Cygnet 4: Supporting Carers Cygnet Response to Reviewers' Comments

Name of institution	University of Newcastle
Date of application	October 2023
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Award Level	Cygnet
Date joined Athena SWAN	Cohort One – January 2016
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THE UNIVERSITY OF NEWCASTLE AUSTRALIA

UNIVERSITY OF NEWCASTLE: SAGE CYGNET 4		
BARRIER TYPE	**CURRENT CYGNET**	**BARRIER**
Mandatory Sub-group barrier		STEM Pipeline: Difficulty attracting and recruiting female students and academic staff into the College of Engineering, Science and Environment
Mandatory Institution-wide barrier		Career Development Support
Institution- wide barrier		Indigenous Cultural Competency
Institution- wide/Sub-group barrier	➔	Supporting Carers
Institution- wide/Sub-group barrier		Workload Allocation

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LIST OF ABBREVIATIONS & ACRONYMS

WIR	Women in Research Fellowships
SSP	Special Studies Program
ASBA	Athena Swan Bronze Action
FWA	Flexible Workplace Arrangements

Review Group's Request for Additional Information Regarding Impact

The University of Newcastle welcomes the Review Group's request for Additional Information regarding Impact. It has allowed the University to return to the evidence collected from engagement with the intended beneficiaries of the action in the form of a **change to the self-reported lived experience of staff** as a result of **reducing the barriers to staff with carer responsibilities**.

The Review Group requested the following *Additional Information*:

1. How were interview participants chosen?
2. Were the 15 people representative of the University as a whole?
3. What are the nature of their caring responsibilities?
4. Which demographic information (gender, in particular) can be attached to the quotes?

1. How were the interview participants chosen?

Eligible participants included University of Newcastle staff (academic or professional) with caring responsibilities, of any gender, and having accessed or utilised a carer-support initiative from 2018 onwards (post ASBA). Following internal consultation with the Cygnet working group, we anticipated a high interest of eligible participants to participate in this study. Therefore, to ensure data is manageable whilst also gaining sufficient insight across the various initiatives of interest, we used a multi-faceted recruitment approach as described in Table 1. Using this approach, we **purposively sampled participants** for 'maximum variation' [1] with the aim of gaining comprehensive representation of Carers with diverse caring responsibilities (i.e., caring for children of different ages, Elderly, and/or people with disabilities) and characteristics, such as academic and professional staff from different colleges, a mixture of cultural backgrounds, and both men and women (where relevant).

In the first wave of recruitment, we received a moderate response rate with sufficient heterogeneity within the sample. However, we identified a few outstanding 'gaps' and proceeded with a second refined wave of recruitment (using Method 3) to purposively select participants to maximise our insight.

Table 1. Recruitment approach via three methods

RECRUITMENT APPROACH	
Potential Participants	**Method**
WIR Fellows and SSP participants that accessed caring allowances	**Method 1**: External Distributor Model (as outlined in the University of Newcastle Human Research Participant Recruitment Guidelines), with Research Advantage and Human Resources acting as conduits to potential participants. Using an available list of eligible participants who had accessed caring allowances, Research Advantage invited eligible WIR participants and Human Resources invited SSP participants to

	partake in an interview with study Consent Form and Information Statement. Consenting participants were asked to email a completed Consent Form directly to the research team to arrange for an interview.
Staff who have taken Carers leave (parental leave and partner leave)	**Method 2:** External Distributor Model (as outlined in the University of Newcastle Human Research Participant Recruitment Guidelines), with Client Services within the Human Resource Services unit acting as the conduit to potential participants. Using an available list of eligible participants identified from records in the Human Resource system, Client Services invited eligible participants to partake in an interview with study Consent Form and Information Statement. Consenting participants were asked to email a completed Consent Form directly to the research team to arrange for an interview.
Carers of children (<18 years of age) and Carers of other dependents (e.g., elderly people with a disability)	**Method 3:** For additional recruits, where necessary, we employed snowball sampling techniques – asking participants and Athena Swan working group members for referrals based on their existing social contacts. We have chosen snowball sampling due to our strong, existing personal contact with working group members with carer responsibilities. We directly contacted participants with the Information Statement and Consent Form.
Staff who have utilised on-campus childcare services	

2. Were the 15 people representative of the University as a whole?

As part of the Employee Experience regular pulse check surveys with staff, the University surveyed a large proportion of its staff in March 2023 (n = 2158) across a variety of levels, roles, contract types (academic and professional) etc. around support for carers. This larger quantitative survey sample (30% response rate) enabled the University to better understand themes in order to shape and guide the more in-depth one-on-one interview process undertaken by our qualitative researcher.

We conducted interviews of the 17 staff (nine academic and eight professional) that provided informed consent. Table 2 details participant's characteristics. Please note that at the time of this Cygnet submission, we included data from 15 participants, as the final two participants completed interviews after the submission deadline. The new data has since been added to the complete set and did not change any impact outcomes, rather it enhanced the findings.

The overall sample, recruited through a robust, purposeful, multi-faceted approach, supplied rich information power [2] for our analysis and represented a comprehensive range of perspectives. Maximum variation sampling [1] (as we have employed) is specifically used in qualitative research to ensure that the full range of perspectives relating to a phenomenon of interest are captured [3]. Participants in our study were primarily female (82%) and English first language (76%) with a median age of 39.5 years. In addition to meeting our sample-heterogeneity targets, participants were representative of a range of disciplines, schools and departments within the University, local vs non-local, Australian vs international, and parenting circumstances (e.g., single parents or blended family). In summary, we are confident that the final sample provides a strong representation of the University as a whole.

3. What are the nature of their caring responsibilities?

All participants identified as a parent and one related to disability. The nature of parenting responsibilities ranged from caring for up to four children (anywhere from one to three) varying in age from newborn to adolescence. Five participants additionally identified as carers (three current and two former) concurrent to parent responsibilities; except for one participant whose carer responsibilities ended before becoming a parent. The nature of these responsibilities included caring for a sick or elderly parent, and/or dependents from extended family.

Table 2. Participant characteristics

Characteristic	Academic N= 9	Professional N= 8	All participants N=17
Carer responsibilities			
• Yes, Parent	9 (100%)	8 (100%)	17 (100%)
• Yes, Carer	3 (33%)	2 (25%)	5 (29%)
Age			
• Years (median ± SD)	42 ± 4.3	38 ± 7	39.5 ± 6.3
Gender			
• Female	8 (89%)	6 (75%)	14 (82%)
• Male	1 (11%)	2 (25%)	3 (18%)
Sexual Orientation			
• Straight/Heterosexual	9 (100%)	8 (100%)	17 (100%)
English first language			
• Yes	6 (67%)	7 (87%)	13 (76%)
• No	3 (33%)	1 (13%)	4 (24%)
Indigenous			
• Yes	0	2 (25%)	2 (12%)
• No	9 (100%)	6 (75%)	15 (88%)
Disability			
• Yes	1 (11%)	0	1 (6%)
• No	8 (89%)	8 (100%)	16 (94%)
*please note: This sample includes two participants who were unable to complete interviews until after report submission to SAGE. These two participants have since been added to the sample; the new data has not changed any impact outcomes, rather it has enhanced the findings.			

4. Which demographic information (gender in particular) can be attached to the quotes.

The findings are the result of a qualitative study with ethics approval from the University of Newcastle Human Research Ethics Committee (Reference: H-2023-0281). We are **limited in the demographics that we can attach to the quotes, to ensure participant confidentiality as per ethics criteria**. The demographic information was provided from participants at the start of their interview, under the awareness that it would not be included with any quotes used in reporting.

However, it is acceptable for us to add gender and appointment (professional or academic) with the quotes below. The amendments to the Impact section of the original submission are highlighted in yellow.

Impact

From September-October 2023, in-depth qualitative interviews were conducted with 15 University staff (12 female and 3 male carers) who had accessed at least one of the carer supports from the University following ASBA in 2018. Most participants commended the University for the support it provides for carers, with reports of positive impacts in their work (achievements in work responsibilities, success in career goals and/or progression, job satisfaction, and maintained work identity) as well as their personal life (achievements in parent/carer responsibilities, improved health and wellbeing, good work-life balance, and enhanced relationships).

Flexible Work (Cygnet Action 1; ASBAP 5.5)

Of all the supports offered by the University, FWA was the most impactful for all participants, underpinning their ability to balance work and carer responsibilities. The most utilised forms of FWAs included work from home, flexible working hours (start/finish times), and fractional appointments. Personalisation of FWAs was especially important, to ensure an appropriate fit with the participants unique circumstances and preferences. One concern expressed by several participants was that of FWAs as a 'double-edged sword'. As Carer13 (female academic) explained: *Flexibility to me is a double-edged sword. Flexibility means you can work anytime and anywhere, which is great, except that you also might feel compelled to work anytime and everywhere. So, it cuts both ways.* This suggests that implementation of FWAs should be considered alongside work expectations and work allocation to ensure that flexibility does not increase workload.

SUPPORT	EXAMPLE QUOTE FOR IMPACT
Flexible Work	Work from home - Carer05 (female academic): *…if I'm not able to say work from home several afternoons a week, then I would have to drop to part-time, because I don't want my kids to be alone in an empty house… they're not distracting me from doing my work, it's actually highly productive to sit in my home office and I know that the kids are just down the hall doing their homework, but I'm there if there's anything that they need. It's much more efficient for me. It's something that's really important to me.* Flexible hours - Carer10 (female professional): *So flexibility in working hours, being able to start later, start earlier, take time out within the day and make up that time as opposed to having to put in class or leave requests and all that additional admin. It's just that do your hours within the day or within the week and it's all good. Get your job done… knowing that if I can still work full-time and not miss out on those activities with my kids, if I can still get my job done and still do my hours across the day… Because then it allows me to be passionate about work because I'm not resentful around feeling like I'm making a choice.* Fractional appointments – Carer11 (no characteristics disclosed for confidentiality): *I came back at four days a week… I did [maintain that] until the year before last, until my eldest went to school…The reduced workload was fantastic.*

Table 13. Qualitative evidence, Flexible Work Arrangements

Keep in Touch (Cygnet Action 2; ASBAP 5.6)

Despite this being available as part of the Parental Leave policy, no participants were aware of this provision. A key area of improvement is increasing awareness of this provision and enhancing the experience for staff (particularly on their return to work) which will be achieved through the new

Enboard program mentioned in the Output/Activity section. This is especially important as several participants experienced hardship in their return to work following parental leave due to a lack of communication regarding changes in their team or role during their leave.

Women in Research Fellowships (Cygnet Action 2; ASBAP 5.3)

For participants that had accessed the Fellowship funding specifically to support childcare, this was crucial in ensuring they were able to focus on their research and recover their research trajectory. Of note is the community of ongoing technical and compassionate support that the Fellowship provided for women, with many participants reporting feeling supported and valued as both an academic and a mother. (See below, Table 14)

SUPPORT	EXAMPLE QUOTE FOR IMPACT
Women in Research Fellowship	Carer08 (female academic): *I shall say that I really benefit a lot from the women fellowship grant… no other funding will provide such great flexibility and considerate thoughts to help with the researchers, especially women researchers… by utilising this available fund, I can achieve the greater balance between work and the life of carer… due to the Women fellowship grant, I just got a really great result for the publication output last year as the academic dashboard showed my research outcome for general publication in Q1 ranking.*

Table 14. Qualitative evidence, Funding for carers expenses as part of equity fellowship

Special Studies Program (Cygnet Action 2; ASBAP 5.1)

The impact of the SSP for supporting carers appeared mixed. One participant (Carer01), a single parent, accessed financial support for her children to accompany her on the SSP trip which consequently accelerated her research. Other participants however, reported barriers in organising childcare or receiving financial support for their child/family to accompany them, and they were consequently unable to partake in SSP or had to substantially modify their travel plans.

SUPPORT	EXAMPLE QUOTE FOR IMPACT
Special Studies Program	Carer01 (female academic): *I had SSP and that was also amazing, that support I then got, to take the kids with me for six months, and we went to [country] for six months. That trip created, or set up, what I've been able to do. Even though it was such hard work... it let me build some of those contacts that subsequently that have become important for my research now, or my teaching.*

Table 15. Qualitative evidence, Carers support provisions while on SSP

Parental Leave (Cygnet Action 3; ASBAP 5.4)

Participants expressed that the Parental Leave policy was superior to what is offered by other organisations and institutions, in terms of leave entitlements and flexibility. In particular, the ability to personalise implementation of the Policy to best suit the unique circumstances of staff was highly impactful.

SUPPORT	EXAMPLE QUOTE FOR IMPACT
Parental Leave (including Partner Leave)	Carer02 (male professional): *It definitely positively impacted my life in terms of a lot of my friends outside of the University don't have the same kind of flexibility or generous leave allowances for partner leave. So I was*

	really grateful that I was able to spend time with my kids when they were young.

Table 16. Qualitative evidence, Parental leave provisions

Personal Leave (Cygnet Action 3)

Many participants had accessed personal leave, allowing them to effectively balance carer and work responsibilities without financial repercussions or having to use annual leave. This was especially important for participants because it meant they did not have to use Annual Leave which was then saved for its intended purpose of allowing staff to relax and rejuvenate (i.e., achieve good work-life balance). Carer15, an Aboriginal Staff member, spoke of the positive impact of the University's Aboriginal and Torres Strait Islander leave (10 days of each, paid and unpaid), which she accessed for cultural purposes – an essential part of wellbeing and feeling supported as a Carer.

SUPPORT	EXAMPLE QUOTE FOR IMPACT
Personal Leave	Carer14 (female professional): *I'm just extremely grateful about the benefits that the university gives you. We've got an extensive amount of personal leave that they give you every year, and I think that that's just so helpful… the last few months I've been taking some personal leave to take care of mum. I would say obviously that part has been a lot easier because I've been taking some personal leave, so I haven't had to try and juggle doing work as well as her [mum].*

Table 17. Qualitative evidence, Personal leave provisions

Childcare (Cygnet Action 4; ASBAP 5.2)

Childcare was the most prominent concern for parents of younger children given that childcare must be addressed for a parent to return to work and fulfil job responsibilities. The on-campus childcare centre was highly impactful for parents: its close proximity to the workplace cut down on commute times and provided parents access to their child, if needed. Carer11 (demographics not disclosed to ensure confidentiality), a parent of a child with disabilities, shared: *It's so nice to be able to have him on-campus. And one of his seizures happened while on campus; to be able to be only two minutes away was very helpful.*

Moreover, parents had high trust in the centre staff and felt that it was an excellent institution providing high quality education and care. However, due to its excellence, it is also in high demand and some participants were not able to enrol their child due to the lack availability. Even participants who were successful reported waiting lists and other barriers prior to their child's enrolment. This highlights the need to increase accessibility of on-campus childcare, to ensure that the benefits are realised on a broader scale.

SUPPORT	EXAMPLE QUOTE FOR IMPACT
Childcare	Carer03 (female academic): *So that was fabulous having that at the Callaghan Campus, that really helped with managing things and quality of life. The fact that I could just drop him [child] and then walk two minutes to my office was really excellent, just knowing that he was nearby and it's really high quality care as well. It's a really fabulous institution. So yeah, we're really, really happy with that. I'm really grateful to have that available.*

Table 18. Qualitative evidence, Childcare centres

Breastfeeding Friendly Workplace (Cygnet Action 4; ASBAP 5.7)

The impact of the University's dedicated spaces for supporting carers has been positive, with workplace practices externally assessed through accreditation.

SUPPORT	EXAMPLE QUOTE FOR IMPACT
Breastfeeding-Friendly Workplace Accreditation	*Anonymous*: As a new mum returning to work I really appreciate these areas to make me feel comfortable and not feel as if i have to choose between weaning and working.* *Anonymous*: As a breastfeeding mother, the support of University to return to work and continue to breastfeed has been amazing. Thank you.* *Staff testimonial made publicly in 'The Loop' (University Staff communication platform on SharePoint); names have been removed for the purpose of this report

Table 19. Qualitative evidence, Breastfeeding Facilities

Other Supports

Throughout the interviews, several themes emerged of other supports that were important for Carers. First, having a supportive manager appeared to be pivotal as many policies and support systems are managed locally through discussions between staff and their manager. As Carer05 (female academic) described: *I think it ends up then very much depending on what kind of manager you have, and not all managers are equally flexible.* Second, participants expressed the importance of a positive workplace culture where parents and carers were accepted and felt comfortable to express needs around carer responsibilities. Carer10 (female professional)'s positive experience as a parent at the University was attributed to this: *I think I've been really fortunate in having really supportive environments and finding my way into those settings.* Third, many participants found great support through sharing experiences with peers/colleagues with similar life circumstances. Finally, a few participants who expressed considerable hardship during their carer journey found great support, and help with mental wellbeing, through the Employee Assistance Program (EAP; a free counselling service). For example, Carer04 (male academic): *I got to the point where I felt like I wasn't managing and coping as well as I should... between the supporting of my wife with her health... having a new baby, juggling a significant governance role responsibility, trying to maintain research outputs, all those different streams, I guess you could say just trying to manage that kind of wore me down. And so the EAP was really helpful at that point to give me a landing pad to talk it through and try to work out ways to prevent that cycle happening again.*

In recognition of these other supports, further efforts to support Carers at the University might include:
• Ensure managers are supportive of Carers, engage in discussions with staff, and oversee policy implementation; • Reinforce a positive institutional culture surrounding carer responsibilities and work-life balance; • Establish mentoring networks for Carers; and • Increase information availability and referral to the EAP for carers.

References

1.   Patton, M.Q. (2015) *Qualitative Research & Evaluation Methods*, 4th ed., Thousand Oaks, CA: Sage.
2.   Malterud, K., V.D. Siersma, and A.D. Guassora (2016). "Sample size in qualitative interview studies: guided by information power". Qualitative Health Research. 26(13): p. 1753-1760.

3.   Lopez, V., & D. Whitehead (2013). "Sampling data and data collection in qualitative research". *Nursing & Midwifery Research: Methods and Appraisal for Evidence-based Practice*, 123, 140.