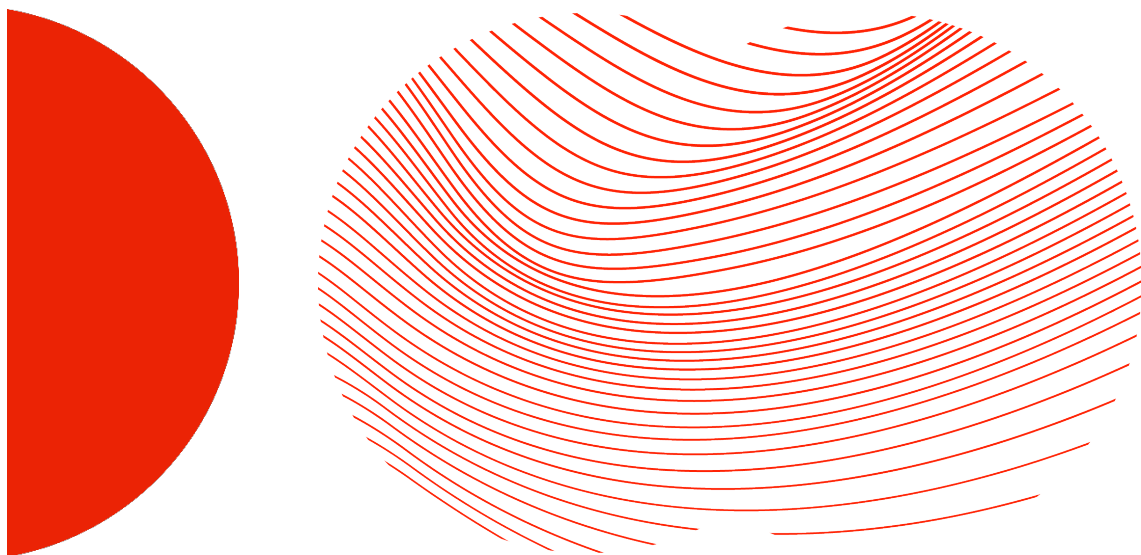
f. Stoicism

One dimension which cut across all sub themes was a reluctance to access institutional supports and services because staff perceived their caring responsibilities as personal and private, outside and separate to, the sphere of work. In cases where carers kept a rigid separation of work life and home life, they cited reasons including an ethic of stoicism and a reluctance to self-victimise. In wanting to be perceived as equally productive as their colleagues without caring responsibilities, carers reported overcompensating and overworking. They were concerned that the alternative may see them perceived as underperforming, or letting their teams down.

> *Well I have an overdeveloped sense of responsibility, which somehow dictates that I can't drop any balls. And it's a ridiculous state of being really. And also the way I teach is not in a way that I can take breaks. So I teach in block mode intensive. So if you can imagine anything going wrong during that period, I don't sleep, and then I was staying up all day with students at full pelt all day. So that was the biggest challenge. (Academic staff)*

> *I'm just saying with my supervisor, I just didn't want to talk about it for example, because that puts me at a disadvantage, doesn't it. It makes me appear to be a staff member who isn't able to fully commit. When nothing could be further from the truth. Absolutely nothing. So it's just a question of perception. So the reason I'm suggesting this is how do you overcome that fear that you're going to be seen as somebody who isn't committing, or isn't as able to do the work? (Academic staff)*

> *I think even if extended leave was available to me, I don't know if I would use it because, I think, carers can't care for themselves, and I think that's our biggest problem. I would truly have to be made to take it, to take it, because I wouldn't want to admit that I couldn't cope. (Academic staff)*

> *There were days that I didn't actually go home. So I worked two days straight, working through the night, in my office – (Academic staff)*

g. Stigma around disability and caring

Carers reported a reluctance to disclose their caring status because of a perceived stigma around both caring and disability. This was not specific to their UTS work experience, rather a general societal lack of understanding or fear of engaging with disability and, by default, carers of people with disability.

Okay, now the point I'm making here is there is still a huge resistance for people to really want to engage – at least in my – because I'm coming from the disability angle, and particularly I'm coming from intellectual disability, which people find really scary when it's severe. And it is. (Academic staff)

There's a dual stigma. There's two. And there's also the not wanting to impose what you're going through on anyone else. You know you don't want anything off your shoulders and onto someone else's. (Professional staff)

From my perspective it's like a last frontier of understanding in kind of the equity area. To me mental – and I'm talking severe intellectual disability – you find it very hard to get cut through with raising any awareness about it. So how would you get that on people's radar, I just don't know. (Academic staff)

h.   Separation between work and private life – and work as a space for respite

Interestingly, most carers did not perceive that their employer had any responsibility in caring for their friend or family member. Rather, carers reported a desire to keep the intimate family and caring realm private, some influenced by wanting to protect the confidentiality of the care recipient. Both professional and academic staff perceived that their work identity was different from their caring identity, and at times coming to work was experienced as a respite from caring.

And I felt that there were two worlds, separate worlds, my work world, and my home world. (Academic staff)

You tended to take it on individually as a family kind of thing or as individuals and you didn't sort of go looking for external things, because there weren't any. So you learnt to, I think internalise it all and to manage it all yourself. (Professional staff)

But work kept me sane, I have to say. Work was good. It kept me connected and it gave me a purpose to get up every morning and do something other than worry about mum. So work was good in that respect, from a personal perspective. (Professional staff)

Sometimes one of the reasons you don't talk about it much with people is because you feel a bit guilty because usually their response is, well, if you've got people to care for and you're a full-time carer, why are you at work? Why aren't you with them? You take a step back and you go because I need to have an identity of my own. (Professional staff)

2. The impact of caring on career trajectories

For carers, UTS (and the higher education sector in general) is perceived as a workplace with greater flexibility in terms of where and when hours are worked, particularly in comparison with the corporate or clinical sectors.

> *I literally took on this role because I can be present – I'm not travelling and I haven't got direct reports, and that was a very conscious decision to still try and lessen my load. (Academic staff)*

> *I had to voluntarily give up my clinical job. The university was flexible. My hours were start when you would like. Do your job when you can. I remember doing a lot of my external liaison event organising in the hospital, in ICU, in a tea room, in another room that was meant for meetings for doctors and things like that. So any which way that I could get my job done, I did. (Professional staff)*

> *In comparison to my clinical job, where I had to be there for 8 o'clock, for a patient. And that was the reason why I decided over breakfast one morning. It was just all too hard, because it was the letting down of the doctor I was working for and the patients I was seeing and my fellow staff colleagues that would have to do my load. So I took myself out of the scenario. (Academic staff)*

How caring responsibilities influence career choice depends on how staff come to caring roles. For carers who have been in caring roles for many years (sibling carers for example) their care and work choices are deeply intertwined from the very beginning of their work lives. For those coming later to caring roles, staff were more likely to have changed careers or workplaces to accommodate caring responsibilities.

> *I had to leave a corporate role that was a career highlight, but that's what you have to do. You have to walk away from situations like that because other things become more important, but it would be nice to have that security knowing that if you had to take time off, whether it's three months, six months, 12 months, the same as you can for maternity leave, have that certainty that you've got something to go back to. (Professional staff)*

> *I realised very early on, when my child was diagnosed, that my life was going to change. So, I had to make a conscious decision of where my priorities lie, and I gave up work for a number of years, in order to look after him, and also I was in denial a little bit about it. I used to have this saying that this doesn't happen to me, I wear Prada. It doesn't happen to me. So, I always have this thought that I would go back to the corporate world, I would be still as successful as I was before my children, but now I've got to a stage where I realise I can't do it all, and that was a real big reality shock for me. I'm probably that generation of you were told you could have it all (Academic staff)*

Staff carers reported moving from full time to part time work when caring intensified. There is a sense of settling for a work situation that is conducive to their caring roles, and adjusting their career expectations accordingly. Carers also reported being discouraged from applying for training opportunities, research funds or conferences because of their caring roles.

This presents a number of concerns in terms of the impacts of caring on not only a staff member's immediate career development, but their longer term capacity to participate in the paid workforce and forge a successful career, and ensuring financial security for themselves and their families during their working life and retirement.

> *Whereas if I had gone onto study, obviously I could go further up, but now I can't. I tend to not do as much training, based on the fact that I know I'm limited in what I do, especially in the university environment, and yet I don't want to go out to the corporate world. (Professional staff)*

> *I didn't have time or capacity to do to any study. Go to conferences or courses or — I just stepped — I just bowed out of all that stuff. I just didn't have the capacity to do it. (Academic staff)*

3. The interaction of COVID-19 with paid work and care

Given the timing of this research (FGDs were conducted over the period July to September 2020) the impact of COVID on working and caring arrangements was a critical thread in the discussions with staff carers. Given the complexities presented by COVID-19 for carers in terms of concerns about the health of their loved ones, reduced availability of NDIS and ages care services, school closures, unemployment, and financial insecurity, it is unsurprising that carers experienced COVID as difficult and constraining.

> *So, I would do a lot of work late at night, instead of during the day. So, yeah, it's been hard in that respect. I've also had to have people constantly here and trying to find people rostered on to be able to fill those shifts in the house. (Academic staff)*

> *In teaching, we're having to run additional classes to support students so our schedules have become, actually less flexible considering what the perception might be about being at home and being online. So I found it particularly challenging. Most days I sit there and I think mum's telling me she's feeling this way. I am praying that it's not going to develop into something else because I've got 12 hours of back to back meetings. I cannot afford for her to be sick now. Not only take off an hour or two, it will be days if I have to take the hospital. So that is my anxiety background. (Academic staff)*

a. Increased stress levels

Carers reported increased stress due to fear of contracting COVID themselves and potentially passing it onto the person they care for. Some carers missed the usual respite provided by going to work. Planning and scheduling the needs of those they care for posed an additional burden, with external carers and clinical appointments becoming more complicated, or in some cases impossible.

> *COVID has kind of amplified this situation of not being able to care. (Professional staff)*

> *COVID's made it much harder for me to do – everything is hard to organise. Because I organise things remotely, like I'm in charge of my mother's estate, with her affairs, her taxes, her this, her that. I'm still able to do all of that, but it's much harder to organise for people to be with her. And it's really – there is so much uncertainty around that, and guilt. I feel terribly guilty now thanks for COVID. (Academic staff)*

> *And who can be present at the bedside because they're trying to minimise people so the only person, really, that can be there is me. I couldn't even get a neighbour to go in. So there are a lot more challenges. Things require more planning. There's more involved. (Professional staff)*

b. COVID-19 presented some opportunities - particularly increased flexibility

Carers reported that COVID was also, in part, enabling. Working from home allowed them to have emotional nearness to their care recipient, increasing opportunities for small intimate activities with the person they care for such as bike rides or watching beloved TV shows. For some carers, virtual meetings made their participation more possible and easier to arrange. There was a perception that COVID had proved that multi-dimensional flexible work is possible and viable on a societal scale.

> *In one respect, working from home has been an advantage because I'm there and able to help him cope with that additional layer of stress. So, for me, my stress levels have doubled. (Professional staff)*

> *On COVID…I love it. Absolutely love it. It's just so much easier. I'm so less stressed and anxious and because you're near as well. You're near. When you're so far away, you go, oh God, what's going on. What's happening and if I get a text or something, oh my God, but you're on hand, and it's so much easier. That driving, that time when you're racing out the door and you're driving and then you've got to get here and then you're racing home because you've got to get dinner and you've got make sure everything is okay. With that gone, it's so good. It's really good. It really has been easy. Much easier. I hope they will allow people – it's good at the moment. They say just come in when you need to or want to. (Professional staff)*

> *I really hope the opportunity will be there to go, okay, well I'd like to work from home permanently two days a week, or three days, or whatever it is. We've proved that we can do the work. We've proved that we can productive, probably more productive than we ever have been, and I think that's one of the problems, particularly with me, I don't know about anyone else, but that blur between home and work life is totally gone and you're just working 24/7. It's silly. That is an issue and a problem, but you do it because you're so much more relaxed. You think, oh yeah. Okay. That's good. I can do that. (Academic staff)*

> *So that if I need to make phone call, or if I need to take a call for various reasons to do with my mum, or I've got to go out, I feel like I can manage my time a bit easier. I can manage – I can kind of clear a day and book meetings on other days. So I've actually found the flexibility to have assisted me greatly in that way. (Professional staff)*
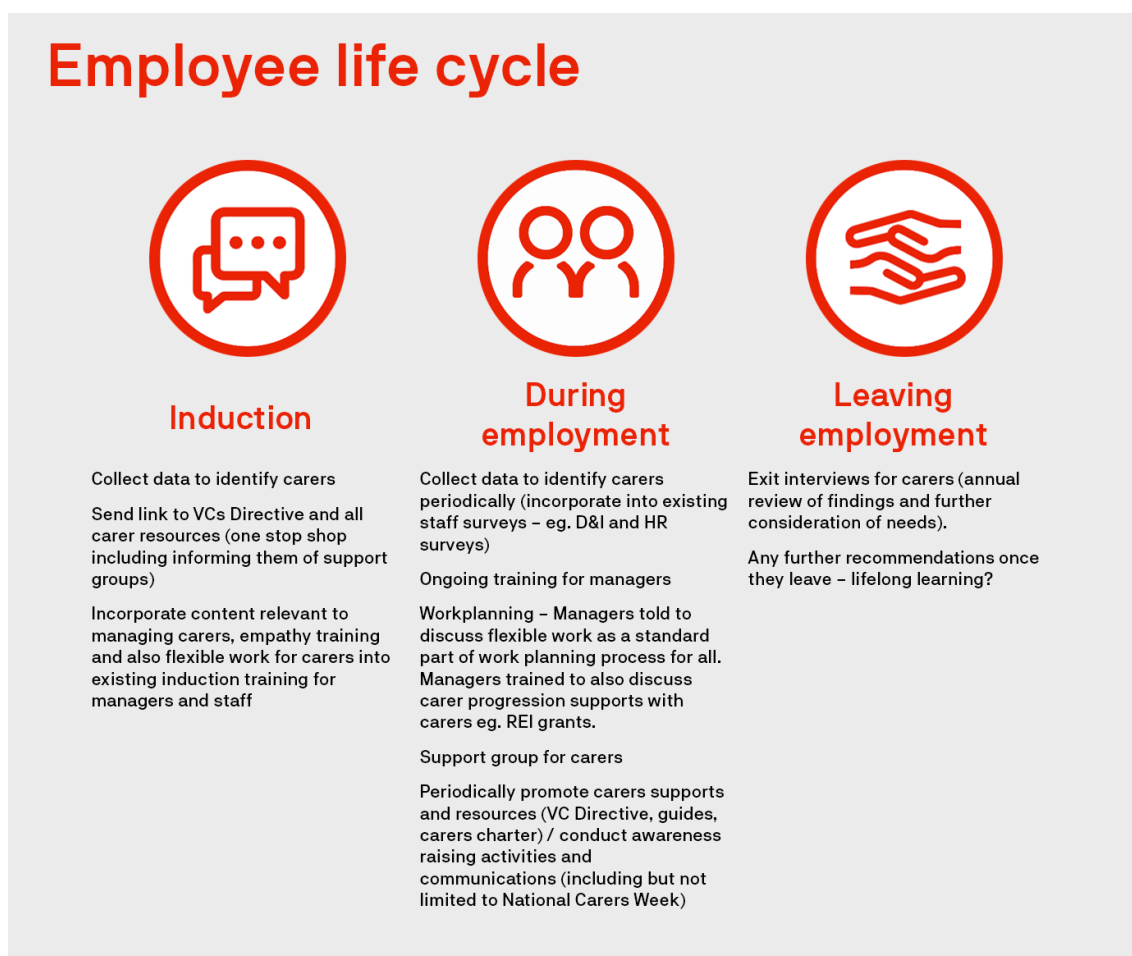
On the flipside, carers also reported that meetings were sometimes harder to manage at home, because of the constraints of finding a quiet space without interruptions. Further, home based working could increase the blurring of the boundaries between home and paid work. Some carers noted that while a cute child or pet may bring levity to a Zoom meeting, the same level of forgiveness was not necessarily afforded to care recipients who are less conventionally cute and interrupted online meetings.

> *But then I worked today and I'm not really meant to be working today. I've got a meeting tomorrow and I'm not really meant to be working tomorrow. So the working from home during COVID has blurred those edges even further. (Academic staff)*

> *It's not cute when my 12 year old comes in on a Zoom call naked, do you know what I mean? So, it's a different perspective, or situation altogether. I don't mind when my colleagues have their two year old comes in and we talk about what book they're reading or whatever, but there's also a factor of - not embarrassment, I'm not embarrassed of my kid, but it's, once again, probably lack of understanding. How can you explain what's going on when you're not there? (Academic staff)*

Recommendations

Employee life cycle

Induction

Collect data to identify carers

Send link to VCs Directive and all carer resources (one stop shop including informing them of support groups)

Incorporate content relevant to managing carers, empathy training and also flexible work for carers into existing induction training for managers and staff

During employment

Collect data to identify carers periodically (incorporate into existing staff surveys – eg. D&I and HR surveys)

Ongoing training for managers

Workplanning – Managers told to discuss flexible work as a standard part of work planning process for all. Managers trained to also discuss carer progression supports with carers eg. REI grants.

Support group for carers

Periodically promote carers supports and resources (VC Directive, guides, carers charter) / conduct awareness raising activities and communications (including but not limited to National Carers Week)

Leaving employment

Exit interviews for carers (annual review of findings and further consideration of needs).

Any further recommendations once they leave – lifelong learning?

UTS has the opportunity to be a leader as a carer inclusive university. Many of these recommendations come directly from our UTS staff carers. These recommendations are shared as a guide to assist UTS to embed leading practice as a carer-inclusive employer and higher education institution. The recommendations below are in two parts:

1. Recommendations from staff carers.

2. Recommendations emerging from the desk review of good practices for the higher education sector as a whole, and in particular the UTS place in those good practices.

Recommendations from staff carers

Following the format of the insights section above, set out below we include the direct quotation of suggestions by carers who participated in our research. These have been grouped under six sub headings:

- Policy, guides and resources;

- Staff training;

- Awareness raising;

- Support networks;

- Human resources; and

- Campus facilities.

1. Policy, guides and resources

> *I think managers perhaps need to tell people above them, that they've got people that are carers. Because I mean, they're under pressure to get things done. If they're watching figures and numbers and stuff like that. (Professional staff)*

> *Empathy. I think empathy sometimes is not exercised to its best ability. And it's all well and good saying oh, your kid's sick or your parent has had a fall or whatever. But they've got a job to do and they get on with it and they don't want to listen to your stuff. And I think the more they hear about it; sometimes could actually be they're resenting source. (Academic staff)*

> *It's always been on my list of things to do, is to contact Uni Super and tailor something or look at whatever they were trying to tell me about. (Academic staff)*

It is recommended that UTS:

- Consider forming a carer-led team to review policies and communication resources to ensure empathetic, carer-inclusive language to address concerns that staff carers did not feel safe nor enabled to access the supports and services currently available.

- Consider collecting and collating data on staff carers and their caring responsibilities via voluntarily disclosure on NEO. Better understanding the population of staff carers at UTS will provide a stronger evidence base for supports and practices.

- Develop a single, easily accessible online resource hub for revised staff carer resources, to be promoted widely across UTS communication channels. Resources should include: *VC's Directive on Staff and Students with Carers' Responsibilities*, relevant leave policies, Carers+Employer resources, and guides developed for staff carers.

- Update the *VC's Directive on Staff and Students with Carers' Responsibilities* to reflect UTS updated policy and EBA commitments, as well as to ensure inclusive language.

- Develop a guide for staff carers, which details policies and supports available to align with the online resource hub (see above). The *UTS Guide for Student Carers* could be used as a model.

- Develop guidelines for managers on managing flexibility in the teams (for carers and others). UTS's stated commitment to being an inclusive employer requires that planning and implementing university activities provides for budgeting and work planning that allows leave to be taken by any team member. Managers need guidance to understand the UTS leave and flexibility arrangements available to all staff (including staff carers).

- Communicate that UniSuper can be consulted by staff carers to help develop tailored superannuation plans.

2. Staff training

You probably can't make it mandatory, but even if there was an option for training or people were sort of given a training course of caring responsibilities, what's involved, what happened, things like that that they could do, to help understand the things, then maybe if they find that there was someone in a caring situation in their team. (Professional staff)

We need more training for line managers basically. This needs to be something put more into their consciousness. I know it because I live it. (Professional staff)

Well, I think, but I also know, supervisor communication and upskilling is something that the university needs to work on. I think it would be really great if information about caring could become mandatory, like mental health and consent and respect. (Academic staff)

It is recommended that UTS:

- Develop a training module for line managers (as with bullying training etc.) that builds understanding of the working and caring experience. The RNA model of training and awareness raising was raised as a successful model.

- Facilitate peer groups that allow supervisors and managers to connect and exchange ideas and good practice tips with others managers.

- Ensure managers understand the need to approach staff carers individually about the supports that are available and effective for the whole team, given the broad diversity of caring commitments that staff may face.

3. Awareness raising

I think it's good for people to listen, understand, see that there are all sorts of different people in the workplace and they all have different pressures and those case studies, examples, et cetera, are good for people because otherwise, they will be – we'll all be silenced and no one will see what reach diverse and challenging lives everyone has. (Professional staff)

Like sometimes I – I mean you don't get a lot of time to read some of these emails – but information just about acknowledging – I think there's more of us than we would ever imagine I'm sure. And just that having it out there – I think the talking about it, just information, people potentially would start to go, okay, I'm not the only one. If I do need support maybe I would go there. (Academic staff)

I actually wish sometimes they would make a reality show about our lives and not about some social media person that's got no life. (Professional staff)

If we had carers week, there was an empty wall where staff and students could put up a photo of someone that they had lost or cared for. (Professional staff)

It is recommended that UTS:

- Use evidence based carer research to guide training and awareness raising initiatives.

- Ensure that awareness raising campaigns sensitise the UTS community (particularly colleagues and supervisors) to the work that carers do, and the value carers contribute to UTS. These could include communication campaigns using carer case studies – both students and staff.

- Promote the stories of staff carer champions such as Prof. Shirley Alexander, who has shared her personal experience of caring while working in order to support student and staff carers at UTS.

- Raise awareness of the NSW Carers Charter established in the *NSW Carers (Recognition) Act 2010* which gives guidance to institutions around honouring their commitment to carer recognition and support.

- Consider establishing a memorial/remembrance wall of care recipients and carers to honour staff and student carers in our UTS community.

4. Support networks

I think it's not a case of building empathy, I think it's a case of what the university could do is just support people meeting, even by Zoom or for a coffee, or setting up a support group, and allowing managers to recognise that this is time that they need to give to people that want to participate in these groups. We have lunch and learns, we have well-being workshops and all sorts of things. So, what's different to having a group get together that are carers that need to have a chat to someone else that gets it. That's really important. (Academic staff)

One is, it would start to normalise these concepts of carers and the broad range of what it means to be a carer and who you could be caring for. But it would also make it much more accessible within the workplace. (Professional staff)

I think it's a bit about the education and information, to show that it's not a disability that you are a carer. And you're not a liability in the team. (Academic staff)

I would like to share that with other people who are going through the same thing. It would be good to know that you're not alone. That there are lots of people feeling what you're feeling and also the after-effects of when that person's gone which is just as hard, if not harder. (Professional staff)

I did actually try and join a carers group which was Carers NSW, which was great, but it's always the same problem. Everyone is caring, so then they don't have time to attend the meetings. So, it's a very tricky thing. It's always sad. (Professional staff)

I think that it would help to have a little bit extra leave. That would definitely help. There are lots of services that exist already, like the counselling services - I've never used them, just because there's no time to go and tell anyone about what the challenges are. I don't know what else would help. I think that maybe how students have a special person (ALO), maybe the staff could have a special person who can do some negotiating for them. Because one thing I know is that when I was really exhausted there was nobody I could write and ask special consideration for. It would be wonderful if there was an actual process to mediate – not even mediating – because I could have talked to my supervisor. But her agenda was to get as much work done, and to make sure no balls dropped. (Academic staff)

I think it could be, like a support group. Absolutely. Someone else that's going through what you're going through. You could learn from a tactic someone has put into place that you haven't thought of yet. (Professional staff)

It is recommended that UTS:

- Consider appointing faculty based third party mediators (similar to the ALO model for student carers) to support staff carers.

- Consider developing a carer passport system (trialled with student carer populations in the UK) so staff carers do not repeatedly have to make the case for accessing supports, leave or services.

- Facilitate space and time for staff carer peer support groups.

- Consider initiatives to support /encourage self-care among carers. This could include a communication campaign with Carers NSW around referrals to carer supports and services such as the Carer Gateway.

- Provide bereavement/grief support for carers after they cease caring.

5. Human resources

But I think radical empathy would be something that you can bring. And I think that the university needs more of that. Needs bucket loads more of that. (Academic staff)

An understanding of values beyond the usual metrics. (Academic staff)

And then there's all of those things that we describe as acknowledgeable wealth. All the things that rotate in an ecosystem that are not given value. And I think that we don't understand how to measure that in our university system. So we don't know how to measure care. We don't know how to measure love. And I'd say that in a good system there's always love. We don't know how to measure things like imagination. (Academic staff)

When people have experienced what we have experienced they understand the difficulty and the guilt and the worry and the stress. And you want to be home, but you want to be at work. And you're trying to balance everything. And unless people have experienced that, I have to say, they're not that supportive or understanding. Some people are, but they're the exception, rather than the rule. So I don't know how you would fix that. You have to deal with your local manager and if they're not on board you're buggered. Aren't you? (Professional staff)

Could there be something more explicitly done as part of work planning? I think UTS does promote itself as being a flexible working environment. And I think I probably had some expectations of when I changed unis, when I moved from one and came to work at UTS, around what that meant. (Academic staff)

At another university, in the last few years that I was there, they actually deliberately made a choice in our faculty, that your work plan was actually reviewed, not by your line manager. It was reviewed by somebody from another discipline who could look at things more objectively. And it worked really well in the sense that they could identify opportunities for mentoring, around career progression. You got an independent assessment. And there was checking in about, your health and wellness and work-life balance. And I remember the person I was assigned to was really brilliant at that. (Academic staff)

It is recommended that UTS:

- Consider integrating non-traditional KPIs such as empathy and other measures into staff performance recognition.

- Adapt existing work-planning tools to facilitate respectful disclosure of caring roles, and how to plan workloads to accommodate flexibility and caring.

- Consider developing intentional mentors/coaching frameworks to support staff carers (and other under-represented groups) in their career progression.

- Continue multi-dimensional flexible work arrangements post-COVID by actively promoting and mainstreaming a flexible work culture that benefits all staff, including carers.

- Collect and report on data on staff carers in the UTS community in order to understand the needs of the caring population across UTS and inform and guide the design of policy frameworks and supports.

- Consider an extended leave scheme for carers like parental leave – 6 months / 12 months if needed - with job guarantees on return to work.

6. Campus facilities

I live quite a way away from work, and one of the things I thought would be nice if there was parking available, because if you're on a bus or train or something, there's nothing you can do. (Professional staff)

It's going to sound a bit funny, but I always wanted a space to nap. I would spend my lunch breaks napping, and then I would find a student study area, and I would set a timer, I would lie down, and I would sleep for 50 minutes. So, somewhere that's quiet where you can just rest. You could meditate or just have a nap. (Academic staff)

It is recommended that UTS:

- Consider offering subsidised parking on campus to carers, recognising that carers are often required to drive to appointments and transport the care recipient.

- Develop communications campaigns targeting staff carers to increase their awareness of existing facilities that promote health and wellbeing, including locations for meditation or rest during work breaks. This may include re-purposing alternative work spaces such as Breastfeeding / Quiet room at UTS Moore Park campus or meditation rooms on city campus.

Carers continuing to thrive: Key recommendations of the desk review:

Alongside the recommendations emerging from discussion with staff carers (outlined above), the desk review finds that the literature offers a range of recommendations that UTS can look to in enhancing its ongoing commitment to acknowledging, supporting and celebrating carers. In undertaking empirical research with working carers, there is a necessary connection to be made between findings that offer specific insight into approaches by UTS to engage in establishing further support. Means of building upon work motivated and shaped by the UTS Social Impact Framework (SIF) allows us to understand key recommendations as they specifically relate to domains 3, 4, 5 and 6 (UTS, 2019c).

Key recommendations emerging from the desk review include:

- The mainstreaming and promotion of the Carers NSW toolkit for employees and employers (*SIF domains 3,4 and 6*)

- The centralised location of information for working carers in the form of an online database (*SIF domains 3,4 and 6*)

- Continued efforts to support and develop flexible working arrangements at both informal and formal levels, acknowledging effective interventions are multidimensional (*SIF domains 3 and 6*)

- Actively encouraging carer engagement to critically evaluate workplace culture and our core values, considering how these are expressed within departments, disciplines, and teams (*SIF domains 3, 5 and 6*)

- Establish working carers as key stakeholders in the development of policy and strategic planning (*SIF domains 5 and 6*)

- Clear communication of UTS's ongoing commitment to building community awareness within and beyond our organisation (*SIF domain 5*)

- Considerations of challenges and barriers on individual, organisational and societal levels informed by collaborative approaches that centre needs of working carers (*SIF domains 3, 4, 5 and 6*)

- The differences of parental responsibilities and carer responsibilities to be clearly articulated in official policy (*SIF domain 6*)

- Attentions to the impact of COVID-19 on working carers daily responsibilities, including considerations of challenges around working from home and changed access to support (*SIF domains 3, 4, 5, and 6*).

Next steps

UTS does have a range of supports and services available to staff carers, but evidence to date suggests they are largely not engaging with them. A multi-pronged strategy is needed to bring about a cultural shift.

This report (and accompanying Desk Review) are presented with a view offering UTS the opportunity to become a leader across the Australian higher education sector as a carer inclusive university. Given the promising leadership already demonstrated by UTS in being the first institution to be certified by the Carers+Employers Program, UTS is well positioned to take forward the recommendations presented in this report. The actions and practices outlined in this report align with and support the UTS Social Impact Framework, and with our commitment to being a public purpose university.

This research project provides a baseline understanding of the experiences of staff carers at UTS, and in order to fully engage with best practices for staff carers, and track our UTS success in this social impact project, this baseline a first step.

A second step currently being undertaken by the research team is to develop a model Carer Inclusion Action Plan, modelled on the UTS Disability Inclusion Action Plan, and supported by the evidence collected during this research project. A Carer Inclusion Action Plan will provide the framework for tracking UTS performance and achievements in supporting staff carers as an employer (and institution) of excellence.

Acknowledgments

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Appendices

- Annex 1: Focus group discussion question guide - staff carers
- Annex 2: Focus group discussion question guide - managers and supervisors

Annex 1: Question guide for FGD with Staff Carers:

Opening explanation: Definition of carer and introductions and expectations of the research next steps.

Introduction:

- Would you start by introducing yourself?

Trajectory to caring:

- Would you like to share about your caring journey and experience with us?
- What are your caring responsibilities?

Impact of COVID-19:

- What changes or impact to your caring role or working at UTS in relation to COVID-19?

Working at UTS with caring responsibilities – challenges and benefits:

- Tell us about your general experience of working at UTS and being a carer? (*positives & negatives*)
- Do your colleagues know you are a carer? How do you feel about sharing that you are a carer with people in the workplace?
- What benefits/ skills do carers bring to UTS and their teams?
- Have there been any particular issues or experiences that you would like to mention?
- What has been your experience of working flexibly at UTS?
- Have you accessed any flexible work options at UTS? If not, why not? What is inhibiting you from accessing this?
- Do you think having caring responsibilities has had or has an impact on your career development? (Including access to training, development and promotions; for academics: access to conferences and other networking opportunities? Research opportunities)

- Were you a carer when you first started working at UTS? What was your experience of recruitment and induction in terms of being a carer? Were there any challenges?

University policies and cultures:

- Are you aware of any UTS policies/practices in place to support staff with caring responsibilities? (do not prompt until they have answered the question include flexible work, EAP counselling, REI (academics), well-being, carers leave, promotion recognition)
- What factors enabled you to do your caring role and work at UTS?
- Is there any specific UTS policy or practice that has had or have a detrimental/beneficial impact on you because of your caring duties? How have you been affected?
- Do you feel the overall workplace culture is supportive and inclusive of carers (managers, colleagues – stigma/discrimination)?
- How satisfied are you with being a staff carer at UTS? To what extent do you feel supported at work? Do you feel that you receive the support you need? What has been your main source of support as a staff carer here at UTS? (include peers, carers services provided by external organisations, family and friends)

Ideas/suggestions:

- What would be helpful to carers who are working at UTS?
- Is there any other type of carer-related support you would like to receive from UTS?
- Are you interested and enabled to promote carers recognition at UTS? (i.e. research, participation, carers week events, sharing your experience with teams and UTS more broadly)
- If you had a magic wand, what would you wish for staff carers at UTS?

External factors:

- What support services for carers do you access outside of UTS?
- Are there any particular challenges or benefits to working and being a carer in relation to your cultural background? Is there an impact?

Annex 2: Question guide for FGD with UTS Staff Supervisors and Managers

Opening explanation: Definition of carer and introductions and expectations of the research next steps. Participation sheet and consent form.

Introduction: (please do not name individuals or positions)

- Would you start by introducing yourself?

- How does the definition of carers resonate with your understanding of a carer?

- If comfortable sharing: Have you had a personal experience of caring? Tell us about your experience?

Impact of COVID-19

- What changes or impact have you noticed in your supervisory role in relation to COVID-19?

- For those who supervise carers what impact on staff carers in your team have you noticed?

- What practices or systems would you like to retain or change as a result of the new normal?

Working with and supervising staff with caring responsibilities – challenges and benefits

- Tell us about your general experience of working with staff carers (*positives & negatives)*

- Are there any challenges of working with carers for you or your team?

- What are the benefits/ skills that carers bring to your team?

- Do you think there are particular issues or experiences for staff carers at UTS?

- What has been your experience of supervising staff carers looking to work flexibly at UTS?

- What has been your experience of managing this with the team? What is the impact of having a carer in your team?

- Do you think having caring responsibilities has an impact on staff carers' career development (including training/professional development, promotional opportunities, attendance at conferences, networking opportunities, research opportunities)?

University policies and cultures

- Are you aware of any UTS policies/practices in place to support staff with caring responsibilities? (include flexible work, EAP counselling, well-being, REI, carers leave, Core meeting hours requirements in some Faculties)

- What is your role (and/or responsibilities) in supporting carers in your workplace? (*Do you hold different expectations of carers in comparison to other staff*)

- Overall do you feel that the workplace culture is support and inclusive of staff carers? (M*anagers, colleagues – stigma, discrimination*)?

- What have learned from other managers in working with staff carers?

- What is the current advice at UTS for dealing with staff with caring responsibilities?

- What would be helpful to carers who are working at UTS?

- Are you aware of any general policies that may be beneficial/detrimental to staff carers?

- Do you see it as the role of UTS to support staff carers?

- Are there any specific initiatives or supports you have put in place as a manager to

- Be supportive of carers in your team? (What have you done or what could you do to support carers career development)

Ideas/suggestions

- If you had a magic wand, what would enable you to support staff carers? (*Training of line managers, more leave etc.*)

External influencing factors

- What support services for carers do you know about outside of UTS?

- What do you think might be inhibiting staff carers from accessing services or flexible work at UTS?