pendix

What 3C Delivered

This appendix provides details on what 3C delivered, including its activities and participants, background information about how the program was organised, and an overview of lessons learned by the organisers. It then provides a summary of findings from the qualitative evaluation conducted by the Social Policy Research Centre, including an assessment of the impact of the program on participants (see Appendix 2 for research methodology).

3C Activities

The 3C program had three components:

- A 60-minute online information session providing details of the existing support, policies, and resources in place at UNSW to support staff with caring responsibilities.

 The information session was developed and delivered by UNSW HR staff. The session included an extensive Q&A for those attending live and was available subsequently as a recording for all staff.
- 2 Seven 90-minute small-group online career coaching sessions led by facilitator Charity Becker, which aimed to support participants to:
 - Share experiences of caring and identify career impacts.
 - Imagine a career plan that acknowledges and addresses those impacts.
 - Envisage the conditions required in both home-life and work-life to achieve the plan.
- A creative workshop facilitated by artist Michele Elliot at the end of the program that gave participants a chance to re-connect and discuss their experience of 3C informally. Fabric badges celebrating care work created at this workshop went on to feature in an exhibition at UNSW Library in September 2023 entitled *Care is a Relationship*.

Participants

46 UNSW employees expressed interest in taking part in the program and 29 went on to attend a coaching session. Each session had a maximum of 6 participants. Participants came from all UNSW faculties except Law and Justice. All academic levels were represented, with higher numbers from levels A-C than D-E. At least three participants were casual staff.

Level A Total	9
Level B	9
Level C	7
Level D	2
Level E	2

Organisational lessons learned

Impact of COVID-19

3C was developed in response to the impact of the first wave of COVID-19. By the time the program was delivered in Spring 2022 the effects of the pandemic were still being felt. COVID-19 had a long-lasting impact on many carers capacity to participate in-person, due to caring for those with reduced immune systems or the elderly. As a result, all coaching sessions, and qualitative research sessions were held online. The creative workshop in March 2023 was the only part of the program to take place in person.

Partnership with UNSW Human Resources

The partnership with UNSW HR was vital to the success of 3C. Staff from Culture and Development advised on the design of the program and recommended the facilitator, Charity Becker, who had previously delivered leadership training for UNSW. Early feedback from Charity emphasised that participants should be informed of practical support available to them from UNSW prior to workshops, so that coaching could focus on personal development rather than institutional information. HR staff therefore developed and delivered an online information session. Two important lessons were learned through this partnership:

- The lack of existing data or knowledge about carers at UNSW, and some of the challenges faced in gathering such data.
- The lack of existing provision specifically for carers (as distinct from parental care). These gaps were surprising to both the 3C organisers and to HR staff themselves.

Recruitment and participant profile

3C aimed to include academic staff from across all faculties and levels. A webpage about the project was produced as part of the EDI Division website. Information about the program was distributed via campus information screens and via email invitation sent by each faculty's EDI lead and Heads of Schools. The invitation was also distributed via mailing lists for WWBA, WiRN and Athena SWAN. Lessons learned from the recruitment process include:

- The importance of using inclusive language when undertaking any project related to gender. The term "cis and trans women" was used by 3C as advised by EDI Division's Diversity and Inclusion Project Officer. Future projects focused on gender inequality should also include non-binary. All promotional material also included a short justification of why 3C did not include cis men: Whilst care should be seen as something all genders undertake, most carers are women, and 3C aimed to address the additional disadvantage that women face in academic careers.
- The importance of an organisational definition for extraparental care became clear in the recruitment phase of this project. The term carer is used for parental forms of

- care within UNSW (as in many other organisations) as an inclusive term for all guardians of dependents. Some project partners initially assumed 3C would include parents and several employees initially expressed interest in the program believing it was aimed at parents.
- Feedback from the advisory group established the importance of including employees who had been carers within the last 3 years, even if their caring responsibilities were now resolved. This addressed the fact that the impact of care work on carer progression extends beyond the period of care itself.

3C participants caring profile: Findings from the **3C** Carer Experience Pre-workshop Survey

Below is a summary of the findings from the surveys and the focus group/interviews which are based on purposive sample and do not necessarily represent the broader carer population at UNSW. These findings therefore represent the views of those participating in the surveys and focus group/interviews only.

Fifteen responses to the pre-survey were received from the 29 carers who registered for the workshops. Most of the respondents had cared for over 4 years and provided over 20 hours of care per week (9/15). Most respondents participating in the survey were caring for more than one person while also providing care for children without a disability or chronic illness (10/15). The majority of respondents cared for a parent/parent-in-law or a son/daughter (8/15). Most carers provided support in their home (13/15) or in the care recipients' home (7/15). Caring roles were diverse, and carers took on a wide range of caring tasks including cognitive and emotional assistance (13/15), managing difficult behaviors (12/15), coordinating care (11/15), personal care (10/15), keeping company or keeping an eye out (10/15), health care, communication, transport (9/15) household chores and meal preparation (8/15).

Most of the carers worked full-time either in permanent or fixed term contracts (9/15). Most carers had taken paid carers leave to provide care (9/15). Overall respondents indicated that they rarely or never received adequate support from formal services and informal sources (9/15) due to factors such as COVID-19 and staff shortages in care services. Most participants were unaware of available support services through Carer Gateway (7/14), NSW Carers (9/14), Carer networks/support groups (8/14), Disability Gateway (10/14). However, most participants knew of My Aged Care.

Within their workplaces most respondents indicated that they were unaware of other people with caring responsibilities (9/15). However most indicated they had spoken to colleagues (10/15), and some had spoken to supervisors (7/15) or to their My Career conversation leader (5/15) about their caring responsibilities and had found them supportive. The main reason given by respondents for not discussing their caring responsibilities in the workplace was that it would not change anything or be helpful (5/15).

Survey respondents were asked to identify workplace support that could be provided by UNSW to help balance work and caring responsibilities. The most common strategies included:

- Provide greater recognition of caring in promotion policies (12/15).
- Provide greater recognition of caring in My Career discussions (10/5).
- Provide career coaching (10/15).
- Greater recognition of caring issues in job design (8/15).
- Better information about what support is available for carers (8/15).
- More publicity about and recognition of carers in the workplace (8/15).
- Provide career mentoring (8/15).
- Provide specific funding for carers to support research activities (8/15).

Other issues, recommendations or practical ideas noted by at least seven respondents that would assist included:

- Weighting for carer responsibilities in performance metrics.
- Issues around fixed term contracts.
- Training for managers.
- Seeing caring as an issue relevant to both men and women.
- Promote caring as positive and use a strengths-based approach to address challenges.

Impact of 3C on participants: Findings from the post-workshop survey and focus groups / interviews

Seventeen responses to the post-workshop survey were received. Most participants indicated they would recommend these sessions to a colleague (12/17). The most helpful aspect of the workshop according to participants were: coming together as a group, sharing experiences, forming connections with other carers, reducing feelings of isolation and articulating the common challenges they faced (15/17). Carers commented:

There were other women in my session whose experiences really resonated with mine. It was very helpful just to see that there are others within the university who are grappling with similar challenges. I feel a bit less alone.

Hearing the stories of others, realising that I am not alone in my experience BUT that everyone feels very alone in these experiences. A key thing for me therefore was thinking there would be strength in coming together as a group.

Connecting with others in similar caring roles and sharing experiences. This helped me realise I am not alone with my particular struggles. Having a space to talk about career that is not just about what more I should be doing.

In emails to the organisers (after the research period had concluded), two participants in the hands-on creative workshop expressed appreciation for the sense of connection and belonging that the program had given them:

I am so grateful for everyone involved. Being a part of this group and feeling that sense of belonging truly helped me transition into my new role over the last 12ish months.

The effort and time everyone put into the (creative workshop) day is very much appreciated. I really enjoyed connecting with everyone and having the opportunity to do something fun and creative. It was such a lovely way to disconnect from work/life and celebrate one another.

Most workshop participants felt they could clarify challenges that impacted their career or day to day work (15/17), but few (4/17) felt that the coaching session helped them to identify strategies to address these challenges. Participants commented that there was not enough time in the workshops to identify solutions or practical changes.

The focus group/interviews were conducted with carers who had participated in a workshop. Overall, these carers reiterated the themes emerging from the pre-workshop survey in terms of identifying challenges they faced providing care while being employed, including academic standards that were difficult to meet while providing care, the impact of caring on their career progression and a lack of awareness from supervisors about caring issues.

I can't both be the human I want to be in this world and compete with people who are willing to be only an academic and nothing else. I think academia really loses out.

These participants highlighted that their caring and work responsibilities were both important. However, they often felt that this was not reflected in current UNSW policies and practices. The discussion in the focus group and interviews focused on carers' suggestions for future strategies to better support them in the workplace, which are detailed in the main body of the report.