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## How to support working family carers? British initiatives as a practical means to reduce loneliness in everyday life of family caregivers in Poland

Jak wspierać pracujących opiekunów rodzinnych?  
Brytyjskie inicjatywy jako praktyczne sposoby  
na zmniejszenie samotności w codziennym życiu  
opiekunów rodzinnych w Polsce

### Abstract:

*Background: Research shows challenges for family caregivers in end-of-life care in Poland, who often lack recognition and support, especially in home care settings (Janowicz, 2019a). The Government published documents in support of family caregivers for the first time in 2019, recognizing respite care and allocating money to some of them. Poland has successfully implemented British standards of hospice and palliative care; the same could be done in supporting family carers (Krakowiak, 2020a).*

*Goals: Learning from the experience of the British organisation Carers UK, who have been operating successfully for more than 50 years working towards inclusion of formal and informal care (Klimek, 2020). Studying educational strategies of supporting carers in the UK,*

*in order to help creating possible solutions to this social and educational challenge in Poland. Implementing good practices in order to reduce the loneliness of carers in the home care settings, especially when carers have to juggle their work with demands of care.*

*Methodology: Study of various activities and newest facts and figures from documents of Carers UK point out to existing strategies used for and by employers. Those regarding combining care and work are crucial for recognising the needs of working carers. Recent research carried out in the UK and Poland show the scale of modern social problems, where most families still feel isolated, while local communities do not support those who care, often for many months and years. If the UK companies could save up to £4.8 billion a year in unplanned absences and a further £3.4 billion in improved employee retention by adopting flexible working policies to support those with caring responsibilities (Carers UK, 2019b), introduction of the same mechanisms could be helpful for businesses and working caregivers in Poland (especially following the increased employers' flexibility during the Covid-19 pandemic). Presentation of tools used by the British employers and benefits of combining care and work clearly show the chances for working carers, sharing their job with the duty of constant care at home.*

*Results & conclusions: Juggling work with care happens to the growing number of carers in the UK and in Poland. Action is urgently needed in Poland, where many people do a full-time job alongside caring at home. Recognition of family carers' needs by their workplace, support from employers and flexibility in working hours should be introduced for benefits of all as shown by good practices of the Carers UK & Employers for Carers. Respite care for family carers in Poland needs such inspirations. The Covid-19 pandemic has fully exposed the problems of carers of dependent people around the world, including Poland, especially difficult for those who combine care with work. Support provided to home care and family carers brings financial benefits and savings to the health care system, which is of particular importance in the difficult times of pandemic.*

*Keywords: Carers UK, Employers for Carers, end-of-life care, home care, family carer, loneliness, isolation, inclusion, employers, juggling work and care, respite care, Covid-19.*

## **Introduction**

Europe, including Poland, is ageing as a society. One of the social processes that is and will be increasingly noticeable not only in families, but also in companies and social organisations is care provided by family members to people who are dependent on others due to illness or age. The ageing of the society and the related growing number of elderly people requiring systematic support or care brings new challenges, which are noted by both the World Health Organ-

isation and European organisations (World Health Organisation, 2017), but also researchers in Poland (Augustyn, 2010). The increase in the number of dependent people in society means an increase in the number of other people who must respond to these care needs. In a natural way, these are primarily family members, called family carers. In societies where family ties are not as strong as in Poland, the involvement of non-kin carers is also high. Avoiding the discussion on definitions and the scope of each term, described in detail in the Polish publication (Janowicz, 2019a, p. 24), we will consider the term 'family carer' as binding, including unrelated relatives and friends. This article is the next in a series inspired by activities undertaken in the UK, including Carers UK organisation, which has been integrating informal care into an integrated support system for over 50 years (Klimek, 2020). By writing about the successful implementation of the British standards of the hospice and palliative care movement in Poland, we hope to take advantage of existing methods to support informal carers in the family environment in Poland, implemented in palliative and hospice care (Krakowiak, 2020a). Innovative measures and numerous support methods also apply to employers and business owners. The increase in the number of dependent persons requiring care at home certainly means an increase in the number of employees who have to combine caring and professional activities. Motivation to work is usually based on finances, but work also provides an opportunity to escape, to take a break from daily activities and caring worries, and to feel a sense of development and self-fulfilment. However, it is often the case that such a family carer has to make a choice between professional work and continuous care of the loved one at home. For the employers this may mean the loss of an employee, often between the age of 45 and 50, associated with a company, with knowledge and experience that is difficult to replace.

This is confirmed by the research carried out in the UK (HM Government, Carers UK, Employers for Carers, 2013), but also the experience of many employers in Poland. This article provides an outline of the problem affecting Polish society, especially workers who are also carers as well as their employers. The proposed options are drawn from the good practices of companies and organisations in the UK, and are an invitation to action to respond to demographic and social changes in our country. Urgent action is called for by the carers themselves. One of the caregivers, in an interview with a researcher from the Hospice Foundation in Gdansk, describes her struggle with care for her parents:

For the first 10 years, until my father's death, I was walking between work, the cemetery, my children, my parents, who lived 50 km from Gdańsk. And so on and on. After my father's death we moved my mother to Gdańsk. I lived with her for

some time, I suspended everything because I thought it was our last six months. Then she was living at different addresses, in the hospital for a while, it was the worst time for our family. My son, at the age of 17, left home, he was fed up with my constant grief and driving. My daughter moved out the day we brought mum home. I am an architect, but I no longer have an office, that is the price of care. I was not able to have my time regularly. I would like to live. I have four years left until retirement, and I have a hospital at home. I have not really lived yet (Małkowska, 2019, p. 9).

This dramatic description shows the scale of the various problems arising from combining a caring role with professional work. This case is an example of a situation where work has not been reconciled with care. In an increasing number of Polish families, the relatives of dependent and seriously ill persons face similar dilemmas, being overlooked by health care and social care systems, as well as by society and local communities. It is time to get to know those lonely heroes who are still in the shadows – despite campaigns to raise awareness (Fundacja Hospicyjna). Some of these campaigns and research will be referred to in this article.

## 1. Family carer – role and challenges

In the UK, the definition of a carer has been agreed, and is well reflected in the term promoted by Carers UK and adopted by many institutions, such as the National Health Service: “A carer is anyone who looks after a family member, partner or friend (...). The care they provide is free” (National Health Service). In Poland, there is not yet a single, universally binding definition of a family carer, although there is a Polish definition for this term in the literature on the subject and we will use it in this article: a family member who, free of charge, takes care of a close relative; this close relative is dependent on him or her due to sickness or infirmity and requires regular and continuous help for a substantial number of hours per week. This support consists of emotional support, assistance with everyday activities, performing basic or more advanced personal care requirements – depending on the level of need (Janowicz, 2019a, pp. 22–23). In discussions, publications or research, apart from the term *family carer*, the following terms appear: *informal carer* or *non-professional carer*. Informal care is a broader concept and refers to all care providers who are not covered by the definition of formal carers, i.e. employed in the public service sector (doctors, nurses, social workers, etc.). This group of carers includes friends, colleagues, volunteers

or neighbours (*non-kin carers*). The notion of non-professional care highlights the fact that it is carried out by people without professional preparation for this type of activity. Other definitions defining a family carer include duration of care, size and scope of activities, age, relationship with the person they care for, etc. Due to changes in the family, a person from outside the family circle who is considered close to the person they care for is also considered a family carer. It can therefore be assumed that a family carer is a person who, free of charge, takes care of a close, dependent person due to illness or infirmity, on a regular and permanent basis, over substantial weekly hours, providing emotional and day-to-day life support (Janowicz, 2019a, pp. 22–23). The role and tasks of the family carer are based on the needs and situation of the person they care for. Depending on the situation, it can be either regular support in day-to-day life, or even 24-hour day care. The form of involvement of the caregiver changes over time as the illness or infirmity progresses, and the differences are related to the types of disorders people suffer from. The care can take weeks, but also long years, as in the case of dementia or other chronic conditions. Depending on the relationship within the family, the members either share care and they support each other or leave this duty to one person only. The literature speaks of the primary family carer, who devotes the most time or takes the greatest responsibility and/or coordinates the family care. It is often the case that one carer has several relatives who she/he cares for, for example both parents or other family members who become dependent. It is worth mentioning the term *sandwich carer*, which refers to people who care for an older dependent person and their own children in the same home or family (Carers UK, 2012). This increasingly common problem affecting mainly middle-aged women – who often combine this dual care with work – will be included in the analysis below. The problem of young carers, described in detail elsewhere (Aldridge, 2017) will not be addressed in this article, although some of the young carers combine care not only with schooling, but also with the various forms of work necessary to survive in their difficult family situation.

Many family carers in Europe and Poland share their time between care and professional work. Coface Families Europe in 2017 published a report from a survey conducted in 17 European countries (Birtha, Holm, 2017, pp. 8–36). The study addressed the challenges and needs of family carers in Europe. It was established that carers are mainly women (85%) aged 35–64. In this study, 1 in 3 carers provide very intensive care, lasting 56 hours per week or more. About half of the respondents have a full-time paid job (34%) or a part-time paid job (22%), in addition to looking after a family member. The percentage of unemployed carers surveyed is about 7% for care lasting 20 hours or less per week, but it increases

to about 30% when care lasting 40 hours or more per week is needed. People who provide 40 hours or more of care per week are 4 times more likely to be unemployed than others.

The most common solutions found by family carers to cope with difficulties were either to give up work (21%) or reduce working time (21%). Leaving work without the prospect of a decent income is not only a traumatic experience, but has a long-term impact on the financial and social situation of family carers:

I had to stop working after thirteen years of work, I will not be entitled to pension, which includes my contributions, which will then be lost. I am very sorry about this injustice (Birtha, Holm, 2017, pp. 8–36).

Only a few family carers (4%) managed to take paid holidays. Respondents who have reduced their working hours most often take care of their child or parent. They considered the reduced working time to be a good system if they were given the prospect of promotion, benefits or bonuses in the future. A significant proportion of respondents do not even know whether flexible working time is available in their country (47%). Some carers reported difficulties when they wanted to create more flexible working conditions for themselves.

Family carers face serious challenges when it comes to reconciling professional and personal life. It turned out that among the countries surveyed there are no countries that can do much better than others in terms of providing adequate resources, quality support services or flexible time arrangements for family carers to better reconcile their professional and personal lives with care responsibilities. Some carers have expressed a desire to return to the labour market, while others would not mind staying at home if their work as carers were recognised and financially rewarded. Investment in support services for local communities and for families in the 21st century, with particular emphasis on policies that would support reconciliation of professional and personal lives, would make a significant contribution to the social integration and well-being of all families. Ultimately, the Coface vision is that the best way to achieve economic and social cohesion is to combine legislative and non-legislative measures in order to provide families with adequate resources, services and solutions for the time spent on care, private life and work (Birtha, Holm, 2017, pp. 8–36).

The UK, through the actions of Carers UK organisation and other organisations, is one of the leading European countries in the field of providing support to family carers, informing the public and actively cooperating with the government, and with employers. For many years, through a series of planned research,

lobbying and media activities, the importance of combining work and care has been demonstrated (Carers UK, 2019b). In the case of employers, it is important to be aware of what the role of a family carer entails, what changes it brings into their lives and what challenges they face. The employee becomes burdened with combined challenges which change their life. The family situation, financial and professional situation, place of residence, health condition of the person they care for, or the condition of the caregiver himself can vary. An employee acting as a caregiver must make various, sometimes very difficult choices, give up favourite activities – first of all they give up some and then all the elements of recreation, hobbies and elements improving their well-being (Janowicz, 2020). Often in a short period of time, an employee who becomes a carer is forced to reorganise his or her daily routine, combining caring responsibilities with professional work that provides finance to support him or her and the relatives. The way in which this process progresses can be crucial for the carer, but also for the person they care for and the whole family. According to one of the definitions, “carers are employees with caring responsibilities that have an impact on their working lives. These employees are responsible for the care and support of relatives or friends who are older, disabled or seriously ill who are unable to care for themselves” (Employers for Carers).

## 2. Employee becoming the main family carer – a guide for the employers in Poland

The issue of working family carers in Poland is not widely discussed in literature on the subject despite the fact that the first studies and publications appeared about 10 years ago (Kotowska, Wóycicka, 2008; Kotowska et al., 2010; Perek-Białas, Stypińska, 2010). Currently, initiatives for family carers are successfully carried out by the Hospice Foundation from Gdańsk, among others (Portal Opiekunów Rodzinnych). This topic was also raised by the Responsible Business Forum organisation in 2020 (Forum Odpowiedzialnego Biznesu, 2020), where examples of challenges and existing work-life balance solutions in the context of caring for dependent adults were presented (Janowicz, 2020).

Why is it so important that working family carers receive help from their employers? The role of a carer, especially a long-term carer, involves many burdens. Lack of help can lead to burn-out. Some insight into the impact of care on the carer was provided by the results of a study conducted among family carers of people after a stroke. For 73% of them, care was associated with a change in lifestyle, 60% reduced their social contacts, 67% felt the deterioration of living

standards (30% had to reduce or give up work), 47% started to get sick more often, 60% felt tired of caring, 37% of carers performed their role without any support, either from the family, government or non-governmental institutions. Lack of support or inadequate support caused about 60% of caregivers to use sleeping, antidepressant or sedative drugs (Mikołajewska, 2011, pp. 14–15). Many caregivers complain about such problems as headaches, back and joint pains, worse performance and reduced concentration, reduced resistance, depression or excessive excitability, insomnia. These are examples of data that give an idea of what family carers have to deal with, sometimes for a long time. They include people who are and want to or need to be professionally active.

It is worth quoting the data from a study on working family carers of older people. The study indicates a higher than average burden on carers who are not working and a much higher propensity to depression (Perek-Białas, Stypińska, 2010, pp. 136–148). Providing care is an obstacle to other life activities for them, which affects their general well-being. The participants of the study pointed to the psychological burden associated with the need to reconcile work and caring duties, and other ailments and problems resulting from their situation, including sleep problems, pressure or spinal pains. Most of them have struggled primarily with the mental burden caused by the excess of work and family responsibilities.

The authors of the analyses of the ageing process highlight the key role of family carers in providing care for their loved ones – the elderly and dependent – and the need for their support which is a political challenge. It is certainly also a challenge for the environment in which family carers operate, including the work environment. The performance of each role involves certain facilitations and difficulties, the need to make choices, to resolve dilemmas, to find solutions when there is a conflict of roles. In the case of economically active people, it may lead to resigning from work in favour of providing care. The choice is not easy: on the one hand, work is necessary for obvious economic reasons and is a source of income. For many, it is an important escape from care, an opportunity for self-fulfilment and development. On the other hand, it is also important to provide care for a loved one, a sense of duty, and strengthening of family ties in a crisis. Appropriate forms of support may, to some extent, alleviate feelings of guilt, uncertainty, regret or doubt. This is confirmed by the statements of some family carers of patients in a home hospice:

I am also busy with providing care 7 days a week, actually around the clock (...). But I would like to give more of myself, even at the cost of greater fatigue, to feel at least a little bit active, not to forget my skills, to improve the financial situation



of the family and to offer something from myself to society. And this should be rewarded, not punished by the system. This is the case at the moment. If I earned even a small sum of money, I would be punished by taking away my nursing allowance and insurance (Janowicz, 2019b, p. 12).

These words clearly show the existence of paradoxes in the support system proposed by the health, social assistance and insurance systems in Poland. Carers aware of this are looking for solutions to reconcile caring roles with work and the possibility of obtaining pension benefits, as these words confirm:

Being a family carer is a temporary role, and while working at the Foundation, I have heard many stories of women who gave up their jobs for a few years, because of children, because of parents, and then they had nothing to go back to. What about pension benefits? On a personal level, I was also afraid that if I gave up my job, I would end up hating being a family carer. So I have been looking for a way to reconcile everything from the beginning (Janowicz, 2019b, p. 11).

Can the challenge of the role of a family carer be reconciled with work and concern for one's own future, and how? In the absence of satisfactory solutions in Poland, it is worth taking advantage of the experience of those who have found answers to these questions.

### **3. Combining care with work – good practice from the UK**

The studies on family carers combining professional work with care is one of the few Polish studies on this topic. It is necessary to analyse the situation and its scale, problems and needs, increase social awareness and implement solutions which will benefit working carers and their employers. This is happening in some European countries which recognise the important role of family carers in the light of the growing number of dependent older people in society. An example of a country where systematic and systemic action is being taken in this area is the United Kingdom. The scale of the problem is known – there are around 8.8 million family carers, more than 2.1 million adults become carers each year, and almost as many people end their caring role each year (Carers UK, 2019a, pp. 2–4). Data on the number of carers has made it possible to determine the value of the care they provide. This is approximately £132 billion a year – much more than the total spending on National Health Service in the UK (Carers UK, 2015). This shows how much family carers contribute to the care system.

There is no such data in Poland, but it can be assumed that the scale is similar. According to the Central Statistical Office research from 2018, out of 38.4 million Poles, over 9 million are over 60 years old, 18% of which are at least 80 years old (Główny Urząd Statystyczny, 2018). The number of elderly people, including the oldest (80+) will increase. At the same time, the number of people in productive age, i.e. potential carers, will decrease. Many of them will most likely face the need to combine work with care or to choose between them.

The British Report *Juggling work and unpaid care. A growing issue* (Carers UK, 2019b) from 2019 shows that 2.6 million Britons have resigned from work to care for a loved one who is dependent because of age, disability or serious illness. Almost 5 million workers in the UK are trying to combine work and care, which means that one in seven workers is affected. The mentioned study has made the public aware of the dramatic increase compared to 3 million people combining work and care in 2011. This is, at the same time, evidence of how effective it is to make employers aware of the problem of family care – the increase in the number of people combining work and care shines a light on the use of many forms of reduced work activities which will be mentioned later in the article.

Despite numerous amenities, health of a loved one and the need for constant care often forces the dramatic decision to stop working. Nearly half a million people (468,000) in the UK have given up their jobs in the last 2 years in order to undertake care. According to Carers UK the British media reported that around 600 people a day in the UK were giving up work to become carers (Carers UK, 2019c). Most of them are around 45 years old and are at their peak of their working lives. Interrupting their employment can sometimes stop the routine, which can be difficult or even impossible to return to. Carers UK organisation, which has carried out research and is conducting a number of activities for family carers, has highlighted the importance of the problem in the introduction to the report:

Caring, unpaid, for older and disabled relatives has fast become a key issue of our time and one that is affecting more families and friends in the UK in their everyday lives. And this work shows that this challenge is now bigger than ever. Carers UK has started to see an increasingly steep rise in the number of carers, the majority of whom are of working age and a large proportion in work. As this research shows, there is not only a strong moral imperative to support families and friends who provide unpaid care, but also a strong economic imperative, too. The UK economy and the productivity of business and employers, including the public and voluntary sectors, depends on retaining their skilled and knowledgeable staff. Crucially, that increasingly includes employees juggling work with caring.

Many elements of society need to adapt and change in order to support our growing and changing population of unpaid carers. While delivering clear economic benefits for the economy as a whole, as well as for employers and businesses, the gains for communities and families are vast. Supporting carers intersects with many different agendas including gender and disability equality, and age positivity. It helps support pensions provision, improves financial resilience, tackles an element of population health, strengthens family and friends' networks and, finally, helps combat loneliness and isolation. But to achieve these outcomes, every section of society needs to play its part – from employers, to local and national government, to families and the community (Carers UK, 2019b).

The report presents a financial estimate that UK companies could save up to £4.8 billion a year by reducing not planned absences at work and a further £3.4 billion to improve job retention by adopting flexible working conditions and thus supporting working carers (Carers UK, 2019b). Other benefits for employers which come as a result of supporting carers are presented in a report prepared by the British Government, Employers for Carers and Carers UK organisations. According to the participants of the survey, the benefits were: increased employee loyalty (93% of respondents), increased retention (92%), reduced number of sick leaves and absences (88%), improved commitment of employees (85%), improved people management (80%), increased team work effectiveness (75%), improved service delivery (72%), increased productivity (69%), reduced recruitment and training costs (65%) and budget savings (55%) (HM Government, Carers UK, Employers for Carers, 2013). Carers UK has a strong focus on a variety of forms of support for the carers themselves, the main one being to provide the necessary information. The website for carers provides guidance on many areas of life, including work. There are sections such as rights at work, support at work, return to work after care, resignation from work, strengthening skills (Carers UK).

#### 4. Employers for Carers and governmental support in the UK

Finally, it is worth noting an initiative that helps employers in the creation, implementation and maintenance of family-friendly forms of support in the workplace for carers. Employers for Carers (Employers for Carers) – an association of companies and organisations that run programmes to support working family carers. It also conducts research and provides social education on the subject. It was set up in 2009 as an employers' forum and currently has over 200

members from the public, private and non-governmental sectors. It offers them (and new members) training, consultations, toolkits and guides, expert opinions, e-learning modules, labour law news and newsletters, case studies showing the next steps that should be taken in implementing assistance programmes, examples of good practice. This is only a part of a long list of benefits and advantages (Employers for Carers). The employers' forum is spoken about by the employers themselves:

We want our workplace to give a sense of belonging. Membership of the Employers for Carers organisation allows us to understand the impact that caring can have. As more and more people have caring responsibilities, it is important that we enable employees to perform these duties alongside their work (Employers for Carers).

The cooperation with Employers for Carers has been invaluable in creating the Carers' Network in a large and complex government department. They were always ready to give practical and sensible advice and offer help. As a result, I am pleased to say that this is a resilient and proactive network that supports people with, quite often, complex caring responsibilities, including care at a distance (Employers for Carers)

It is important to mention the essential element without which the efforts for carers would not be as effective – governmental actions for working carers. For several years now, there have been government reports and plans for the future in relation to support for carers who combine care with work. Examples of recent reports are:

- *Supporting Working Carers. The Benefits to Families, Business and the Economy* – published in 2013 by the British Government in collaboration with Employers for Carers (HM Government, Carers UK, Employers for Carers, 2013).
- *Employment support for carers* – published in 2018 by the House of Commons Work and Pensions Committee (House of Commons, 2018).
- *Carers Action Plan 2018 – 2020. Supporting carers today* – published in 2018 by the Department of Health & Social Care (Department of Health & Social Care, 2018).
- *Best practice in supporting carers* – published by the Scottish Government in partnership with Carers UK (Carer Positive Employer in Scotland, 2020).

The reports focus on topics such as procedure changes, flexible working, extra leave, return to work, financial support, support for employers and the

impact of such activities on business, economy and carers themselves. The government's interest in the issue of family carers and its cooperation with organisations supporting carers is the result of many years of work by the family carers movement in the UK, with Carers UK at the forefront (Klimek, 2020).

## 5. Carers' expectations and examples of support – good practices from Scotland

The *Juggling work and unpaid care* report presents the expectations of employees in regards to conditions and forms of support in the workplace, which could make combining care with professional work easier for them. The three forms most frequently mentioned by working carers are: supporting employer/supervisor, flexible working hours and additional paid care leave from 5 to 10 days. Other frequently mentioned forms of support are long-term unpaid leave, access to information and advice/support network (Carers UK, 2019b). The emotional challenge that can arise for working carers when they try to combine professional and caring responsibilities usually does not require any additional financial or organisational burden from the employer to help the employee. The most important issue is the employer's and co-workers' knowledge about what it means to be a family carer, what duties this role entails and what impact it has on the employee who is a carer.

In a study carried out by Employers for Carers and Carers UK *Caring and isolation in the workplace. Impact report and recommendations* 7 out of 10 working carers (71%) indicated that they feel lonely or isolated in the workplace as a result of caring responsibilities. More than four out of ten working carers (43%) felt that colleagues and managers do not understand the impact of care on their lives and work, and 38% of them do not feel comfortable talking about their caring responsibilities in the workplace. Many working carers are at a critical point – one third (32%) spent more than 50 hours a week caring, and more than half (53%) of carers were alone or felt isolated in the workplace most of the time. Almost a quarter of carers (23%) received no support from their employer. More than half (56%) of carers who gave up their jobs highlighted the stress problems as a result of juggling work and care, and one third (34%) of them lacked adequate care services. The most important priority in terms of support in the workplace was to improve and consistently inform managers about issues related to care (37%) and to provide more flexible/special leave solutions (37%). Carers indicated that they would feel less stressed if these issues were addressed and that someone understood their situation (Carers UK, Employers for Carers, 2015).

The authors of the already mentioned Scottish study *Carer Positive: Best practice for supporting carers* on supporting employees who are family carers highlight that there are a number of measures that employers can put in place to create a carer-friendly working environment (Carer Positive Employer in Scotland, 2020). These do not necessarily represent a major change in the way organisations operate, they can be small and simple changes, but have a significant impact on making carers feel good at work. A strong culture of support is crucial in the organisation, giving them a sense of security and comfort. The starting point must be the awareness that there are people in the team who act as family carers. Their identification can take different forms, depending on the size and structure of the organisation. It can take place in a formal way, but also on the basis of informal relationships. Regardless of the approach taken, it is important to establish a clear definition of a carer, as many people do not identify themselves as carers (they think of themselves as a son, daughter caring for an older, sick parent simply). Employees should be informed to whom and how they can (if they want to) apply for help. It is important to respect the choice of those who identify themselves as carers and those who do not want to disclose their situation. The whole team should know that the company has a carer-friendly policy, why and what this means in practice.

Some organisations offer ‘Registers of carers’ or ‘Passports of carers’, which give them access to benefits that can vary over time depending on the situation and needs of the carer (Carer Positive Employer in Scotland, 2020, p. 5). These benefits include various types of leave: paid, unpaid, granted in crisis situations (emergency/dependant’s leave), enabling the worker to adapt to a new caring situation (adjustment leave), in situations of serious illness, funerals and other difficult situations (compassionate leave), etc., up to longer breaks, if long-term care is needed, with the possibility to return and to pursue a career, which provides a sense of security (career breaks). Another example is flexible working time: part-time work, flexi-time, annual hours, compressed hours, home working, teleworking, job-sharing (Carer Positive Employer in Scotland, 2020, p. 13).

Some companies offer practical support through the provision of parking space or telephone access, as well as access to various types of health, financial, emotional, legal, etc. support and advice programmes. A simple tool is to make information materials available to employees about forms of support that exist outside the workplace, such as training, group meetings, websites, respite care and other. This can be done by a designated person, also in cooperation with the carers (Carer Positive Employer in Scotland, 2020, p. 16).

Mutual assistance between carers in the same workplace is another important element. The forms of mutual support vary from one organisation to another.

er. The existing and well-functioning one is a group of carers in the workplace who meet regularly. Carers can share their experiences, good practice and the necessary information – this makes them feel attached, less isolated and lonely at work (Carer Positive Employer in Scotland, 2020, p. 22).

A package of different forms of support, awareness of the problem in teams, information flow and communication about the company's support policy regarding family carers are essential for it to be effective. Sometimes the solutions adopted are part of a work-life balance or family and caring policies. The employer may offer solutions that already exist in the company, which are dedicated to a different group of employees. Therefore, it is only a matter of extending the group of people they are directed to, without the need to create new procedures.

The above-mentioned forms of support concern the carers themselves and awareness building among employers, but it is worth adding that the study also contains practical tools supporting organisations that would like to introduce such initiatives to their workplaces. The document presented here describes one of a range of activities for working family carers in Scotland. More information and resource materials are available on the Carer Positive Scotland website (Carer Positive Employer in Scotland).

## **6. Conclusions – Poland on the way to include working family carers in the integrated support system**

Demographic forecasts in Europe and Poland leave no doubt as to the need to take measures for family carers, especially those who are professionally active. The success of palliative and hospice care in Poland demonstrates at the same time many shortcomings and gaps in end-of-life care and long-term care for all those who need it. The scale of the problem, with an apparent lack of support for informal carers, makes this challenge particularly urgent (Krakowiak, 2020b, p. 7–8). Family members are expected to provide care or to organise and coordinate it, often with their simultaneous professional activity. There are many solutions and good practices that can inspire employers in terms of support for the staff who are carers. It can certainly be drawn from the experience of other countries, including the UK.

It is worth looking at those who have already successfully built public awareness and formed a network of employers sensitive to the needs of working family carers. The initiatives mentioned in the article led by Carers UK and Employers for Carers in particular, are an example to be followed, as they carry out ex-

tensive work for the carers themselves, support employers and work with the government. The latter is one of the most important success factors in the fight for the rights of carers. An example of such cooperation is the whole *Carer Positive* programme run by Carers UK in Scotland – Carers Scotland – on behalf of the Scottish Government. In 2011, the Caring for Carers programme was listed as one of the Scottish Government’s ten commitments for carers. The aim of this commitment was to recognise those employers who offer the best support for carers, giving them the flexibility that they often need to provide care at home. This initiative was developed based on strong partnership between private, public and voluntary sector organisations in Scotland (Carer Positive Employer in Scotland). Employers are encouraged to take part in a programme which shows the benefits to them: raising their reputation as the ‘employer of choice’; recruiting from a wider range of people with valuable skills and experience by offering a flexible working; meeting broader corporate social responsibility objectives; building employee engagement. More than 437,000 employees in Scotland currently work for 192 organisations that have received Carer Positive awards (Carer Positive Employer in Scotland). They are enabling caregivers to combine work with care, giving them obvious benefits of remaining in the labour market without limiting or suspending their professional career. Caregivers can have a certain financial stability and, at the same time, a sense of a well-fulfilled duty towards a loved one. There are also measurable benefits for those “carer positive companies”, such as loyalty and greater involvement of employees, as well as other economic facts, such as reduction of the number of unplanned absences and improvement of the retention level (Carers UK, 2019a).

In Poland, a movement to mobilise employers and sensitise them to the needs of employees who are carers has already begun. It is worth noting the Responsible Business Forum – an organisation which, in cooperation with various sectors, sets trends and directions for responsible business and sustainable development in Poland by creating corporate social responsibility (Forum Odpowiedzialnego Biznesu). In the publication from 2020, *Courage and Balance. Work-life balance in Poland*, companies have been awarded for a unique way of supporting the idea of work-life balance (Forum Odpowiedzialnego Biznesu, 2020). It is necessary to introduce appropriate legal regulations and solutions at the level of national government directives; however, involvement of social education, research and publications is necessary to achieve this goal. Actions for this group of carers were undertaken by the Hospice Foundation in Gdansk, initiating and leading a debate with the City of Gdansk, Employers of Pomerania and the Pomeranian Chamber of Crafts of Small and Medium Businesses (Urząd Miejski w Gdańsku, 2019). The 2020 report *Reconciling work and care for dependent persons – a challenge*



for social dialogue and public policy at various levels also gives hope for change (Bakalarczyk, 2020a). Its authors point to the essence of the problem, the situation of carers in Poland and the possible consequences of the lack of appropriate solutions – for carers and families, but also for the economy and the labour market, public finances and social security systems in Poland. The report concludes with a set of concrete recommendations as to the actions necessary in various dimensions – from decisions on the central level to local initiatives. It is to be hoped that the conclusions of the report will reach those responsible and further activities of this kind will be developed.

In Poland, as well as in the whole region of Central and Eastern Europe, there is a need to intensify activities at various levels for family carers of persons dependent due to illness or age. In addition to medical and caring activities, there is certainly a need for greater involvement in the areas of social sciences, especially care, social pedagogy and social work, key to creating *compassionate communities*, ready to support dependent people at home and their carers (Krakowiak, 2020b). The creation and development of existing support structures for family carers is essential, as is the practical identification of opportunities for cooperation between different parties. This broad topic, presented here in a summary, requires further study and research, as do other areas of support for family carers, by various social economy entities, which has already been carried out over many years in the UK and elsewhere. The last year with the global Covid-19 pandemic has highlighted even more clearly the problems of family carers trying to combine work and care, which has already been reflected in recent research and publications in the UK (Roper, 2020), as well as in concrete legislative (UK Parliament, 2020) and executive actions (Carers Advisory Group, 2020). Although there have already been similar publications in Poland (Nowosielska, 2020) and expert reports (Bielska et al, 2020; Bakalarczyk, 2020b), the involvement of employers in helping carers combine work with caring for loved ones should be the subject of practical action, as well as research and further scientific reports in Poland. Respite care and general support for working family carers in Poland need inspirations. The Covid-19 pandemic has fully exposed the problems of carers of dependent people around the world, including Poland, especially difficult for those who combine care with work. Support provided to home care and family carers could bring better care, more stable work-care regulations, as well as financial benefits and savings to the health care system, which is of particular importance in the difficult times of a pandemic.

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