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Taking the time to care? A study of employer-provided paid carer's leave in three organisations in the UK

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Abstract

This thesis explores the development and characteristics of employer-led carer's leave in the UK, and the impact of carer's leave on working carers' experiences of reconciling work and care. Despite a wealth of research on work-care reconciliation, carer's leave and its potential to strengthen carers' rights and visibility has received little attention.

This thesis examines the characteristics of employer-led carer's leave policies and their impact on working carers through an in-depth case study approach of three UK organisations in the public, private and third (voluntary) sectors.

A critical realist perspective was adopted, as well as multiple methods including interviews, surveys and document analysis. In total, 65 interviews of working carers, managers, union and employee representatives were conducted in addition to documentary analysis of the policies as well as two employee surveys of which generated 41 and 320 responses each. The potential for employer-led carer's leave to reflect Kittay's '*doulia*' right (1999,2021) was critically evaluated through a multi-conceptual framework which included Acker's intersectional theory of 'inequality regimes' (Acker, 1990, 2006a, 2006b) as well as Bourdieu's theory of Capital (1986).

This thesis contributes to knowledge by exploring how the individual's experience of carer's leave is dependent on both on the job status of the carer as well as an organisation's interpretation and application of carer's leave policies. Key findings show that, when accessed, carer's leave has enormous potential to support work and care reconciliation as it reduces the potential negative effect of using flexible work policies and enhances work quality. Carer's leave was however not accessed equally throughout the three participant organisations, this was due to a management-led Diversity & Inclusion framework used to introduce carer's leave which limited the influence of employee voice. This thesis also critically situates working carers' ability to 'self-identify' as carers and ask for support in relation to specific factors, such as their own perspectives on care, labour processes as well as class and gender inequalities. Consequently, employer-led carer's leave as a '*doulia*', right is not sufficient to value carers' work as it can fail to acknowledge the way in which work and care are distributed with power and voice disparities in the workplace.

TABLE OF CONTENTS

LIST OF TABLES AND FIGURES	7
ABBREVIATIONS USED IN THE THESIS	8
CHAPTER 1	13
INTRODUCTION	13
1.1 Study parameters	14
1.2 Study context	16
1.3 Overview of Chapters	19
CHAPTER 2	21
UNDERSTANDING WORKING CARERS' POSITION IN THE POLICY AND EMPLOYMENT CONTEXT OF THE UK	21
2.1 Introduction	21
2.2 Care in feminist debates and the conceptualisation of care for a disabled, older or long-term ill person	21
2.3 Working carers' rights in the EU	24
2.3.1 The development of EU policies for work-life reconciliation	24
2.3.2 European policy provisions for working carers in 2021	26
2.4 Working carers 'rights in the UK	27
2.4.1 Carers' rights in the UK	27
2.4.2 The role of civil society organisations: the example of Carers UK	30
2.4.3 The case for carer's leave	32
2.5 The British employment context	34
2.5.1 Flexibility and Flexibilisation of work	34
2.5.2 Trade unions, employee voice and organisational culture	36
2.5.3 The influence of Diversity & Inclusion management	39
2.6 Circumstances and 'identity' of working carers	40
2.6.1 Occupational and social class and work experiences	41
2.6.2 Gender, culture, race, age, and care relationships	44
2.7 Theoretical framework	47

2.7.1 Social capital, ‘care capital’, and ‘ <i>doulia</i> ’ right	48
2.7.2 Acker’s concept of inequality regimes	50
2.7.3 Articulating and reconciling work and care	52
2.8 Conclusion	53
CHAPTER 3	55
RESEARCH DESIGN AND METHODS	55
3.1 Introduction	55
3.2 Methodological stance	55
3.2.1 Applying critical realism in studying organisations	57
3.3 Research methods	58
3.3.1 Design of the interviews	59
3.3.2 Design of the survey	61
3.4 Research access	62
3.4.1 The role of Employers for Carers (EfC)	62
3.4.2 Gaining access to EFC organisations	63
3.5 Data collection	66
3.5.1 Interviews	66
3.5.2 Documentary analysis	68
3.5.3 Pilot and survey of working carers	69
3.6 Approach to data analysis	70
3.7 Researcher’s role and ethical issues	72
3.8 Conclusion	75
CHAPTER 4	76
EMPLOYERS’ MOTIVATIONS FOR IMPLEMENTING CARER’S LEAVE POLICIES: THE CASE STUDY ORGANISATIONS AND THEIR EMPLOYEES.	76
4.1 INTRODUCTION	76
4.2. CharityCo	78
4.2.1 CharityCo’s policies for working carers	79
4.2.2 Employee voice and organisational culture in CharityCo	81
4.3. GovOrg	82
4.3.1 GovOrg’s policies for working carers	83
4.3.2 Employee voice and organisational culture in GovOrg	86
4.4. InsuranceCo	87
4.4.1 InsuranceCo’s policies for working carers	88
4.4.2 Employee voice and organisational culture in InsuranceCo	90

4.5. Summary	91
CHAPTER 5	92
ORGANISATIONAL CARER'S LEAVE POLICIES: DEVELOPMENT, INTRODUCTION, AND IMPLEMENTATION	92
5.1 Introduction	92
5.2 Development and introduction of the policies: the role of D&I managers	93
5.3 The role of carers' networks and carers' champions	99
5.4 The role of trade unions	107
5.5 Summary	110
CHAPTER 6	112
WORKING CARERS' IDENTITIES AND EXPERIENCES	112
6.1 Introduction	112
6.2 Identifying as 'carers' at work	113
6.2.1 Perceptions of their care relationship	113
6.2.2 Working conditions and risks of discrimination	115
6.3. The challenges of requesting carer's leave	122
6.3.1 The role of line managers and the economic context	127
6.4 Reinforcing access to carer's leave	131
6.5 Summary	135
THE IMPACT OF CARER'S LEAVE ON RECONCILING WORK AND CARE	137
7.1. Introduction	137
7.2. Carer's leave and flexible-working policies: what is the difference?	138
7.3. Experiences of research participants with limited employer support: exhaustion, economic difficulties and moral conflicts	143
7.4 Exploring the distribution of care responsibilities in research participants' families: do the policies to support working carers challenge care inequalities?	147
7.5 Summary	154
CHAPTER 8	156
CONCLUSION AND DISCUSSION	156

8.1 Introduction	156
8.2 Study overview	156
8.3 Study findings and contribution to knowledge	157
8.3.1 Strengths of a multi-conceptual framework: The limits of employer-led carer’s leave as a ‘ <i>doulia</i> ’ right for working carers	157
8.3.2 Key findings	159
8.4 Policy recommendations and implications	172
8.5 Strengths and limitations of the study and suggestions for further research	173
8.6 Concluding thoughts	175
REFERENCES	177
APPENDIXES	205
Appendix 1: Profile of Interviewees	205
Appendix 2: Survey respondents	208
Appendix 3: Information and recruitment sheets	210
Appendix 4: Participant Consent Form	213
Appendix 5: Recruitment emails	214
Appendix 6: Interview questionnaires	216
Appendix 7: Survey questionnaire	221
Appendix 8: Policy documents and articles (extracts)	231

LIST OF TABLES AND FIGURES

Chapter 1

Table 1.1. Profile of GovOrg, CharityCo and InsuranceCo.

Page 15

Chapter 2

Table 2.1: Development of policy and legislation regarding carers of working age.

Page 29

Table 2.2: Main factors influencing employers in offering family-friendly policies.

Page 33

Chapter 3

Table 3.1: The three domains of reality in critical realism.

Page 56

Figure 3.1: Institutional mechanisms in organisations.

Page 57

Table 3.2: Methods and research questions.

Page 58

Figure 3.2: Fieldwork process.

Page 59

Table 3.3: CarerQol Measure.

Page 61

Table 3.4: Themes and their description.

Page 71

Chapter 4

Table 4.1: The development of the policies for carers in the three organisations.

Page 77

Table 4.2 Characteristics of survey respondents with care responsibilities in CharityCo.

Page 78

Table 4.3: Type of carer's leave in CharityCo: terms and conditions.

Page 79

Table 4.4: Policies and support for working carers in CharityCo.

Page 81

Table 4.5: Grades structures in GovOrg.

Page 82

Table 4.6: Characteristics of survey respondents with care responsibilities in GovOrg.

Page 83

Table 4.7: Type of carer's leave in GovOrg: terms and conditions.

Page 85

Table 4.8: Policies and supports for working carers in GovOrg.

Page 85

Table 4.9: Type of carer's leave in InsuranceCo: Terms and Conditions.

Page 89

Table 4.10: Policies and supports for working carers in InsuranceCo.

Page 89

Chapter 8

Figure 8.1: Institutional mechanisms driving implementation of employer-led carer's leave

Page 161

Table 8.1. Accessing carer's leave and identifying as 'working carer': causal mechanisms

Page 165

Appendixes- Pages 200-235

Appendix 1: Profile of participants.

Page 205

Appendix 2: Survey respondents.

Page 208

Appendix 3: Recruitment and information sheet.

Page 210

Appendix 4: Participant Consent Form.

Page 213

Appendix 5: Recruitment emails.

Page 214

Appendix 6: Interview questionnaires.

Page 216

Appendix 7: Survey questionnaire.

Page 221

Appendix 8: Policy documents and articles.

Page 231

ABBREVIATIONS USED IN THE THESIS

ACE Action for Carers and Employment

BEIS (Department of) Business, Energy and Industrial Strategy

BME Black and Minority Ethnic
CEO Chief Executive Officer
CSO Civil Service Organisation
CIPD Chartered Institute of Personnel Development
D&I Diversity and Inclusion
DWP Department of Work and Pensions
ESRC Economic and Social Research Council
EfC Employers for Carers
EO Equal Opportunities
EU European Union
HR Human Resources
ILO International Labour Organization
NHS National Health Service
ONS Office for National Statistics
SCS Senior Civil Servant
SCP Sustainable Care programme
TUC Trade Union Congress
UCU University College Union
UN United Nations
WHO World Health Organization

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‘Ample resources and time create the conditions that make a caring disposition towards the other.’

(Chatzidakis et al., (*The Care Collective*), 2021).

Chapter 1

Introduction

Unpaid care remains taken for granted, even amid the scale of a care crisis such as the Coronavirus outbreak in March 2020. Bunting (2020: vii) described the pandemic as ‘*a crisis of care which brought our daily lives and the world economy to a juddering, disorientating halt.*’ The pandemic has made more visible the deep social and economic inequalities existing in society, while shining a sharp light on the interrelated issues of care, gender and poverty. Unpaid carers were however described by Carers UK (Carers UK, 2020a) as ‘*undervalued and unseen*’ for the care they provided during the pandemic.

The National Health Service (NHS) describes an unpaid carer as ‘*anyone, including children and adults, who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem, or an addiction, and cannot cope without their support.*’² Many carers also often juggle their caring responsibilities for their relatives with paid work, these individuals are often referred to as ‘working carers’. The organisation Employers for Carers (EfC)³ defines working carers as ‘*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*’⁴.

The number of working carers has increased dramatically during the pandemic (Carers UKa, 2020). Carers were also twice as likely to be using food banks as non-carers during the lockdown (Zhang et al., 2020). This situation led third sector organisations, academics and trade unions reiterating their demands for better support and better policy and employment rights, such as better access to sick leave, a higher rate of compensation for carers’ allowance, and the right to (paid) carer’s leave⁵ (Carers UK, 2020b; TUC, 2020).

In the last decades in the UK, managing paid work and care has become an increasingly prominent public issue. Although support for carers was demanded by carers’ organisations, trade unions and some employers as early as the 1980s, it was not part of UK public policy until the mid-1990s (Yeandle and Buckner, 2017). Nowadays, the increasing state pension age as well as financial pressures obliges people to work longer (Starr and Szebehely, 2017). Both the effect of population ageing and austerity cuts affect the provision of public care services in the UK (Spann et al., 2020; Deusdad et al., 2016), leaving families to be the main providers of

² Definition retrieved from: <https://www.england.nhs.uk/commissioning/comm-carers/carers/>

³ Employers for Carers (EfC) is a forum for employers supported by Carers UK. Their purpose as a membership forum is to ensure that employers have the support to retain and manage employees with caring responsibilities. Their role is discussed in Chapter 2, section 2.4.2, and Chapter 3, section 3.4.1

⁴ Definition retrieved from: <https://www.employersforcarers.org/resources/definition-of-a-carer>

⁵ In this thesis, ‘carer’s leave’ defines an absence from work agreed between the employee and employer, in order for the employee to provide care to a relative.

care for their relatives. While Yeandle and Buckner (2017) note that there have been some policy changes implemented to support workers managing work and care (such as the right to request flexible working passed under the *Work and Families Act 2006*), these changes have however remained modest. Since then, the UK government has confirmed its intention to introduce an entitlement to carer's leave for all from their first day of employment (Department for Business, Energy and Industrial Strategy (BEIS), 2021).

There are however still gaps in knowledge about the impact that carer's leave has on carers' ability to reconcile work and care, the effects on the organisation of work, and how working carers experience this. The thesis brings attention to carer's leave as a means of supporting carers in combining work and care (Sanséau and Smith, 2012; Yeandle and Kröger, 2013). Carer's leave can take several forms: unpaid, paid by the employer, and/or compensated by the state. In the case studies used in this thesis, carer's leave was implemented and compensated by the employer.

The study discussed in the thesis has four main objectives: (i) to explore, in selected organisations, the motivations of employers for using carer's leave as a mean to support employees with caring responsibilities; (ii) to examine the organisational and economic context and resources of these organisations and relationships in the workplace, as these factors may influence implementation and uptake of carer's leave; (iii) to investigate factors that may affect the ability or willingness of employees to disclose their caring responsibilities at work, and how job role, gender and cultural and socio-economic circumstances may influence employees' experience of accessing and benefitting from workplace support; and (iv) to explore how carer's leave affects the working carers who access it, and if it enables them to have more control over their working and caring situations.

Chapter 1 sets out an overview of the study and its background, outlining the key arguments of the thesis, the motivation for the study and the structure of the thesis. The chapter is divided into three sections. Section 1.1 introduces the scope of the study and key terms used in the thesis. These points are developed in Section 1.2, which gives a broader introduction to the study's context and introduces the research questions and main arguments presented in this thesis. Section 1.3 presents a chapter-by-chapter guide to the thesis content.

1.1 Study parameters

This section provides some key definitions and parameters of the study. First, the study focuses on the experience of employees with care responsibilities, referred to here as 'working carers.' Working carers have been differentiated in some studies in relation to the person they care for, such as a disabled or sick son or daughter; older parents who need support; or a partner experiencing a period of sickness or disability (Yeandle and Kröger, 2013). The term does not include people caring for children, except in cases where the child has a disability or serious illness.

This study was part of the Economic and Social Research Council (ESRC) Large Grant-funded *Sustainable Care* programme (SCP)⁶, whose aims were to advance understanding of sources of economic and social sustainability in care, especially how wellbeing outcomes can be achieved for care users, their families and carers, as well as paid care workers. The study reported contributed to the SCP work package *Combining Work and Care: workplace support and its contribution to sustainable care arrangements*. This focused on “*under-researched aspects of the support needed to sustain the wellbeing of ‘working carers’: measurement of impact; the role and potential of schemes designed to improve workplace support; the impact and characteristics of statutory carer’s leave in other countries and of their voluntary, employer-led, equivalents in the UK.*”

The thesis presents findings based on case study analysis of three large organisations located in the UK. They were selected because they were members of Employers for Carers and had implemented some form of carer’s leave as well as other support for working carers. The pseudonyms given to them in this study are GovOrg, InsuranceCo and CharityCo; they are, respectively, public, private and third sector organisations.

Table 1.1 Case study organisations: profile and type of carer’s leave

GovOrg	CharityCo	InsuranceCo
Public Sector	Third Sector	Private Sector
71, 596 employees	1800 employees	28,000 employees
EfC member since 2019 ⁷	EfC member since 2015	EfC member since 2016
One day of paid carer’s leave and five days of paid special leave for personal circumstances.	One week of paid carer’s leave.	One week of paid carer’s leave and one week of unpaid carer’s leave, taken in hours.

A case study approach was chosen as the best way of gaining understanding of the impact of policies to support carers in the selected organisations and of their outcomes for working carers. A critical realist perspective (Bhaskar, 2010; Edward, O’Mahoney and Vincent, 2014) was adopted as appropriate for analysing and better understanding the combination of forces and dynamics within each individual organisation, and how these factors influenced the

⁶ ESRC award ES/P009255/1, *Sustainable Care: connecting people and systems*, 2017-21, Principal Investigator Sue Yeandle, University of Sheffield (SCP). <http://circle.group.shef.ac.uk/sustainable-care/>

⁷ GovOrg initially joined EfC in 2009-2010 but left for budget reasons. This is explained further in Chapter 4.

implementation of carer's leave. All three organisations' headquarters were in England (two in London, one in East Anglia) and branches and agencies were spread across England and Wales. The case studies were designed to include exploration of working carers' experiences, including their experiences of accessing or using carer's leave. Working carers are not a homogeneous group, and the study adopted an intersectional approach, adopting the following definition of intersectionality:

'A way of understanding and analysing the complexity of the world, in people, and in human experiences. They are generally shaped by many factors in diverse and mutually influencing ways (...) People's lives and the organization of power are better understood as being shaped not by a single axis of social division, be it race or gender or class, but by many axes that work together and influence each other.'

(Hill Collins and Bilge, 2016:2)

As an analytical tool, intersectionality needs to be contextualised (Hill Collins and Bilge, 2016). The study was conducted in three different organisations and the analysis of working carers' experiences took account of the specific organisation in which they were employed. It is therefore not the intention of this study to speak for all working carers. It is acknowledged that the diversity of working carers (their social identities, age, occupations and backgrounds) included in the study was limited. The research findings are relevant to working carers and employers, and can contribute to the formulation of tailored policies, but their range has limitations. In the thesis, conclusions are drawn, and proposals formulated, based on the findings from the three case studies.

1.2 Study context

This section situates the study within key academic and policy debates. Part of the rationale for the wider Sustainable Care programme is the 'crisis of care' in the UK (Fraser, 2017). An ageing population, austerity measures and marketisation of care under neoliberal policies, have produced growing pressure on individuals to provide 'informal' care. In the UK, it is estimated that, pre-pandemic, about 8.8 million adults were carers (Carers UK, 2019a).

Broader issues of gender equality underlie the question of care. The majority of unpaid carers are women worldwide (Zygouri et al., 2021), and globally, carers are less likely to be amongst waged and salaried workers (International Labour Organisation (ILO), 2018). 58% of unpaid carers in the UK are women, and women carers are particularly likely to be in 'elementary occupations'⁸ or to reduce working hours to provide care (Carers UK, 2016; Masuy, 2009; Burr and Colley, 2017). In addition, women may benefit from fewer social resources, resulting in lower mental and physical health outcomes than male carers (Zygouri et al., 2021). It can be

⁸ Process plant and machine operative jobs, sales, customer services or personal services (Carers UK, 2016).

hypothesised that a more equitable distribution of care may lead to better social and economic outcomes for women and for carers overall.

The various difficulties working carers can experience in combining work and care without sufficient support have been researched in the UK and elsewhere; these include stress, mental and physical health problems, financial strain, isolation and dropping out of paid work (Phillips et al., 2002; Carmichael and Charles, 2003; Buckner and Yeandle, 2011; Brimblecombe et al., 2017, 2018; Burr and Colley, 2017). While providing care can be rewarding, generating a sense of satisfaction and fulfilment for care providers (Barnes and Whittingham, 2020), its unequal distribution and a lack of support deeply affects people's quality of life. This raises questions about current policies for carers in the UK and for support that recognises care, redistributes unpaid care work and reduces the strain on carers, to allow them to provide better care. This need for better carer support was raised consistently throughout the literature (Burr and Colley, 2017; Starr and Szebehely, 2017; Carers UK, 2014, 2019b, 2020b). This thesis aims to contribute to this issue through an exploration of carer's leave and its impact on the quality of life for working carers.

Through its examination of carer's leave and experiences of working carers, this study highlights the role that good employment practices can play in supporting individuals combining work and care, advancing legislation for gender equality and providing better protection and support for all carers.

The thesis contributes to this topic at the UK level and seeks to respond to the question of rights for working carers in the British context. In Britain, carers have obtained limited rights in national social care and employment systems since the 2000s (Yeandle and Buckner, 2017). Advances in legislation on flexible working, as in the *Work and Families Act 2006*, can be seen as positive, but civil society actors and researchers in the UK have long demanded the introduction of leave for carers, as an additional crucial means of sustaining carers' jobs and recognising the value of the care they provide. Carers UK (2020b:1), for example, has called for the implementation of paid carer's leave, stating that '*Government should commit to staged increases to 10 days of paid leave, with a longer period of unpaid leave of up to six months.*' However, the financial element of leave for carers remains controversial.

The UK Government has worked with the organisations 'Business in the Community' and 'Employers for Carers' to help share 'best practice' on policies and practices to support carers (BEIS, 2020), and while the study reported here was under way, it launched a consultation on the introduction of statutory carer's leave (although the planned legislation indicated was subsequently delayed). The Government's proposal was to legislate on the right to take carer's leave for a limited number of days per year for all employees; this was met with both praise and criticism (Carers UK, 2020b; TUC, 2020b). The possibility of a right to carer's leave was welcomed as a recognition of unpaid carers' role, but the proposal that it should not be financially compensated meant it was described by some as an empty gesture. The UK government said it was:

... not convinced that there is a compelling case to introduce pay as well as leave. The aim of Carer's Leave is to give individuals the flexibility to provide care during regular working hours. It would be additional to existing entitlements such as flexible working, annual leave and unpaid parental leave and allow further opportunity to take time out of work in situations when the need for care is particularly intense or to manage day-to-day needs. As such, the Government's priority is to ensure that the leave is widely available to those who need it, while making sure that the impact on employers is proportionate.

(BEIS, 2020:8)

As mentioned above, carer's leave can take different forms, and can be paid by the employer, unpaid or compensated by the state. The impact of carer's leave policies on working carers' experiences is a central issue in current academic and policy debates about care. This thesis examines employer-led carer's leave schemes and considers how financial compensation affected carers in the organisations studied and its role in motivating them to request this form of support.

The thesis addresses disparities in working carers' access to carer's leave, with particular reference to their occupational and employment status⁹. Working carers can suffer from 'flexibility stigma', the belief that workers who use flexible working arrangements for care purposes are less productive and less committed to the workplace (Ollier-Malaterre and Andrade, 2016; Chung, 2018; 2020). This may negatively affect their engagement with support policies, as 'carers can be reluctant to position themselves as the beneficiary of such policies', believing this will contribute to marginalising them in their workplace (Moreau and Robertson, 2019:1). A UCU (University and College Union) report on the situation of carers in academia echoes these concerns, showing that 39% (of 1,676 respondents) did not tell their employer about their caring responsibilities due to a fear of negative repercussions on their career (Griesbach, 2018), an issue also examined in this thesis. Finally, the thesis aims to explore how different actors in the workplace influence the implementation of policies to support working carers (carers' networks, line managers, trade unions) and the impact this has on employees' experiences of asking for and obtaining support. The thesis considers how carers' voices are being heard in the workplace, contributing to the wider literature on the carers' movement and carers' voices (Larkin and Milne, 2014).

The study was designed to address specific research questions, as follows:

RQ1: In the organisations studied, why, and in what form(s), are leave schemes made available to employees to enable them to manage their caring roles (for their older, sick or disabled family members or friends)?

⁹ In the UK the status of workers and the status of employees are different, and the nature of their employment status affects their legal rights: While employees can have access to sick leave, holiday and parental leave, workers are restricted to paid holidays, and have to gain a sufficient amount of money to be eligible to take paid sick leave.

RQ2: In the schemes in place, what rationales are (or have been) invoked in articulating a ‘business case’ for introducing, implementing and retaining the policies involved (e.g. notions of sustainability, wellbeing, equal access, business goals)?

RQ3: In what ways, and to what extent, do collective bargaining, trade unions or other representative practices influence the implementation of working carer support schemes?

RQ4: To what extent, and in what specific ways, do employers benefit from these schemes?

RQ5: To what extent, and in what specific ways, do working carers benefit from these schemes?

RQ6: Do employees benefit equally from these schemes (e.g. do job status, gender, age, or organisational characteristics matter)?

RQ7: How do these schemes impact on organisational culture?

1.3 Overview of Chapters

The thesis is presented in eight chapters; each discusses a distinct part of the study. This overview briefly summarises the content of Chapters 2 - 8.

Chapter 2 frames the study and its design. The first sections provide an overview of the conceptual, historical and political treatment of long-term, disabled and older care, especially at European and British level. The chapter then discusses specificities of the British employment context and the role of different employment actors in shaping support for carers. The final sections review literature on the characteristics and experiences of working carers with regard to their socio-economic, gender and cultural circumstances, and provide a summary of the study’s conceptual and theoretical foundations.

Chapter 3 introduces the choice of methodology and methods. It sets out the scope of the research questions and outlines the critical realist framework and case study approach that underpinned the research design. It discusses the research process, from the recruitment of the case study organisations, through the data collection activities and data analysis. It concludes with a brief discussion of the ethical challenges faced during the research and my position as a researcher.

Chapter 4, the first of four empirical chapters, introduces the organisations selected for the study. It discusses the employees’ demographic characteristics, the structure of each organisation, the details of the carer’s leave policies it offered and its motives for implementing these, as presented by HR participants. The chapter also discusses the role of Employers for Carers (EfC), the forum through which the organisations were recruited, including how EfC worked to provide a pool of resources and information for employers. This descriptive chapter lays out the foundations for the three that follow.

Chapter 5 looks at the policy implementation process and considers the perspectives of different groups of participants and actors in each organisation: Diversity and Inclusion managers, carers’ networks, carers’ champions and trade unions. Drawing on Bourdieu’s ‘social capital’, the chapter examines the influence each group has on the policies to support carers. The chapter highlights differences in institutional mechanisms, contexts and resources

in the three organisations, and the effect these have on the implementation of care policies. Understanding these elements is important for examining the specific experiences of working carers in terms of their access to, uptake of and use of carer's leave.

Chapter 6 focusses on the experiences of participants who were working carers. Building on elements of Chapter 5 as well as Acker's concept of 'inequality regimes' (Acker, 2006a, 2006b), it demonstrates that working carers' ability to disclose their responsibilities for care and to request carer's leave and other forms of support in the workplace relies on several elements. These include their perceptions of their caring responsibilities, the intensity of their work, their relations with co-workers, their occupational status, and broader factors such as the economic resources of the organisation. The combination of these factors can create a more difficult experience for some working carers and reinforce prejudices and assumptions in which various factors such as gender, class, guilt, ageism, and disability are at play.

Chapter 7 highlights the extent to which the policies to support carers provided in their workplace enable working carers to provide care. Carer's leave is discussed under the concept of the '*doulia*' right of carers (Kittay, 1999). The chapter shows how carer's leave, especially, provides time and space for articulating and reconciling employees' care and work duties, and may be a preferable alternative to flexibility. The ability to 'reconcile' work and care is contrasted with the experience of working carers who, without access to paid carer's leave, often find themselves rushing to fulfil both their work and care responsibilities. The rest of the chapter examines whether carer's leave positively influences the distribution of care at home, and the role of family members as a form of 'care capital' (Chou and Kröger, 2014). The chapter argues that access to paid carer's leave is an essential resource for working carers that enables them to provide care, without losing their job, while also potentially contributing to the reduction of inequalities.

Chapter 8 presents the overall conclusions of the thesis. It summarises and discusses the key research findings and relates these to the discussion of academic literature in Chapter 2. This chapter also reflects on the successes and limitations of the research and makes final policy and research recommendations based on the research findings.

Chapter 2

Understanding working carers' position in the policy and employment context of the UK

2.1 Introduction

This chapter discusses existing literature on the challenges faced by working carers, with a specific focus on the UK. It establishes what is known regarding support for working carers and identifies gaps in the literature, concluding that there has been a lack of academic attention to the practices implemented when organisations adopt carer's leave and other carer support policies. Carer's leave is particularly important as UK literature and policy has, to date, focused mainly on flexibility at work (Sanséau and Smith, 2012; Yeandle and Kröger, 2013) and little evidence currently exists of how and why some employers have chosen to offer carer's leave as an additional or alternative form of support.

The chapter is organised as follows. Section 2.2 examines what unpaid care is (specifically, the unpaid care of a long-term ill, disabled, or older person) and briefly reviews the literature on what is known about the experiences of working carers under the Covid-19 crisis, and how the pandemic has shone a light on the importance of adequate support for informal carers. Sections 2.3 and 2.4 explore the development of social policy for working carers at the European Union and British levels. Although the UK left the EU in 2021, the aim of these sections is to situate and compare the development of British policy in comparison with other European countries. Section 2.5 explores some characteristics of the British employment context, such as flexibility and employee voice. Section 2.6 reviews the experiences of working carers in the UK and the heterogeneity of factors (social class, gender, race, nature of their care relationships) that influence their experiences. Section 2.7 discusses the theoretical framework chosen for the study and Section 2.8 concludes the chapter.

2.2 Care in feminist debates and the conceptualisation of care for a disabled, older or long-term ill person

This section briefly defines the specific aspects of caring for an older, long-term ill or disabled person and examines its status and treatment within feminist and other scholarly debate about unpaid care.

In this thesis, 'caring' (or 'informal' care) includes supporting, looking after or other 'special help' provided to a person who is sick, disabled or elderly, in a non-professional capacity (Woldie and Yitbarek, 2020). Care is a crucial dimension of human wellbeing, as people need care throughout their lives, not only to survive, but also to thrive and achieve their goals. However, care is also a complex concept. The term unpaid care can have multiple meanings, simultaneously referring, among other things, to childcare, cleaning tasks or domestic work, physical and emotional support, as well as the care of an older, long-term ill, or disabled person.

Conceptualisation and understanding of unpaid care is still debated in the literature (Dussuet, 2017).

Studies produced in the 1970s first considered the question of care's economic value. The debate has evolved around the need to measure and show the importance of unpaid care in society, as it constitutes 'shadow work' done within families, often alongside formal paid work in the labour market (Illich, 1981). Materialist and Marxist feminists challenged the traditional conception of unpaid care as a natural task, by '*exposing its normative biases and unexplored assumptions about women*' (Twigg and Atkin, 1994:2). The origins of this debate lay in feminist analysis of childcare, which highlighted the role of women's unpaid labour in the social reproduction of workers in a capitalist society and the significance of the family in public policy. Delphy (1977) showed that domestic work was considered 'natural', involving 'ahistorical' processes, while its unpaid and invisible characteristics relied first on women's exploitation under a patriarchal and capitalist system. Weeks (2011:118) discusses debates on care as a 'productive' activity. She describes polarised opinions between domestic and caring labour being seen as a form of unproductive labour, while another perspective sees domestic labour as reproductive and needing to be understood as an integral part of capitalist production.

Liberal feminists also challenged assumptions that the private sphere was naturally equal, fair and apolitical (Okin, 1989). From transdisciplinary perspectives - economic, sociological, historical, philosophical, and political - there was an increasing interest in demonstrating that care dispensed in the private sphere has wider implications than solely the act of care itself (Dalla Costa and James, 1972; Delphy, 1977; Ungerson, 1987; Tronto, 1993; Kittay, 1999; Daly and Lewis, 2000; Dussuet, 2005, 2017). During the 1980s, debates about the value of care shifted to a more culture-based approach. Scholars questioned the way discourses and culture impacted the gendered division of care work. Concepts such as 'mental load' and 'constant availability' were explored to explain the propensity of women to be in charge of managing, planning and organising care tasks (Twigg and Atkins, 1994). An ethics of care literature emerged, examining intersecting links between the responsibilities and relationships of caring and the particular moral rationales developed by those in charge of care (Gilligan, 1982; Laugier, 2010).

The difficulty of defining and valuing unpaid, informal care is a consequence of several factors. First, the act of caring involves meeting the physical, cognitive, and/or emotional needs of others; these emotional implications of love and attachment make it more difficult to consider unpaid care as directly comparable to 'work' (Dussuet, 2005). Secondly, the dichotomy between private and public relegates the responsibility of care to individuals rather than seeing it as a collective responsibility (Tronto, 1993). Finally, a narrow definition of 'paid work' reduces work to employment in the labour market and does not consider social reproduction as part of the process (Dalla Costa and James, 1972; Tronto, 1993; Supiot, 2001). This difficulty

to define care led Bubeck (1995) to highlight that carers are particularly vulnerable to exploitation (Bubeck, 1995: 254).

The type of care on which this thesis focuses - care for older, long-term ill and disabled people - has occupied an even more marginalised place in scholarly debates and public policies on care. It can be more specifically defined as the act of caring for older, vulnerable and disabled relatives (e.g. parents, spouses, family members) or friends (Clancy et al., 2019). The specific character of this type of care is found in *'its unpredictability and in variations in the duration of activities and time needed to address the needs of the person cared for'* (Larkin and Milne, 2014:27) and in the characteristics of care relationships (Lero et al., 2012; Calvano, 2013; Ireson et al., 2018).

In her review of the *Care Manifesto: the politics of interdependence*, Kenway (2021) writes that from her own experience of being a carer for her mother who had a terminal illness, raising a child and caring for a person who is unwell are very different experiences. This difference resides not only in the daily experience of caring, but also in the reaction of others to this particular form of care (Kenway explains how her acquaintances were 'blenching' when she mentioned her home life). Despite its importance, this form of care remains *'hidden, almost secretive'* (Yeandle et al., 2017:8); Yeandle et al. (2017:8) also note a *'general absence of any but the most superficial or sensational interest in the topic of care can be observed in most media, many aspects of public policy and in much debate on economics and finance.'*

Eldercare has also been marginalised and hidden, for its connotations attached to old or ill bodies, as hidden, secret, 'dirty' body work, linked to female labour and lower social status (Twigg, 2000). According to Buch (2015), eldercare is often neglected in social reproduction processes, which have been applied almost exclusively to childcare and everyday care; eldercare is not perceived as generating economic value for society. Later life and disabilities are considered a 'burden' (Larkin and Milne, 2014) because they have material and labour costs for society that capitalism has been trying to reduce, for example by promoting 'successful', 'active' ageing (Buch, 2015) and by commodifying care (Bhattacharva and Vogel, 2017).

Larkin and Milne (2014) argue for a wider inclusive model of citizenship that could embrace carers, with an emphasis on universal rights and entitlements for carers. They seek inspiration from the theoretical framework used by the disability movement to consolidate a 'carers movement'. The disability model asserts that it is not impairment itself that causes disability, but attitudinal, ideological, institutional, social, structural and material barriers within society (Larkin and Milne, 2014:31). A similar rhetoric can be applied to carers' needs, as it is not unpaid care itself that creates a burden, but the lack of recognition, valorisation and support, and the unequal distribution of care. This corresponds with broader calls for a more radical and political ethic of care to balance an over-emphasis on paid work, especially in the UK (Williams, 2001). As Clements (2013:413) writes *'the core creed for the carers' movement is*

the ‘politics of dependency’: just as we have created environments based on the needs of non-disabled people, so too have we created environments based on the mythology of independent people.’ Support for (paid) carer’s leave contributes to the recognition of carers’ labour as a form of work that merits collective recognition and financial compensation.

To gain better recognition of the ‘valuable’ and ‘productive’ aspect of elder- and long-term care, some academic studies seek to measure the value of this form of care. For example, with regard to elder, long-term and disabled care, a large body of empirical and policy-oriented work has enabled the measurement of caring, shedding light statistically and demographically on carers, by quantifying and outlining their needs and challenges, especially in Anglo-Saxon countries (Arksey, 2002; Yeandle and Buckner, 2007; Carers UK, 2014). Buckner and Yeandle (2015) estimated the value of unpaid care for a long-term ill, disabled or elderly person in the UK at £132 billion per year, the equivalent to the full annual cost of the UK’s National Health Service [NHS].

The recent Coronavirus crisis has also shone a light on this form of unpaid care, although, as mentioned in Chapter 1, its visibility and importance as a public issue remains neglected. On March 11 2020, the World Health Organization declared the coronavirus (COVID-19) outbreak a pandemic (WHO, 2020). As Price (2020) wrote, the pandemic demanded that families make decisions about how they manage unpaid caring labour with work, potentially worsening gender differences. Since the outbreak of the pandemic, carers have however saved public services an estimated £530 million every day (Carers UKa, 2020).

The concealed nature of this type of care may also explain the fragmented development of rights for carers, including working carers, at policy level. Section 2.3 examines how rights to care have been developed at the European Union level, before looking at the British level.

2.3 Working carers’ rights in the EU

2.3.1 The development of EU policies for work-life reconciliation

With regard to carers’ rights, at the European Union (EU) level, as Busby (2011) outlines, it is still not appropriate to talk of a *right to care* in European policies, but rather to discuss care in terms of strategy to enhance employment by facilitating the combination of work and care. Concerns for care at the EU level came first in the form of Directives. Over the years, in an attempt to ensure that economic matters do not completely override social concerns in the European policy process, the EU has built up a body of employment legislation, in the form of Directives; these have established a platform of employment rights for citizens of member states (Teague and Donaghey, 2018: 518). These directives play the role of ‘reflexive law’ and set out a framework of general principles and rules that member states can implement in line with national employment relations custom and practice (Ibid: 518). Directives are limited to areas specific to EU legal competencies. For example, in the UK, legal rules governing, among other things, minimum wages, redundancy payments and shared parental leaves were not

touched by the EU legal framework, meaning that EU directives can exist in parallel to national laws (Teague and Donaghey, 2018).

The EU, aiming to increase employment rates, requested that member states develop work-life reconciliation policies¹⁰ to support gender equality (Kröger and Yeandle 2013; Plomien, 2018). Promotion of a gender-equality based agenda was part of the commitment of EU policies from the 1957 Treaty of Rome, where equality of pay between women and men was recognised as an important social objective of the EU's construction. However, as Lewis emphasises, this commitment was also strongly linked to facilitating access to the labour market. It promised an 'equal playing field' for both genders with the aim of ensuring fair competition (Lewis 2006: 420). Equal access to paid work was thus seen as the main solution for gender equality. From the 1980s, however, the EU's efforts to develop social policies met with some difficulties. While economic policy and competition laws were developed to facilitate the integration of member states, social policies were left aside, as the sovereign responsibilities of these states. Thus, issues in women's employment resulted in multi-faceted challenges throughout Europe (Knijn and Smit 2009), but were nevertheless still accompanied by a growing European expression of concern about the constant need to increase employment and productivity. By the end of the 1990s, some substantial changes were made on the gender equality agenda, and the equal opportunities perspective was broadened by an extended shift of the equality principle through the Treaty of Amsterdam (1997), to include criteria such as racial or ethnic origin, religion or belief, disability, age, or sexual orientation (Lewis, 2006). This period was also marked by a commitment to more firmly express work-life reconciliation policies through the employment policies of Member States.

These policies were shaped to respond to modern needs of family lives and to facilitate access to employment for women. There was a narrow focus on childcare services as the main way to support women's employment, however. Questions around the organisation of care in its entirety, during each stage of life from beginning to end, through illness, disability and older age were not addressed enough. As noticed by Kröger and Yeandle (2013: 4) *'middle-aged and older workers in later working life were ignored by policies, leaving them to cope alone with the problems of combining paid work with family responsibilities.'*

In addition, work-life reconciliation policies were insufficient to address the broad range of issues targeted; these included fertility rates, competitiveness, growth and gender equality (Lewis 2006). European policies actually switched into a way to fit gender equality into a dominant policy concern, which was the priority given to development and growth as a way of integrating the Member States. Economics were the 'key' and social policy was the

¹⁰ In academic literature, there is some reluctance to adopt the discourses of 'work-life balance' usually used to frame policies. It may be preferable to refer to 'reconciling' or 'combining work and unpaid care' (Kröger and Yeandle 2013; Hamblin and Hoff 2011) when discussing working carers' support. This considers the sense of friction between the two spheres of work and care and will be discussed further in this chapter.

‘underpinning’ (Lewis 2006: 424). It was assumed that women would become ‘citizen workers’ like men, and gender equality was defined more in terms of employment participation than anything else. From the end of the 1990s, little by little questions around the gendered structures of the labour market and workplace ‘slipped out of the picture’ (Lewis, 2006: 429). For Plomien (2018), however, the limited progress in terms of the recognition of care and gender equality is not a manifestation of the EU’s irrelevance in tackling care and gender equality issues. Rather it can be explained by those broader issues of separation of the social from the economic, the rise of income inequalities since the 1970s, the severity of the last economic crisis and the struggles of the EU and member states in responding to it (Plomien, 2018: 286).

2.3.2 European policy provisions for working carers in 2021

Bouget et al., (2016) show that, in contrast to care provisions for parental and maternity leave, European countries have less developed legislation on access to leave and support for carers. Welfare state analyses have always had a strong emphasis on women as wives and as mothers, neglecting generational dependencies (Kremer, 2007: 53) and other types of care such as care for disabled relatives and care for relatives with long-term illnesses. European states however show a great deal of variation regarding work-life reconciliation policies. A cross national analysis shows different approaches revolving around three main policies: leave schemes, cash benefits, and benefits in kind (Bouget et al., 2016). Countries may be divided into three categories: (1) countries with developed and mature schemes with support for carers (e.g. Denmark, Finland) which have a well-established long-lasting tradition of long-term care, which allows carers to stay in employment while meeting their care obligations; (2) countries with provisions mainly for the dependent persons and specific support to the carer (e.g. UK, France), although typically with strict eligibility conditions concerning both the carer and the dependant (means-testing, caring needs and dependency assessment); and (3) countries with a more “familistic model” and underdeveloped schemes for carers (e.g. Portugal, Hungary) where institutional care is underdeveloped, or there is a cultural reluctance to use the care available (Bouget et al., 2016).

Recently at the European level, the topic of working carers has gradually become more important in the debate around social inequalities and on the European social crisis. As a response to the multidimensional crisis affecting the EU, the European Commission proposed new social rights as a point of reference for renewed convergence between member states in 2017. The European Commission’s European Pillar of Social Rights set out 20 core principles structured around three categories: opportunities and equal access to the labour market; fair working conditions; and social protection and inclusion. It constituted a set of social rights accompanied by a package of proposals and soft law measures (Garben, 2018). Among the 20 principles included in the Pillar of Social Rights, a directive was proposed to implement the right of five days of carer’s leave per worker, paid at the level of sick pay, to take care of seriously ill or dependent relatives. Caracciolo di Torella (2017) states that this new proposal

is ground-breaking, as it shifts from care as a mother-child focus to a broader definition of caring. Remuneration of carer's leave is, however, not mandatory: it is the member state's decision to legislate on it or not.

This European Directive was discussed by the European Parliament and the European Council as some member states expressed concerns about heavier costs for employers. The final text was significantly amended by the Council, removing certain points such as mandatory financial compensation for carer's leave. Lessons subsequently learned from COVID-19, however (such as the need for workers to take time off to protect a relative) may help to inform the implementation of the EU's Directive in the Member States and accelerate legislation on the right to take paid carer's leave. This would assist carers when they face a particularly intensive period of care and prevent them from leaving paid employment. The question now is to understand what the impact of the Social Pillar of Rights on employment rights for carers in the UK will be now that the UK has left the European Union.

Section 2.4 explores the development of support and rights for carers and working carers at the UK level.

2.4 Working carers 'rights in the UK

2.4.1 Carers' rights in the UK

England was the first European country to pay serious attention to the needs of carers, by explicitly addressing their situation with regard to financial benefits and legislation (Yeandle and Kröger, 2013: 27). Nevertheless, working carers in the UK still lack any formal right to carer's leave, and the duration and compensation of leave is left to the discretion of employers (Bouget et al., 2016).

Welfare state analyses have characterised the UK as an example of a 'liberal' regime¹¹ (Titmuss, 1958; Esping-Andersen, 1990). In liberal regimes, the underpinning idea is that the state encourages the market to provide solutions to public issues. A liberal regime is based on a sharp split between the public and the private, the individual being the primary policy object (Kremer, 2007:50). Some protective 'rights' exist for carers in the UK, even though they are limited. Working carers have a legal right to request time off from work for care emergencies, as well as to request flexible working (introduced in the *Work and Families Act 2006*, and later extended to all employees in the *Children and Families Act 2014*) (Yeandle, 2016). Carers can also receive a 'Carer's Allowance', a payment of £67.25 per week for carers who provide at least 35 hours of care a week and earn less than £128 a week (after tax and National Insurance contributions). Such measures are considered 'rights for carers', even though the conditions of

¹¹ For Titmuss (1958) welfare regimes should not only be understood in terms of the state's benefits, but also encompass the sum of social benefits and services provided by employers and trade unions, which he calls 'Occupational Welfare'. The UK model is categorized as 'voluntarist' (Natali et al., 2018), meaning that the state may not cut public benefits but heavily rely on Occupational Welfare.

access to financial compensation for care are very strict and often lower carers' employment participation (Kremer, 2007: 41). These measures highlight double standards between care work and other remunerated activities, as it appears care work is less valued, and therefore paid less, than other activities.

The Equality Act 2010 was important legislation for working carers, as it provides rights and protections from discrimination based on individual characteristics (e.g., gender, race, disability). Under the Equality Act, carers cannot be discriminated against on the basis of their care relationships with people suffering from illness or disability. Carers are thus protected from discrimination at work by association under this Act. Carers UK (2015), however, has expressed concern that carers are not explicitly protected in the workplace on the basis of their role as carers, but because of the relationships with the person cared for. This protection by association may not be sufficient to protect all working carers from discrimination. These measures also show that currently carers lack '*hard negative civil and political rights*' (Clements, 2013:399), such as the right to be protected from discrimination because they are carers. An overall view of the provisions for working age carers in the UK is outlined in Table 2.1.

Another significant point in the UK's social policy context was the major reform of all legislation on social care in the Care Act 2014 (Larkin et al., 2019). The Care Act had the aim of ensuring the personalisation of care services for both carers and the persons they care for. As outlined by Burstow '*the radical idea expressed through the Care Act was that, instead of building the state's response around people's deficits, to be met by the provision of services, the focus was on people's strengths and networks to promote autonomy*' (Burstow, 2018: 318). This Act consolidated the right¹² for carers to receive support for their financial, emotional, psychological and physical needs (e.g., help with their everyday tasks and access to support services). The Care Act also states that carers' assessments must take into account whether carers want to work or not (Brimblecombe et al., 2018). It places a new duty on local authorities to provide replacement care and support to working carers as they seek to combine work and care or to join the labour market. The Act gave local authorities considerable discretion over their own local strategies (Yeandle and Buckner, 2017). Despite this legislative progress, '*limited resources resulted in social care consuming an even-greater share of council resources, increasing numbers of people struggling to cope*' (Burstow, 2018: 318). The Care & Support Alliance (House of Commons, 2016-17) indicated that local authorities could be unable to meet their duties due to this crucial lack of funding. Moreover, because '*gatekeeping has always been part of the system*' (Burstow, 2018: 319), eligibility and the rules that govern support are strict and often ill-adapted to current carers' needs (Brimblecombe et al., 2018).

¹² The National Carers Strategy focused on identifying the needs of carers who wished to work, while also assessing their health and financial situation (HMG, 2008).

Table 2.1 Development of policy and legislation regarding carers of working age

Year	Policy/Legislation	Provisions for carers
1976	Invalid Care Allowance (ICA)	Introduced the first benefit for carers, but only for unmarried people. Renamed 'Carer's Allowance' in 2003.
1995	Carers (Recognition and Services) Act	Gave carers who provide 'substantial care on a regular basis' the right to request an assessment from social services.
1999	National Carers' Strategy	Carers recognised in policy for first time. Emphasises the importance of working for many carers and supporting carers to combine work and care.
1999	Employment Relations Act	Gave employees the right to take a 'reasonable amount' of (unpaid) time off from work to deal with emergencies involving a dependent child or adult.
2000	Carers and Disabled Children Act	Strengthened carers' right to an assessment of their own needs.
2002	Employment Act	Gave parents of disabled children the right to request flexible working.
2004	Carers (Equal Opportunities) Act	Further strengthened carers' right to an assessment which must include the carer's wishes regarding employment, training and learning.
2006	Work and Families Act	Extended the right to request flexible working to most carers of adults.
2008	National Carers' Strategy	Emphasises the importance of supporting carers to combine work and care and pledged £38 million to support carers to combine work and care and re-enter the job market after their caring role through encouraging flexible working opportunities and increased training provision.
2010	National Carers' Strategy	Emphasises the importance of supporting carers to combine work and care and argues that the right to request flexible working should be extended to all.
2010	Equality Act	Prevents carers from discrimination by association, including in the workplace, because they care for a disabled person.
2014	Children and Families Act	Extends the right to request flexible working to all employees.
2014	Carers Strategy: Second National Action Plan 2014-2016	Outlines commitments to supporting carers for 2014-2016 including implementing and evaluating pilot employment support projects for carers, some delivered by voluntary organisations.
2014	Care Act	Gives carers the legal right to have their needs assessed and receive support.

Sources: Yeandle (2011) and Read (2018).

In the UK, working carers' growing need for support is also a symptom of a wider 'care crisis' (Fraser, 2017). This crisis has been created by a combination of factors, including population ageing, the depletion of public services under austerity, and commodification of care under financialization of capitalism¹³ (Fraser, 2017). Carers, predominantly women, have been described as at '*breaking point*', having been '*the elastic that has accommodated the contradictions in neoliberalism: a dogma that advocates work as the only route out of poverty but simultaneously holds to the belief that social care is primarily a family or charitable responsibility*' Clements (2013:432).

As Bunting observes, the care crisis has two dimensions: care is either unavailable or its quality is compromised (e.g. due to insufficient resources and lack of training for paid care workers); and the origins of the crisis of care predate the 2008 financial crisis and '*the slashing of welfare spending which followed*'. Further, '*unlike many other areas of public services, such as education and health, social-work budgets did not benefit from the Labour government spending in the 2000s, and yet, they were hard hit along with other areas of local authority expenditure, under austerity policies*' Bunting (2020: 250).

In the UK, existing health and social care systems now struggle to cope (West, 2018). Accessing and navigating these systems under austerity cuts is '*daunting*' for people who need help and '*overwhelming*' for the professionals who work in health and social care, and recruiting, retaining and training staff is difficult: '*with six consecutive years of budget cuts to care, a precarious market and rising demand, a perfect storm is brewing*' (Age UK, 2017: 194). As a consequence, it is claimed, informal carers '*will be left to pick up the pieces*' (Burstow, 2018: 319). In this situation, an increasing number of working carers have turned to charity organisations for support. The next section examines the role of charities, such as Carers UK, in supporting carers and campaigning to advance carers' rights.

2.4.2 The role of civil society organisations: the example of Carers UK

Development of policies and rights for working carers in the UK has been greatly supported by voluntary organisations. Heaton (1999:763) notes that the recognition of patients' social contacts as 'carers' was first demanded by these political pressure groups and organisations led by individuals caring for their relatives.

The carers' movement from which Carers UK emerged started in 1963, when the Reverend Mary Webster wrote a letter to the newspapers about the difficulties of working and caring for her elderly parents. Webster then formed the National Council for the Single Woman and her Dependants in 1965, which later became Carers UK. The organisation has since been at the forefront of campaigning for carers, as well as taking an essential role in delivering support and advice to them. Their role reflects the historical role played by civil society organisations

¹³ As explained by Fraser (2017), under financialization of capitalism, the 'two-earners' family becomes the norm and mystifies the rise in working hours and cutback in public provisions. According to Fraser, social reproduction then becomes impossible as financialised capitalism depletes the means to sustain social bonds (such as having the time and financial resources to provide care for relatives).

(CSOs) in the UK in influencing the law. CSOs are charities, voluntary associations, advocacy bodies, social movement organisations and non-governmental organisations which are not for profit and independent of the state (Abbott et al., 2012).

Milbourne (2013) notes that CSOs became more prominent as they capitalised on the political opportunities provided by New Labour to address state withdrawal and market failures. In addition, Heery et al., (2012) consider that CSOs have become ‘new actors’ on the UK employment scene, as the number of organisations involved in work-related activities has increased. Heery et al., (2012) see this increase as linked to the decline of trade unions in the UK; and note that they ‘fill the void’ for better representation of workers at policy level (Heery et al., 2012:54). They also note that such associations have become significant actors on the employment stage, operating at different levels in the industrial relations system and interacting with employers, the state and trade unions. Abbott et al., (2012) consider these organisations can have enough power to shape employers’ practices, based on their expertise and legitimacy, as well as political and governmental support at the national and international level. Carers UK, for example, won EU funding for its Action for Carers and Employment (ACE) project (Yeandle, 2017; Yeandle and Starr, 2007). Among other aims, ACE enabled sharing of international knowledge about best practice in employment support for carers (Formby and Yeandle, 2005). As explained in more detail in Chapter 3, Employers for Carers (EfC) emerged from this initiative. EfC is a forum for employers sharing good practice in supporting carers. The forum’s original aim was to bring together employers committed to implementing policies that would help retain and manage employees with care responsibilities. As part of its benefits for members, EfC provides practical support for employers seeking to develop carer-friendly policies in their workplace, digital resources, training events and policy resources.

CSOs often work in partnership with employers, through forums such as EfC. One further resource available to CSOs is the utilisation of a moral discourse. These organisations often frame issues around what is ‘right’ and what is ‘wrong’ and use their moral authority to challenge employers in relation to how they treat workers (Abbott et al., 2012: 94). Abbott et al., (2012) also note that CSOs often reinforce their approach to employers with ‘business case arguments’, using a ‘language of business’ to persuade employers of the mutual benefits of improving their employment practices. Employers’ policies are also developed in addition to existing national level regulations’ (Chung, 2018: 492). Such arrangements are considered crucial in addressing reconciliation of the caring needs of workers (Davis & Kalleberg, 2006; Kelly et al., 2014).

Employers have worked with carers’ organisations such as Carers UK, as well as with the government, to adapt the workplace and accommodate carers (Yeandle, 2017). Through the EfC forum, they have had the opportunity to share and replicate good practice under what Chung (2018) and Davis and Kalleberg (2006) describe as ‘mimetic pressure’, i.e., where companies imitate or mimic the practices of other (successful) organisations. This shows that the ‘morale’ element is not only present in the relation between the CSO (i.e. Carers UK) and

the employer, but also among employers, who aim to improve their corporate social responsibility standards at the same rate as their competitors. There are challenges linked to this 'soft' approach of persuading employers to improve their practices, however.

Abbot et al., (2012), for example, emphasise that CSOs remain 'exogenous' to the workplace, as they have no right to negotiate on behalf of workers. Their 'soft' approach may therefore depend on the enthusiasm of the participating organisation and the resources available to that organisation (Abbott et al., 2012:103). This 'soft' approach can also depend on the strategies mobilised by CSOs. In this thesis, I examine the extent to which EfC membership influenced employers' approaches to become more inclusive of carers at work and implement carer's leave.

2.4.3 The case for carer's leave

An important feature of Carers UK's campaigns is its advocacy for carer's leave as an additional support for working carers. Carers UK has made a strong case to encourage employers to adopt carer's leave. Research from Eurocarers (2017), case studies from Eurofound (2011), Carers UK (2013, 2014) and others, e.g. Phillips et al., (2002), Bouget et al., (2016), Peters and Wilson (2017), Reinschmidt, (2017) and Yeandle and Buckner (2017), emphasises that leave should be an option for those needing time off to provide or arrange care. Research from EfC and Carers UK has pointed out that, in terms of legislation for working carers, the UK has fallen behind other countries, some of which have already legislated for a right to leave for carers (Carers UK, 2014).

Currently the focus of carer-related policies in the UK is mainly on flexible working hours to support work-life balance (Sanséau and Smith, 2012; Yeandle and Kröger, 2013). Much of the literature on paid leave and its effects for employees and employers focuses on leave for childcare, the employee's own sickness, or family reasons, without a specific focus on the support appropriate for the complexities of elder and disabled care (Koslowski et al., 2018).

The cost of paid carer's leave generates debate around who should cover this cost; the employer, the state, or both (Yeandle and Kispeter, 2014). If carer's leave is left to employers' discretion, there is potential for inconsistency in the application and effectiveness of carer's leave. Issues remain around the interpretation of carer's leave among employees and employers. Factors that enhance or inhibit the uptake of carer's leave for employees (e.g. is the leave paid or not, how high is the financial compensation, what is its duration) need to be taken into consideration when designing the leave. Provisions for leave at short notice (emergency leaves) should also be available, as well as long-term arrangements (Utz et al., 2012) and end-of life carer's leave (Vuksan et al., 2012).

In addition, the heterogeneity of carers' needs, and their individual social and economic resources should also be considered when designing carer's leave (Yeandle et al., 2007). Treating employees equally and fairly has been identified as a key concern (Yeandle et al., 2006). Another study reported that there can be anxiety for employers around paying

employees to undertake care work (Nash and Churchill, 2020). Such anxiety is not apparent when staff take annual leave, because there is no expectation that the employee is engaged in paid work at this time (Hargita, 2017). However, employers' may have different assumptions about care-based leave. Hargita considers the Australian legal context for parental leave and shows how workers who provide care during their leave do not get full pay. Her argument is that there is a lower valuation for time off from work taken to engage in care.

Unlike sick leave, requests for carer's leave cannot be verified through a certificate or other medical documents. The 'carer passport'¹⁴, considered more fully in Chapters 5 and 6, can act as a 'certificate' notifying employers of an individual's care responsibilities and their potential use of carer's leave. This is exhibited in the case studies of 'carer-friendly' employers assembled by Eurofound (2011). Some of the earliest examples of these passports were pioneered in the UK civil service, through the Charity for Civil Servants. The Charity has worked with many government departments to introduce carer passports since 2010, and a survey conducted in 2013 reported major improvements in wellbeing following the introduction of these schemes, including reduced stress levels among staff.

In the wider international literature, some relevant studies have also outlined the generic impacts and outcomes of carer's leave for employees and employers (Lero et al., 2012; Ikeda, 2015; Chen, 2016; Rogero Garcia and Garcia Sainz, 2016; Ireson et al., 2018). However, very few studies in the UK have examined the characteristics and outcomes of carer's leave for older or disabled persons within organisations (Hamblin and Hoff, 2011: 30), or the availability and access criteria for such leave (Carers UK, 2013, 2014; Yeandle and Buckner, 2017). In terms of factors favouring the implementation of support for carers, Lyonette and Baldauf (2019) describe three main types of motivating factors and pressures which can influence employers in their decisions to offer support and policies for their employees. These are summarised in Table 2.2.

Table 2.2 Main factors influencing employers to offer family-friendly policies

Pressures from inside and outside the organisation	Organisational-specific factors	To meet and improve organisational goals
<ul style="list-style-type: none"> ● Chief Executive Officer (CEO)/top management/ board members' belief and personal experience with work/life issues ● Level of State support for flexible working 	<ul style="list-style-type: none"> ● Organisational size, sector and industry ● Job type and scheduling structure ● Better technology enabling homeworking/teleworking 	<ul style="list-style-type: none"> ● To recruit highly skilled workers/difficulties finding skilled workers ● To improve firm's financial performance ● Realisation of business' goals

¹⁴ A 'carer passport' is defined as the following: 'The purpose of the passport is to enable a carer and their manager to hold a supportive conversation and document the flexibilities needed to support the carer in combining caring and work. The aim is to minimise the need to re-negotiate these flexibilities every time an employee moves post, moves between departments or is assigned a new manager. This is designed to be a living document to be reviewed every year and in response to any changes in the nature or impact of the caring responsibilities.' (Definition taken from CharityCo policy documents, also applicable to GovOrg's and InsuranceCo's carer passports).

<ul style="list-style-type: none"> ● Institutional pressures to introduce care policies ● Corporate social responsibility/right thing to do ● Proportion and influence of women in the workplace ● Level of unionisation 	<ul style="list-style-type: none"> ● Existence of enablers/barriers to work-life balance (WLB) in the firm ● Work culture 	<ul style="list-style-type: none"> ● To improve staff commitment ● Return on Investment (ROI) of workplace initiatives to reduce work-family conflict ● To reduce worker absence ● To reduce turnover intentions ● Associated costs and benefits
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Source: Lyonette and Baldauf (2019)

Work organisations do not exist in a vacuum, however; they operate within a larger economic, legal, cultural and political context which both enables and constrains their practices (Fodor and Glass, 2018: 689). Section 2.5 presents an overview of the British employment context and its main characteristics.

2.5 The British employment context

2.5.1 Flexibility and Flexibilisation of work

The UK is traditionally characterised as having a *laissez-faire* system of regulation, with limited state intervention (Gregory and Milne, 2009: 127). Gregory and Milne also talk about the UK as ‘*a country typified by long weekly working hours and a relatively high use of overtime on one hand, and a high incidence of female part-time work (linked to a persistent gender pay gap) on the other*’ (Gregory and Milne, 2009: 127). As Taylor et al., (2017) have observed, the UK is a liberal market economy (Hall and Soskice, 2001) characterised by a flexible market and classified as a residual welfare state (Esping Andersen, 1990). In liberal market economies, employers seeking to pursue high-quality production and lacking support from the state will develop their own strategies to recruit labour, and search for flexibility and competitiveness (Thelen, in Hall and Soskice, 2001: 72).

Employers’ practices to support carers are mainly examined in relation to flexible strategies (Sanséau and Smith, 2012; Yeandle and Kröger, 2013). The definition of flexibility is ambiguous; it can be seen ‘as a neutral concept’, neither positive nor negative per se for employers and workers, as ‘*its operational implementation can result in uneven effects for the parties involved, depending on external framework conditions, institutional and regulatory frameworks, and individual situations*’ (Eurofound, 2020: 3). Flexibility at work can also be considered progressive; offering ‘employee-friendly’ flexibility, such as term-time working (working around school holidays), job-sharing, flexi-time (having the option to start or finish work earlier or later if needed) and parental leave. On the other hand, flexibility can be ‘employer-friendly’ and comprise practices such as zero-hour contracts, on-call systems and shift working that make it harder to combine work and care and can degrade work conditions and protections. Some organisations use flexibility to reduce labour costs, by creating more ‘low-quality’ part-time or casual jobs with little protection, such as the lack of sick leave or carer’s leave.

The *Taylor Review of Modern Working Practices*, commissioned in 2016 by Theresa May's government, emphasised Britain's flexible labour market as a route to 'good work' and better working lives. Flexibility was described as good for everyone, showing a positive impact on productivity, staff retention and quality of work (Taylor et al., 2017: 14). The same (Conservative / Liberal Democrat Coalition) government also published a framework, *Fuller Working Lives*, addressing the ageing society and the need to support older workers. This aimed to assess obstacles to older workers remaining in work and to reduce the impact of early retirement on '*individuals' incomes and its cost for society*'. The underpinning investigation considered the situation of carers and the need to improve responses to their situation, for instance by encouraging employers' initiatives to implement support for working carers, such as flexible policies. This was met by criticisms.

While the attention given to older employees as carers is welcome, this view of flexible trajectories as an individual choice is problematic, especially when considering working carers' situations. Structural factors influencing the uptake of flexibility are disregarded or taken for granted, such as the influence of gender norms on women's working patterns and the lack of affordable care which constrains their 'choices' to work flexibly, often in 'low-quality' part-time jobs or casual jobs. Similarly, the focus on flexibility as 'workers' preference' shifts the responsibility from employers to accommodate workers' needs on to the individual to 'adapt' to the labour market and be 'flexible' (Moore and Newsome, 2019; Moore et al., 2018).

Loretto and Vickerstaff (2015) show how discourses of 'productive' and 'active' ageing to support extended working lives do not consider women's circumstances. Their research exhibits how some men may frame flexible work in later life as a choice made to retire 'gradually' from their full-time jobs, while more women have already spent their life in 'low quality' part-time or flexible jobs to fit around their care responsibilities. In addition, older women's care responsibilities (for grandchildren, for partners, for elderly parents) remain as 'invisible' work, which their flexible jobs do not accommodate.

Critics have also outlined the danger of 'elitist' flexibility (flexibility reserved for experienced employees, or employees on high-level jobs) and 'double-faced' flexibility (a form of flexibility which will benefit the employer more than the employee). 'Quality of work' criteria are thus essential in outlining the difference between flexibility for *employers* and flexibility for *employees* (Heathrose Research, 2010). The TUC estimated that 3.2 million people were working in 'insecure work' in the UK in 2018, including those on zero-hour contracts, in insecure agency work, and low-paid employment. For Warhurst et al. (2012), a way to fight casualisation of work is to improve job quality. Their definition of job quality is based on precise criteria that include labour contract type, job security, training and progression opportunities, employee voice and social dialogue, job satisfaction, work organisation, management style, fairness at work, flexibility and work-life balance. In addition, Warhurst et al., (2012) emphasise the importance of support in the private sphere to enable those with

unpaid care responsibilities to negotiate the interface between work and home life more effectively.

As discussed in Chapter 1, in 2020 the Conservative Government opened a consultation on its planned Employment Bill that would guarantee employed carers the right to a week of leave for caring responsibilities, stating that it anticipated this leave would be unpaid (BEIS, 2020). Implementation of a right to paid carer's leave could however enhance working carers' job quality and support them in combining work and care. It has been argued that support implemented by employers can prevent working carers from quitting their jobs or opting for worse, part-time, low-paid jobs (EfC, 2015). The same report noted that for working carers, the top priorities for workplace support were improved and consistent manager awareness of caring issues (37%) and more flexible/special leave arrangements (37%). On average, working carers are less qualified than other employees, and may need extra support through education and skills policies to avoid being trapped in low-paid, precarious jobs (Yeandle et al., 2006).

2.5.2 Trade unions, employee voice and organisational culture

Employee voice plays a role in influencing work quality and the way support is put in place for workers with care responsibilities. The British system of employment relations originated in efforts from workers to organise and protect themselves and their interests. Historically, preference was given to direct negotiation with employers through bargaining, rather than legal regulation, and this was called a voluntarist approach, even if the state still played a role in filling "gaps" and providing a legal framework for the conduct of agreements between individuals and organisations (Milner, 2015). However, there has been a major decline in collective bargaining, due to the Thatcher and Major Government's efforts to dismantle and weaken trade union influence, not only at workplace level but also in terms of influence on government policies (Mayhew, 2015). The 'anti-collective rhetoric' encouraged employees to act according to their own individual employment needs rather than collectively (Mayhew, 2015). As noted by Colling (in Dickens, 2012: 192), British trade unions have now abandoned voluntarism. By the 1990s, they turned towards the EU and the British State and called for extensive juridification of industrial relations in the UK. Unions are, however, still seen as key stakeholders in the implementation of practices but have relatively little influence outside the public sector (Klarsfeld, 2012). For example, a substantial minority of employees, especially concentrated in the public sector, have their terms and conditions of employment determined by collective bargaining. However, literature warns against interpreting falling union membership as a sign of declining usefulness (Chartered Institute of Personal Development (CIPD), 2017). The representation of employees' interests and their ability to influence organisational change remains an important factor.

Feminist literature has noticed that, historically, trade unions have been male-dominated organisations that have neglected the interests of women workers, such as care issues (Brochard and Letablier, 2017). This tendency is now reversed, as women now form the majority of trade union members in the UK (ONS, 2020). Growing membership diversity has also increased the

need for enhanced representation of different groups in union operations (Parker 2006:423). In the UK and Canada, various types of ‘women’s groups’, including committees and conferences, have been created with the objectives of strengthening the voice of women trade unionists and increasing their involvement in union decision-making structures (Heyes, 2012: 672). The argument made for those changes was that male domination of trade unions had resulted in men drawing up bargaining agendas that reflected their own interests and not always those of the wider membership (Kirton and Greene, 2002:40).

In the UK, the trade union for public sector workers, UNISON, has been a pioneer in improving the representation and involvement of women trade union members in union governance. Regarding working carers’ needs, UNISON has also published a guideline for its branches on collective bargaining and particularly on carers’ policies (UNISON, 2019), that aims to reduce the number of “cases” requiring union representation, freeing up the time of union representatives. It was also done with the aim of recruiting more members and increasing the branch’s activist base. The guideline on negotiating a paid carer’s leave policy included the following points: development of the carer policy in consultation with the trade unions; commitment from the employers; clear definition of carer; review of the policy on a regular basis and data confidentiality.

A Trade Union Congress (TUC) survey of union members (TUC, 2013) also found that 90% of members with caring responsibilities had requested a change to their hours in order to accommodate their caring commitments. As part of its support strategy for working carers, the TUC provides guidance on its website to help union representatives support working carers. As noted by TUC, union representatives can help members to request changes to their work patterns. They can ensure systems are in place so that breaks and leave are taken, and union members are kept informed on how to apply for support in managing their care responsibilities. In 2020, in response to the Government’s consultation on carer’s leave, the TUC submitted a response, calling on the government to introduce an entitlement to ten days of paid carer’s leave for all workers, from their first day in the job.

However, while unions’ strategies, membership composition and representation are important in setting an agenda focussed on gender equality and care, studies such as Dickens (2012) also outline the need for employers’ acknowledgement and recognition of unions in order to lead meaningful negotiations. Gregory and Milner (2009) and Gambles et al., (2006) point out the lack of power and influence of unions in the workplace. They indicate that even if unions modernised their practices and policies, they would still have limited capacity to intervene because of a lack of recognition from the employer.

Studies also outline the normalisation of employee voice processes and the fact that non-union direct voice has replaced union voice as the primary venue for employee voice in the British private sector (Wilkinson et al., 2004; Butler, 2005; Donaghey et al., 2012; Bryson et al., 2013). This element of employee voice is closely related to the element of culture in organisations. The question of organisational culture is a controversial topic whose definition has led to many

debates. Two main trends can be distinguished in this debate: the unitarist perspective and the pluralist perspective.

The vision of a unifying culture is a reflection of a unitarist perspective on employment relations, a term developed by Fox (1971) to describe an employer ideology; an ‘instrument of legitimation’ justifying employer rule by seeking loyalty and commitment from employees. Employers have had an increasing interest in the potential of cultural change to draw employees closer to the organisation. Within a unitarist perspective, non-union employee voice mechanisms can arise through specific groups (e.g. women’s groups) or voluntary joint-consultative committees established by management. According to a CIPD report (2017) and based on the 2011 Workplace Employment Relations Survey study¹⁵ (Wanrooy et al., 2013) these groups are present in about 7% of UK workplaces. Their effectiveness as a voice mechanism when compared to trade unions is, however, questionable (Greene and Kirton, 2010), especially for broader social and structural changes. This view considers that it is the responsibility of employees to bring their grievances directly to management and have these problems resolved informally (Gollan and Lewin, 2013). Moreover, these forms of expressing employee voice are criticised because they individualise employee expression in the workplace and can create inequalities of representation and bargaining power between well-established, full-time employees on secure contracts and more vulnerable workers on low-paid and precarious contracts (Heyes et al., 2018). Businesses with a high proportion of precarious workers tend to show greater inequalities resulting from this lack of collective negotiation on work conditions. Some studies are however reluctant to oppose union / non-union voice systems as a simple dichotomy (Bryson et al., 2013) and argue that in the UK both may operate in a more ‘*hybrid fashion sitting side by side*’ in the same firm (Donaghey et al., 2012). In addition, workers are not a homogenous population, and as explained by Wilkinson et al., 2018 (:717) ‘*their opportunity or tendency to voice may be shaped by their gender, race, sexuality and personal perceptions in addition to institutional factors.*’ Thus, some workers may prefer to remain silent to protect themselves or express their voice in different ways.

Critical researchers raise concerns over the feasibility of establishing a united culture in workplaces. They reject the view that culture can be managed, or is without conflicts or dilemmas. Economic and organisational events such as downsizing, outsourcing, and mergers can undermine relationships and trust within the organisation. Secondly, culture cannot be seen either in a one-dimensional manner, as different groups and cultures may exist within the same organisation. Moreover, employees are not passive, and may accept or reject the constraints and norms imposed on them (Goffman, 1961). As opposed to unitarism, the pluralist perspective on organisational culture recognises different interests between employers and employees, while emphasising that rules and institutions such as employment laws and collective bargaining can regulate conflict (Clegg, 1975).

¹⁵ The Workplace Employment Relations Surveys are nationally representative surveys of British workplaces.

Dundon and Dobbins (2015: 913) also note that for *'pluralist perspectives, the key issue is not moderate behaviours per se, but resolving disagreement as an accommodative process towards mutual gains'*. Within pluralism, radical views also exist which highlight the specific nature of the capitalist society in which organisations operate, and under which power imbalances exist between employer and employees. Radical and Marxist pluralist perspectives focus on the fact that work is inscribed in relations of domination. Dundon and Dobbins (2015) identify imbalances situated in the wage-labour exchange. Moreover, although employees may resist influence from their workplace, their managers may still control which behaviours are validated, encouraged or, on the contrary, prohibited. For example, Collinson and Collinson (1997) looked at ways in which managers were assessed and monitored in an insurance company: they were expected to work long hours, for example, clocks were banned to encourage everyone to stop 'clock watching.' Such expectations implicitly framed the culture in this particular workplace as one reluctant to normalise and accept care responsibilities as an important part of workers' lives.

2.5.3 The influence of Diversity & Inclusion management

As part of workplace culture, and linked to the debate around unitarism and pluralism, Diversity and Inclusion (D&I) management has also become an established field in management research (Tatli, 2011). According to Greene (2015), in recent decades management practices have been shifting from the traditional legal impetus of an 'Equal Opportunities' (EO) paradigm to a new business-led 'diversity management' paradigm, focused on valuing employees' differences and competences. For some, the managing diversity approach holds the promise of transformative organisational opportunity, with disadvantage more effectively tackled by acknowledging individual differences between employees (Williams, 2014: 124). The EO approach, on the other hand, emphasises the importance of equal and collective treatment as the best way to reduce disadvantage in employment. An additional difference between these two approaches is that EO is often perceived as an external imposition, for example through government regulation, while D&I management is more easily aligned with the needs of the business (Williams, 2014). D&I management appears to have the potential to transform employer attitudes and give D&I managers more influence and authority. However, there are some concerns raised in the literature which require further attention:

First, Kirton et al., (2007) and Schaltegger and Burritt, (2018) explain that diversity officers and champions may adopt different attitudes towards changes, depending on their understanding and interpretation of structural issues, which may lead to reluctance to implement those changes. D&I management teams are often understaffed, especially in small organisations, as indicated by Kirton and Greene (2010), affecting their ability to implement changes. Kandola et al., (1991) also report that in their study there were too few EO officers for the tasks given, leading to EO officers reporting greater levels of job-related stress than their peers. Extra-organisational resources and tools produced by policy bodies (such as

governments) and CSOs can be of real significance for D&I officers' work. They can be a potentially important catalyst for change, in addition to bringing a sense of personal support for D&I officers, as established by Talti et al., (2015).

Another issue raised by Kirton and Greene (2015) is that D&I management can lead to line managers preferring to deal with individual differences on a case by case basis, rather than implementing changes in a more standardised way, especially if they imply a cost to the business. This also means that collective pressure to change discriminatory organisational practices is often absent and can lead to unequal treatment between individuals. White-collar and blue-collar workers may not have the same rights to access benefits (Ireson et al., 2018). Less valued employees may be denied support. Moreover, those practices and policies can be 'empty shells', not supported in practice, or restricted to certain groups of workers (Hoque and Noon, 2004). There may also be issues with equality of access regarding the difference between job contracts and the legal status of employees and workers. Finally, as noticed by Williams (2014:125), workers themselves rarely have an input into how diversity management operates; as a result, the policies and practices associated with it often lack credibility.

Having explored the most relevant features and characteristics of the British employment context for the topic of this thesis, and how some of these features may affect implementation processes for carer's leave, the following section looks at who British working carers are, and at their experiences and needs.

2.6 Circumstances and 'identity' of working carers

While carers gained more visibility on the policy agenda through political pressures, Heaton (1999) notes that their role was also a consequence of a changing medical gaze on the role of patients and patients' social contacts. At the end of the 20th century, patients and their network of care became more central to health and social care practices. Simultaneously, carers also became the object of policy regulation and surveillance which placed increasing responsibility on carers' ability to manage their own health and care needs as well as their caring role (Sadler et al., 2018).

The definition of carers' identity is however a topic subject to debate. As noted by Clements (2013:400), to create a mass movement (such as a carers' movement), *'the group needs, in one way or another, to 'self-identify' as a category of persons oppressed by virtue of a particular uniting characteristic.'* Although there is existing third sector organisations representing the needs of carers (such as Carers UK), and while Larkin and Milne (2014) have called for the creation of a strong, political movement of carers like the disability movement, carers may struggle to recognise themselves as 'carers.'

The main reason carers may struggle to identify as carers for a relative is that as they tend to see their role as 'natural' and taken for granted, for example, as part of gendered roles. The term 'carers' has also been described by some as a bureaucratically generated notion that fails to describe the relation between the carer and the person cared for (Molyneux et al., 2010).

Knowles et al., (2016) also argue that resisting a carer identity can be a way of protecting both one's own identity and the identity of the person cared for. In another study (Arksey, 2002) participants were concerned that the label 'carer' may subsume their other identities such as those of a partner, friend, or child. Carers' identities are not fixed, but dynamic, and they evolve when engaging in care activities (Andreasson et al., 2017). Tomkins and Eatough (2014) describe how being identified as 'working carers' affected study participants and highlight the difficulty with which carers frame their caring responsibilities. Their research found that working carers may attempt to preserve an identity independent of their caring role, or alternatively, opt in and out of their 'carer' identity. Research on carer identities is a field in development (Eifert et al., 2019), as studies vary greatly depending on cultural and social diversity and the employment context of each country. Further research is called for as many carers do not currently identify or see themselves as carers.

The study reported here contributes to filling this gap by showing that, when carers are also working, their identities as 'carers' can be built through the employment policy context of their country, and their employer's acceptance of, and support for, their caring responsibilities.

Tomkins and Eatough (2014) define carers as a heterogeneous group whose caring role is shaped by many different factors, such as gender, age, race, sexuality and complex family relationships, which can make it more difficult for carers to unite as a 'movement'. Care is, however, unequally distributed and varies by class, gender, race, sexual orientation and employment status; it also falls disproportionately on women. These characteristics, separately or in combination, can lead to various impacts on a carer's health, wellbeing, finances and employment (Yeandle et al., 2007). It is possible to understand those different factors and their impact on working carers' situations through the analytic lens of intersectionality proposed by Crenshaw (1989). This looks at how people are situated under different relationships of domination, in regard to their class, gender, race and age. For example, Akkan (2020) indicates in her study that young Turkish women who are carers suffer from multiple intersecting inequalities between their age, gender and caring role that affect their childhood experiences and life opportunities. As explained in Chapter 1, intersectionality has, however, been criticised for its lack of structural analyses, especially materialist analyses of class and power, although Hill Collins and Bilge (2016: 124) note that '*materialist analysis remains salient within intersectionality*', and intersectionality needs to be applied in specific social contexts. This thesis looks at the workplace as the social context through which the different factors characterising working carers' experiences exist and intersect with workplace power dynamics.

2.6.1 Occupational and social class and work experiences

This section reviews how working carers' circumstances vary depending on their occupation and social class. When defining class, employment status may be also analysed from different perspectives, for example, wage and level of job security. Broader indicators of class may also be considered, such as qualifications, family composition, geographical location, etc. Countries can also adapt different nomenclatures for social classifications to categorise people's

employment status. The UK, for example, uses the Standard Occupational Classification (SOC).

In the UK, people from socially and economically disadvantaged backgrounds are more likely to care ‘intensively’. Evidence presented by Harris et al., (2020), using data from the Health and Employment After Fifty in England survey (HEAF, 2013-2014), showed that caring is unequal in the HEAF cohort, with more high-intensity informal care provided by those with greater levels of socio-economic deprivation.

Zhang and Bennett (2019:10), based on analysis of the results of the British Household Panel Surveys and Understanding Society between 1991 and 2018, found that the average number of unpaid hours of caring varied between workers in professional and manual occupations:

‘In 2016-18, almost one in five workers (18%) in the categories ‘semi-routine and routine’, ‘lower supervisory and technical’, and ‘small employers and own account’ had experience of caring. The figure for workers in the ‘intermediate’ and ‘management and professional’ categories was 15%. Among workers who cared for 50+ hours per week, 40% were in ‘semi-routine and routine’ jobs and 30% in ‘management and professional’ roles. Among workers who cared for fewer than 10 hours per week, 27% were in ‘semi-routine and routine’ occupations and 42% in ‘management and professional’ roles.’

Moreover, a study from Yeandle et al., (2007) shows that among the carers interviewed, those who were well off financially were more likely to be in full-time employment while the poorest carers were more likely to be looking after their home and family full-time and were more likely to experience disability and a lack of access to work. Zerrar (2019) shows in her study that an individual’s monthly income is strongly linked to the probability of being a carer. Individuals with the highest incomes are more likely to delegate care tasks to a professional, and less likely to provide care, compared with individuals with lower incomes, who tend to take this on themselves. This demonstrates how care is unequally distributed across social classes.

Reports by Hamblin and Hoff (2011, 2014) and Age UK/Carers UK (2016) emphasise the specific challenges faced by working carers, arising as a consequence of their work and a lack of adequate support. These reports emphasise the lack of time for carers to provide adequate care while working and the need for time off to plan and manage the unpredictability of care. Time spent caring is critical for working carers but can threaten the safety and sustainability of their job if there is no clear understanding of their responsibilities by their employer. King and Pickard (2013) show that providing more than ten hours of care a week is a threshold at which carers’ employment starts to be at risk. When their employment is at risk, carers cannot make career progress or may miss opportunities, such as training or promotions. Lack of time to plan and manage care can cause stress in work and care roles (Hamblin and Hoff, 2011; Burr and Colley, 2017) and the financial strain resulting from caring affects carers’ careers and savings.

Some studies have shown that the inability to ‘unwind’ or to have time for self-care affects carers’ health and mental wellbeing (Ashworth and Backer, 2000). Phillips and Martin-Matthews (2008) also identify that the spatial dimension of combining care and work are important. Spatial components, such as a long daily commute to work, add to the complexities of organising time and managing unpredictability in relation to care. A study in England and Wales on unpaid care (Norman and Purdam, 2012) found that carers from low social and economic backgrounds were more likely to live with the person cared for. Those not living with the person they care for, however, face additional constraints in terms of the distance between them and the person cared for, and the financial cost of commuting. De Madariaga, in Criado-Perez (2015), found that the number of trips made for caring purposes almost equalled those for employment purposes. Long commutes and low paid jobs may become intersecting elements that affect working carers’ ability to provide care. The ONS (2019) found that commuting time had a significant impact on women deciding to leave their job. Care therefore depends on carers’ financial resources, and takes place across a *‘landscape of activities and sites, including non-care employment, family and various forms of commodification’* (Dorow and Mandizadza, 2018: 1243)

The availability of, and perceived access to, support and leave policies in the workplace is another important issue raised in the literature. This has been shown to depend on factors such as the nature of the working carer’s job or the rights attached to their employment status (Dex and Smith, 2002; Budd and Mumford, 2006; Ollier-Malaterre and Andrade, 2018). Henz (2006) shows that female carers on a lower employment status are more likely to leave their job than other carers on higher paid jobs. Chung (2018, 2020) outlines a ‘flexibilization’ stigma amongst workers, and segmentation among workers in their access to family-friendly policies. According to Lambert & Haley-Lock (2004), Swanberg et al., (2005), and Plaiser et al., (2015) employers play a role in how their employees access family friendly and care-friendly policies. When employers have an interest in retaining high performance employees, they are more likely to accommodate their caring needs and requests. Chung also notes that employers tend not to invest in employees in low-skilled and low-paid positions. Employers are less likely to use such arrangements for these employees since they are more easily replaced. Access to workplace policies may also be influenced by gender and the sex composition of the industry (Minnotte et al., 2010). Moreover, working carers can also face discrimination in the workplace. Carers UK stated, in its evidence to support the inclusion of carers in the Equality Act (Select Committee on the Equality Act 2010 and disability, 2016), that 8% of those who gave up work did so ‘because of difficulties or disputes with their employer.’ Carers UK also showed ‘that 14% of carers had been the victim of harassment as a result of disability or caring and a further 11% had been denied services because of disability or caring responsibilities.’

Reducing working hours or part-time work also involves a significant cost that affects working carers’ career development and future opportunities, resulting in financial distress, as evidenced in several empirical studies (Hamblin and Hoff, 2011; Burr and Colley, 2017). Lilly,

Laporte and Coyte (2007) reported that family care in the UK and USA was associated with reduced labour market participation, both in terms of capacity to remain in work and hours worked. Other studies have found that people caring for someone with high care needs are more likely to drop out of work, take a career break or retire early (Hamblin and Hoff, 2011; Burr and Colley, 2017). In their scoping study, Pickard et al., (2012), drawing on figures from the 2009/10 *Survey of Carers in Households in England* and 2010 ONS estimates, concluded that approximately 315,000 carers (120,000 men and 195,000 women) aged 16 to 64 had left employment to provide care, or were currently out of employment. Austin and Heyes (2020), using a representative sample, estimated that 44% of working carers in England and Wales (equivalent to around 1.6 million people) were struggling to cope with the pressures of balancing their work and care responsibilities. Their survey found that one in four working carers had considered giving up their job entirely. In addition, only 9% of working carers said paid leave to fulfil caring responsibilities was made available to them, despite this being the form of support most desired.

On the other hand, when there are no policies available to them, “leavism” (the practice, among employees, of taking sick leave or holiday to catch up on late work or to fulfil caring duties) has been described as a common practice among working carers, despite its negative effects on their mental and physical health and social life (Woittiez and van Gameren, 2010). Carers UK/Age UK (2016) found that 79% of working carers studied had used holiday to provide care for someone close to them. Austin and Heyes (2020) showed that 15% of working carers had taken sick leave to provide care.

“Absenteeism” is another strategy used by carers who lack a formal way of negotiating time to care with their employers; it too is costly for the employer (Calvano, 2013; Carers UK, 2013). “Presenteeism”, defined as being at work, but not concentrating or functioning at work, has also been reported among working carers (Zuba and Schneider, 2013; Sethi et al., 2017). Research in Canada found a need for policies which facilitate leave for carers to cope with unpredictable crises arising from long-distance caring and end-of-life care (Lero et al., 2012). To gain more time, and combine both working and caring duties, working carers tend to develop plans of action, such as relying on relatives’ help, or (where available) taking advantage of workplace support. These ‘*strategies*’ depend on the working carer’s situation (Hamblin and Hoff, 2011) but also on their social and economic circumstances. The nature of working carers’ job or occupational class and their financial resources are thus important elements that influence working carers’ experiences. Other elements such as their gender, ethnicity and care relationships are explored in the next section.

2.6.2 Gender, culture, race, age, and care relationships

This section considers the impact of gender and race on caring responsibilities, age, the nature of care relationships, and additional challenges resulting from multiple caring responsibilities.

The likelihood of being a carer has a major gender component, with women likely to take on caring responsibilities over a decade earlier than men; indeed, half of women have provided care by age 46, compared with half of men who can expect to care by age at 57 (Zhang and Bennett, 2019). Carers with long-term care responsibilities are more likely to be older and female (Carmichael and Ercolani, 2016). As already discussed, female carers are also less likely than male carers to be in full-time employment, but much more likely to work part-time, as shown by the Family Resources Survey, 2019/2020 (Department of Work and Pensions, 2021). One explanation could be that care continues to be perceived as a natural responsibility for women, and a ‘choice’ for men (Gerstel and Gallagher, 2001). Loretto and Vickerstaff (2015) have found that women who combine flexible working with childcare earlier in their lives typically speak of fitting their entire life into their family’s pattern, typically through a series of care responsibilities. The percentage of working carers is also higher in sectors with a greater proportion of female workers. It has been estimated, for example, that one in five NHS workers in England is an unpaid carer (Carers UKb, 2019).

In terms of caring, literature has shown that female carers report significantly higher levels of perceived stress, depression, anxiety, and social strain compared with male carers, and that they also tend to complete more care tasks than male spousal carers (Li et al., 2013).

The fact that some women are fitting care around their entire life also impacts their financial resources, such as their career plans and pensions funds (Grady, 2015; Foster, 2012). As noted by Foster (2012:888), the consequences of caring for women are reduced contributions and lower earnings-related benefits.

The pensions reforms in the UK passed under the Pensions Act 2008 (auto-enrolment of pensions) and the Pensions Act 2014 (new flat rate State Pension) sought to establish gender neutrality by treating women and men the same, irrespective of the gendered and unequal division of care responsibilities throughout their lives. Grady (2015: 251) indicates that these pension reforms remained biased against carers and women. A recurrent issue in their implementation is that many of the poorest workers do not earn enough to qualify for Auto-Enrolment. As a higher proportion of women are more likely to be low paid, they will be excluded from the Auto-Enrolment scheme for which the threshold of earnings is £10,000, thus excluding low earners.

If women have been impacted by this unequal sharing of care responsibilities, male carers for older or disabled persons, recently increasing in number, also face specific challenges. Some studies have outlined the specificities of the challenges faced by male working carers when providing care (Carmichael and Charles, 2003; Maynard et al., 2018). As Yeandle et al., (2007c) indicate, based on UK data, men most often care for a partner or spouse with long-term illness or disability, while women most often care for a disabled child or elderly parent. Demographics also indicate that (numerically) more British men than women combine full-time employment with caring intensively (Yeandle and Buckner, 2006); such carers face potential acute health challenges and role strains. Other studies have established the need to

consider the reproduction and renegotiation of gendered understandings of care, as men take on more care tasks (Björk, 2015). For instance, as more men are now assuming a caring role, more awareness of the need for care policies in male-dominated sectors may be needed (Ireson et al., 2018: 7). Emotional isolation and stigma related to care remain prominent, however, with care still broadly perceived as a woman's role. Kahn et al.'s research (2016) found that female carers experienced a greater burden and stigma than male carers, but that men could be more hesitant to report or disclose prejudices they faced.

Care is influenced by different norms of family negotiations, depending on gender, economic and cultural expectations. Family members may negotiate and allocate amongst themselves specific roles to support the relative needing care. As discussed earlier (section 2.2), the invisibility of care results in this form of negotiation remaining absent from statistics on production. As Bessièrè and Gollac (2020) observe, family strategies also tend to perpetuate gender inequality, not only in terms of how care responsibilities are shared, but also economically. Grigoryeva (2017) shows that daughters provide more care to their elderly parents than do sons. As women are often the primary care providers, they often find themselves removed from paid economic activities. Bessièrè and Gollac (2020) show how family strategies tend to favour men as inheritors and workers, while the role of carers is delegated to women, who are consequently less likely to own resources, and more likely to depend on others for their own survival. These family strategies, therefore, are not seen as neutral, but as influenced by particular dynamics and norms that can affect working carers' ability to reconcile their work and care responsibilities.

Intersecting factors of class, race and gender thus affect how care is distributed and managed. Although many working carers struggle with work-life balance, different social and cultural factors may influence how ethnic minority participants balance work and care (Akobo and Stewart, 2020). For example, Parveen et al., (2013) show that, in the UK, struggles linked to unpaid care are higher for British South-Asian carers. Investigating how care and work are managed among minority groups and migrants is thus relevant, due to the employment patterns of some of these groups. For example, in the UK, Pakistani and Bangladeshi ethnic groups were the most likely to live in poverty following the financial recession which started in 2008 (Fisher and Nandi, 2015).

The intersecting factors of ethnicity and employment status can significantly influence access to support. As noted by Ellingsæter et al., (2020), a recent UK study from Twamley and Schober (2019) disclosed considerable social and ethnic variation in access to parental leave caused by new types of employment contracts (e.g. zero hours) and increasing self-employment. In their study, Pakistani parents and those in intermediate, semi-routine or routine occupations were less likely to be eligible for shared parental leave.

Yeandle et al., (2007c), using 2001 census data, reported that caring was more prevalent among people of working age in some ethnic minority groups, especially younger Indian, Pakistani, and Bangladeshi men and women. They were also more likely to provide care, struggle

financially and lack adequate access to support. Culture also had an impact on how decisions were made about care. In her literature review, Wang (2013) notes that Chinese carers, especially spouses, would hide information regarding their spouse's situation from their adult children due to their reluctance to bother them. Such cultural elements are important, as they could have an impact on how, if at all, carers seek support.

Age also matters for caring. As noted by Carmichael and Ercolani (2014), older carers are more likely to provide intensive care to a person of similar age to themselves. They are also more likely to be co-resident with the cared-for person. Similarly, research emphasises the needs of 'young carers' – those aged up to 18, who have a caring role for a parent or a relative, and often do not recognise themselves as 'carers' (Leu et al., 2020).

Finally, the nature and characteristics of care relationships are important too. Family members are the main recipients of informal care (Department of Work and Pensions, 2017); in the UK, 35% of carers care for a parent outside their household, and 18% care for a spouse or partner within the same household. Carers can also have several types of care responsibility simultaneously. These 'sandwich carers' (people caring for a person in two different generations, e.g. for a dependent child and an older or disabled relative simultaneously) can face acute financial difficulties (ONS, 2019). This also indicates that working carers require support beyond simply balancing work and care, and that carers can benefit from support adapted to their individual care situation. According to Phillips et al., (2002), for example, care for older people and care for children are fundamentally different in nature and require different types of support. Le Bihan et al., (2014:10) note that care relationships are also different between care for children and care for older people. For example, adult children tend to be sensitive to their parents' wishes, hesitating to quarrel with them, and they are legally unable to go against their will, e.g., regarding their care arrangements.

This section has outlined how different characteristics of carers (class, gender, race, age, and the nature of caring relationships) intersect to define working carers' experiences and influence working carers' ability to reconcile work and care. Based on the elements discussed so far, section 2.7 outlines a theoretical framework to examine the carer's leave implementation process and the impact of such support on working carers' experiences.

2.7 Theoretical framework

This section discusses theories and concepts used to examine the implementation and outcome of carer's leave policies and their impact on working carers' experiences. The thesis uses theories at different levels - structural and individual – to understand organisational motivations to implement carer's leave and working carers' experiences of this in the context of their workplace.

Bourdieu's theory of capital (Bourdieu, 1986) is useful in examining the resources organisations put in place to implement carer's leave, with a specific focus on social capital, power and resources. Additionally, Kittay's theory of '*doulia*' rights (Kittay, 1999) and the

notion of ‘care capital’ (Chou and Kroger, 2014), adopted here with a Bourdieu-inspired perspective, were used to examine support for working carers as ‘resources.’

Acker’s concept of inequality regimes (Acker, 1990, 2006a, 2006b) contributes a complementary analysis which brings an intersectional lens to working carers’ experiences. Acker’s approach helps to unveil elements characterising working carers’ experiences at work, while also highlighting the potentially existing inequality regimes existing between them.

Finally, the concepts of ‘articulation’ and ‘reconciliation’ between work and care (Read, 2018; Charlap et al., 2019) facilitate exploration of the challenges and dilemmas working carers may face when using support at work.

2.7.1 Social capital, ‘care capital’, and ‘*doulia*’ right

Bourdieu identified four different types of capital: economic, social, cultural and symbolic (Bourdieu, 1986). These concepts refer to economic possessions, language and cultural knowledge, but can also be understood as a general metaphor for power and social advantage (Baron and Schuller, 2000: 4). While acknowledging the primacy of economic capital in his work, Bourdieu tended to emphasise the importance of cultural over social capital, leaving this last form of capital theoretically somewhat vague (Baron and Schuller, 2000). This is nevertheless a significant concept, as it defines and highlights the multiple forms of social relations such as networks, families and social groups, through which resources such as social ties, money and support can be secured. Bourdieu situates his theory of capital within a ‘field’, a social space which is always ‘*a site of struggle and contestation*’ for power (Collyer et al., 2015:690) where ‘*class divisions are produced through the absence or presence of social competencies*’ (Huppatz, 2009: 45). Bourdieu also points to the role of ‘habitus’ in securing capital. He describes ‘habitus’ as ‘*the strategy-generating principle enabling agents to cope with unforeseen and ever-changing situations (...) a system of lasting and transposable dispositions which, integrating past experiences, functions at every moment as a matrix of perceptions, appreciations and actions and makes possible the achievement of infinitely diversified tasks.*’ (Bourdieu, 1977a: 72, 95, cited in Bourdieu and Wacquant, 1996:18). One’s status in a workplace, and work peer network as well as habitus can influence one’s access to support at work.

Social capital seems to be a malleable concept, neither intrinsically positive nor negative, as Woolcock emphasises (1998, cited in Schuller et al., 2000). Woolcock argues that any particular form of social capital will simultaneously have advantages and disadvantages, and that the balance between these can vary. Portes (1998) explains that social capital can be seen as a neutral, ‘empty’ concept, only referring to the structures through which different types of resources and power are secured and that there is a need to differentiate between the structures and the resources that are secured through those structures.

The concept of social capital has also been criticised for its failure to acknowledge the impact of economic factors. For example, Fine (2001:29) finds it has been considered in isolation from

economics, while, actually, under capitalism, capital and social are an oxymoron, as *'capital requires a lot more by way of the social rather than private property and market.'* Attention given to social relations at work as a form of 'social capital' thus has to be understood in relation to the workplace as a particular field of struggle. Work relations and positions are inscribed in a context of power imbalances between employers and employees, situated in the wage-labour exchange (Dundon and Dobbins, 2015). Employers and employees confront each other to impose their own view or perspectives over the way work is organised and paid. At the level of the workplace, for example, and in this thesis, social capital as constituted by managers and colleagues can be seen as an obstacle to support, to the extent that carers' care responsibilities could be neglected in favour of productivity. In the thesis, Bourdieu's theory of social capital is used to understand the positions of working carers at work, as well as their resources, and their access to support through their relations with co-workers, managers, etc.

Bourdieu's perspective can also help us see how resources and social relations play out in the family sphere. These relations can be analysed in terms of 'care capital'; for Chou and Kröger (2014) they are a form of social capital that needs to be created and accumulated to provide care, for example through families and networks. 'Care capital' is used by Chou and Kröger (2014) to highlight the energy and effort invested by carers to maintain a network of support which will enable them to manage their care responsibilities.

An additional contribution regarding resources for working carers is provided in Kittay's essay, *'Love's labor'* (Kittay, 1999) through Kittay's concept of *'doulia'* right for carers. Kittay explains that, from a philosophical and social perspective, a care relationship cannot be reduced to a unique relation between the carer and the person cared for, but has far deeper social, economic and political implications. Kittay presents the concept of *'doulia'* (Kittay, 1999), which conceptualises carers as having a 'moral right' to support, either through legislative rights, tangible resources or the support of a group or individual. According to Kittay, 'dependency' is an inevitable part of human life. However, structural inequalities and discrimination in the political, economic and legal spheres exclude and marginalise disabled and dependent persons. Neoliberal policies in particular tend to reinforce and aggravate the vulnerability of both the carer and the person cared for, by relegating care and 'dependency' to the private domain (Kittay, 2021). Consequently, a *'doulia'* principle should be the following:

'Just as we are required to care to survive and thrive, so we need to provide conditions that allow others - including those who do the work of caring - to receive the care they need to survive and thrive.' (Kittay, 1999:107)

West (2002:89) strengthened the principle of *'doulia'* developed by Kittay by calling for better economic and legal rights to protect carers. West explains that the vulnerability faced by carers without a legal and constitutional right to care will result in the impoverishment of carers. For Kittay and West, in order to maintain a sustainable caring relationship, the carer must have access to necessary resources. The form of these is interpreted differently by Kittay and West, although their interpretations complement each other. Kittay perceives these resources as being

financial compensation, provided through public or social welfare support, while for West they require legal rights, such as the right to care and the right of working carers to live free of discrimination. The ‘*doulia*’ in the care relationship is an essential element, like the ‘*doulia*’ assisting the mother during and after childbirth. Indeed, if carers try to rely only on their own resources while caring, they may find themselves trapped in a complex situation of great vulnerability.

Kittay’s perspective has been criticised by her peers. Michael Fine identifies the issue of power (Fine, 2005), arguing that Kittay does not sufficiently explore the causes of domination in care relationships. Her account is of a care dynamic sustained by ‘resources’, which (in Fine’s view) fails to adequately address the many other current complexities associated with care in contemporary Western societies (Fine, 2005: 157) and under capitalism. Kittay (2021) has more recently addressed the issue of employment conditions for carers, by drawing a comparison between the living conditions of carers to those of the precariat (Standing, 2011). She wrote that:

‘Wealthy corporations that today benefit from a growing precariat, and who see little need to accommodate the needs of familial caregiving or any dependency needs, must assume some social responsibility for meeting these needs. Just as corporations depend on taxes that pay for the infrastructure they need for their smooth functioning, so too, for their workers to come to work (and even for their consumers to shop) they depend on someone taking care of children, assisting disabled relatives, attending to sick family members, and helping their frail and ailing elders.’

(Kittay, 2021: 306).

Kittay’s argument of ‘*doulia*’ remains however focused on ‘welfare feminism’, as a way to provide resources and protection to carers. She advocates for a strong welfare state to address the challenges faced by carers. Kittay does not, however, consider in-depth how this ‘*doulia*’ as a form of justice and responsibility towards carers can apply in the workplace, in a context where power imbalances exist between workers and employers. In this thesis, I aim to examine to which extent employer-led carer’s leave can reflect Kittay’s concept of ‘*doulia*’ right.

2.7.2 Acker’s concept of inequality regimes

Extending the idea of ‘*doulia*’ to the workplace context requires critical insights available in the work of sociologists. Acker’s inequality theory (2006b) complements the deployment of Bourdieu’s social capital, as her theory enables an improved understanding of workplace power dynamics and their implications for the realisation of a ‘*doulia*’ right. The application of this theory contributes to an improved understanding of power imbalances between employees and employers and how these can affect the experience of working carers. Acker’s concept draws on critical management studies and labour process theory. The latter examines how work is organised. From an employer’s perspective, employees’ capacity for labour must be utilised as

efficiently as possible; this often does not occur in a straightforward process, however. Labour process theory examines how production is organised, meaning that in work, workers are simultaneously actors and agents in the labour process, while also being controlled by managerial strategies (Thompson and Smith, 2010). Similarly, critical management questions the taken-for-granted nature of work. This approach focuses on studying how power is structured within organisational design, for example, between employees and managers. The approach also examines the effects of the constraints imposed by the political-economic system on managerial practices, which also affect employees' experiences.

According to Acker's concept of inequality regimes, people are in different positions of power in their organisations. This can be, for example, because of hierarchical differences which correspond with wages structures (Acker, 2006a: 111). Work relations are structured by distribution, and distribution (in its broad conception) occurs by means of wages. Managers and leaders have much more power, and higher pay, than secretaries and other employees (Acker, 2006b: 443). According to Acker (2006a:110), inequality regimes consist of several elements: '*processes and practices that maintain and reproduce inequalities*' among workers (such as how work is organised and how co-workers and managers interact with working carers); '*visibility and legitimacy of inequalities*' (for example, considering organisational hierarchy and difference among wages as natural or denied as an issue); and '*controls and compliance*', which reinforce these inequalities (for example, how the application of the policies also depends on one's relation with one's line manager and one's position in the hierarchy). Finally, Acker's theory examines the possibilities for '*organizing change*' (e.g. how equality can be reinforced) and the problem of '*competing interests*' (how the organisations' objectives can obstruct the application of the carer's leave policies). Certain elements of this framework can be favoured over others, with its application informed by research questions and the context in which the research was led (Tatli et al., 2017).

The basis for inequality starts with how organisations are composed. Sectors, industries and companies, or even departments within the same organisation, may historically and culturally define which type of workers are employed (e.g., in the same hospital, caring and nursing work is predominantly occupied by women, while ambulance work is more likely to be male dominated). Processes and practices, such as salary structures, both facilitate and perpetuate these differences. This can occur through distribution, and by how different benefits are made available to workers. Because of hierarchical differences and work contexts, some people may be paid more than others, and receive more benefits than others, or receive more favourable treatment. This is what Acker calls an 'inequality regime'. These processes participate in shaping inequalities between workers, as one position in the workplace can secure more protection and more benefits than another. Being on a permanent, secure contract, for example, can open access to benefits such as paid carer's leave, while this may not be the case for workers on less secure contracts. Having the financial means to 'outsource' care (to relatives or to a paid care worker) can also help a person commit more time to their paid work. By

contrast, having to take time off work frequently because of care responsibilities may affect one's chances of promotion.

Acker's approach applies an intersectional lens. Acker shows how organisational processes simultaneously involve both a gendered and a racialised class process. Gender, ethnicity and occupational class affect how individuals are perceived at work, how they work and how they are paid. These processes encompass both workplace structure (e.g. gender bias in hiring processes/promotions) and family structure (e.g. how care responsibilities are allocated mainly to women). Obstacles in combining care and paid work result in these inequalities. For Acker, gender, especially, is an important element in relation to work. As Gottfried notes, the workplace is the site not only for the making of things but also for the 'making' of meanings about gendered workers and gendered jobs (Gottfried, 2005: 139).

There is a certain implicit standard by which employees are assumed to be free of other attachments and responsibilities (Gottfried, 2005: 142) making it difficult for them to request support if needed. Acker calls this the norm of the 'ideal worker' and designates it as an implicit form of embodiment that is validated by management, and to which employees also commit. The concept has been used to explore how organisations gender and racialize work in a variety of contexts. Porter (2018: 525), for instance, demonstrates how gendered processes still affect the local performances of workers, shaping how they should behave at work. She shows, for example, how mothers negotiate the "expression of breast milk" in the workplace, following double standards of the 'ideal worker' and 'good mothers' through specific routines; mothers endeavour to extract their breast milk while not disrupting the routines of their workplace. Similar 'navigating' strategies may also apply to working carers, and are explored in this study.

Acker also raises the question of whether positive changes that reduce inequalities can take place in organisations. She reviews several methods which include employee voice, social movements and change in organisational structures, but also highlights competing interests that can hinder the development of such changes. The concept of 'inequality regimes' thus represents a valuable theoretical framework that enables an enhanced understanding of whether and how implementation of carer's leave can affect organisational change, towards a more 'carer-inclusive' organisation.

2.7.3 Articulating and reconciling work and care

This last element leads directly to the final element in the theoretical framework, concepts suitable for describing and analysing the effects of these organisational processes on working carers' experiences. These may have a direct impact on the practical implications of combining work and care.

In policy and scientific literature, the concepts of 'work-life balance' and 'juggling' work and care imply it is a carer's responsibility to manage their own work and caring responsibilities. The concept of 'work-life balance' has been criticised for presuming that 'harmonisation' of work and care (Lewis, 2009), with both activities combined without friction or conflict, is

easily achievable. Yet power imbalances at work, inequality regimes and gender biases may weaken working carers' efforts to effectively 'balance' their work and care responsibilities. In addition, the concept of 'work-life balance' does not reflect the frustration experienced by working carers. Some authors suggest it may be preferable to refer to 'reconciling' or 'combining work and unpaid care' (Kröger and Yeandle 2013; Hamblin and Hoff, 2012) when discussing working carers' support. According to Masselot and Di Torella (2010) and Read (2018), the concept 'work-care reconciliation' provides a more nuanced sense of friction between the spheres of work and care. Charlap et al. (2019) implement the concept of 'articulation', inspired by Strauss (1988) to designate how the realisation of difficult tasks requires coordination. Charlap et al. (2019) mobilise this concept to designate the organisation of work and care led by carers, and their efforts to accommodate and articulate both sets of tasks (such as going to medical appointments, going to work, etc).

According to Charlap et al. (2019), successfully articulating work and care depends on the existence of social rights for carers and on the resources available for workers; their ability to request support; the organisation of work within the organisation (the ability to provide care differs for a worker on a production line and a worker in an office-based role), and the attitude of their organisation towards care. In this articulation of tasks between care and work, Johncock (2018) reports frustration experienced by working carers, with carers reporting a persistent feeling of guilt arising from a perceived neglect of their social roles (such as worker, friend) due to their care responsibilities. Johncock (2018) also observes that by devoting time to a person's needs, carers can (paradoxically) experience guilt while caring, and feel concerned about if they are providing enough care.

Taking into consideration and understanding carer's struggles and experiences is a crucial factor in developing adequate support for carers such as carer's leave in the workplace. In this thesis, the focus is on carers' understandings of their situations and of how their circumstances, background and work context influence the decisions they make with regard to work and care. The study examined carers' difficulties in articulating their roles – for example, loyalty or compliance towards the organisation and their co-workers, but also loyalty, affection and commitment towards the relatives they care for. The ambivalence of carers' experiences in caring and working can help create better informed policies to support carers.

2.8 Conclusion

Chapter 2 has considered studies from various disciplines that have researched working carers' situations and experiences. The literature integrated several perspectives to enable a better understanding of how different countries, social and employment contexts, civil society actors, and organisational processes shape the experience of working carers. This literature also discussed the potential for implementing carer's leave to better support the reconciliation of care and work. In considering this literature, a rationale for the study emerged. While many studies focus on flexibility as a potential solution to accommodate carers' needs, there is currently no in-depth understanding of carer's leave and its impact on carers' experiences at

work. The thesis aims to fill this gap by discussing the implementation of paid carer's leave as a type of support for working carers. It examines whether paid carer's leave responds to working carers' need for flexibility, while also enhancing job quality for working carers. Some of the challenges discussed in the thesis concern processes of organisational change, such as employer-led implementation of policies, and issues of accessibility to carer's leave. The thesis discusses how the nature of the organisation and organisational resources and processes can affect access to carer's leave.

Chapter 3 examines the research methods and design adopted in the study, and discusses the different stages of the fieldwork, associated challenges and the outcomes of these. It also presents details of the research instruments used and the characteristics of the participants, before concluding with some reflections on the research.

Chapter 3

Research design and methods

3.1 Introduction

This chapter discusses the methodological strategy for the study, the research methods chosen in relation to this, and the implementation of the research design. Its structure is as follows. Section 3.2. discusses the methodology adopted. Section 3.3 provides a justification for developing case studies of three large organisations using a variety of methods (interviews, survey questionnaires, and document observation). Section 3.4 examines how interviews and survey questionnaires were designed and which documents were included in the analysis. Section 3.5 presents the research pathway and challenges faced in conducting research in the organisations. Section 3.6 explains the data collection process and provides a short reflection on the challenges faced during the fieldwork. Section 3.7 describes the methods of analysis, and section 3.8 provides a short reflection on some of the ethical challenges faced. Section 3.9 concludes the chapter.

The case studies of the organisations (CharityCo, GovOrg and InsuranceCo) were set up with the help of five key informants (an Employers for Carers representative, a government researcher, and three Human Resources (HR) and diversity and inclusion (D&I) managers). Fieldwork was conducted between February 2019 and February 2020; it consisted of three organisational case studies, comprising interviews with 60 individuals (Appendix 1). The interviews engaged with working carers, managers and union and other worker representatives. In total, along with the five key informant interviews, the study included 65 interviews. Online surveys of working carers were also conducted in two of the organisations. The first drew 41 responses and the second 320 responses.

3.2 Methodological stance

A research project takes root in a methodological and philosophical framework which gives sense and meaning to the choice of methods for analysing data (Saunders, 2019). Therefore, defining a philosophical stance is important because philosophy is the discipline which has traditionally legitimised sciences, and which outlines what stances we can rely upon (Bhaskar, 2010).

In this thesis, a critical realist perspective is adopted. Critical realism draws on the works of Roy Bhaskar, according to whom critical realists emphasise the reality of events and discourses: there is an external world, existing independently of human consciousness, and simultaneously, a dimension which includes our socially determined knowledge about reality, knowledge which is always fallible (Danermark et al., 2002). In order to cultivate an enhanced

understanding of this reality, it is necessary to develop the appropriate analytical frameworks to discover the structures and mechanisms that generate parts of this reality (Bhaskar, 2010: 2). In doing so, critical realism rejects the traditional dichotomy between objectivist (positivists, deductive, empiricists) and subjectivist approaches. Positivist approaches deny the often-invisible dynamics and power relations underlying the social world. On the other side, subjectivists (constructivists and interpretivists) consider that ‘*what can be merely known is only the product of discourses*’ (Ackroyd and Fleetwood, 2000: 3-4), meaning that reality can only be a product of particular discourses and therefore there is no shared reality. This last position thus dismisses the possibility of knowledge comparison and evaluation in terms of veracity and validity (Danermak et al., 2002). None of these positions fully address the complexities of the relationship between the structure of our social world and the agency and knowledge of actors.

Theories may be changing, but the objects they refer to will remain the same. For example, in this research project, caring is an ongoing, essential practice for humans (providing care to sustain human connections and reproduction), but these practices may be happening in the world in a specific way. They may appear to us as specific experiences, because they are caused by specific mechanisms, power relations and social factors (e.g. caring as a gendered practice). Understanding such mechanisms and causes is the fundamental task undertaken by critical realism. The purpose of adopting a critical realist perspective is to understand *why* and *how* care is shaped by these power relations and social factors.

According to Bhaskar, the world consists of mechanisms which, when combined with one another, generate our experience of reality. The aim of critical realism is to reveal those mechanisms and connect them with the events that produce our experience. Critical realism considers the stratification of reality through the various categories of real, actual and empirical (Sayer, 2000), as shown in Table 3.1. The real is constituted by mechanisms and causal powers that produce events and experiences. The actual is the moment mechanisms actualise to create events. The empirical constitutes the outcomes of this actualisation and is defined as the domain of experience. The domain of the empirical refers to the outcomes and effects we may be able to observe from events, and to what we may not be able to observe directly (Edwards, O’Mahoney and Vincent, 2014). The task of the researcher is to understand which combination of these mechanisms produces those events that we experience.

Table 3.1- The three domains of reality in critical realism.

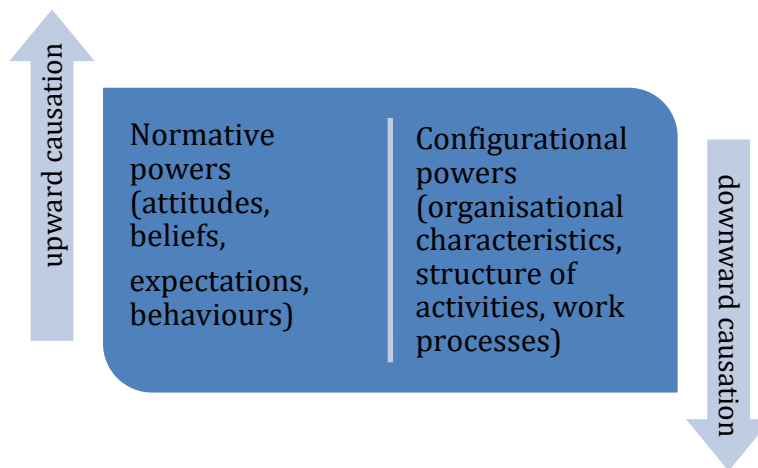
	Reality	Actual	Empirical
Mechanisms	∩		
Events	∩	∩	
Experience	∩	∩	∩

Adapted from Archer and Vandenberghe (2019)

3.2.1 Applying critical realism in studying organisations

In applying critical realism to the study of organisations, it is important to note that the mechanisms or causal powers discussed above are not homogeneous. As noted by Vincent and Wapshot (in Edwards et al, 2014: 151), these mechanisms interact at different levels. First, it is important to distinguish between *upwards causation* and *downwards causation*, meaning, for example, that in the workplace, agents' attitudes, beliefs and behaviours can have an influence on organisational processes, and vice-versa. These beliefs and attitudes are called *normative powers* and *potentials*, while organisational aspects such as the organisation of work are called *configurational powers* and *potentials*. The intersection of both forms the institutional mechanisms specific to each organisation. For example, agents' attitudes and organisational processes can determine which practices are accepted or rejected by the organisation. In addition, these mechanisms can also influence how policies are implemented in a particular organisation.

Figure 3.1: Institutional mechanisms in organisations



A configurative analysis takes place through a description of the structure of activities within the organisation.

Subsequently, the normative analysis seeks to explain how and why actors and groups of actors behave as they do in specific contexts and which norms they follow, with what consistency. As noted by Vincent and Wapshot (in Edwards et al., 2014), the focus of the researcher is on understanding whether there can be a gap between normative expectations (such as following the policies) and normative tendencies (how organisational actors behave in specific contexts). Vincent and Wapshot also suggest that researchers should endeavour to distinguish whether there is a gap between normative expectations and configurational elements (such as how the policies implemented to support care take into account the way employees have their work organised).

3.3 Research methods

Organisational case studies were chosen as the method for this project. Such case studies are ‘exploratory’ and ‘exceptional’, as they allow for examination of the consequences of a specific organisational development (Edwards, O’Mahoney and Vincent, 2014). The strength of this particular type of case study is that it allows for the collection of rich, in-depth and detailed data that enables exploration of mechanisms and detailed contextual factors (George and Bennett, 2004). This case study approach integrated multiple research methods: semi-structured interviews, survey questionnaires and documentary analysis. My aim in adopting these research methods was to respond to the different aspects of my research questions (Chapter 1). For example, interviews and questionnaires facilitated access to working carers’ experiences, while documentary analysis facilitated understanding of how the organisations presented their policies to support carers. Table 3.2 below states which research instrument was mobilised in response to which of my research questions.

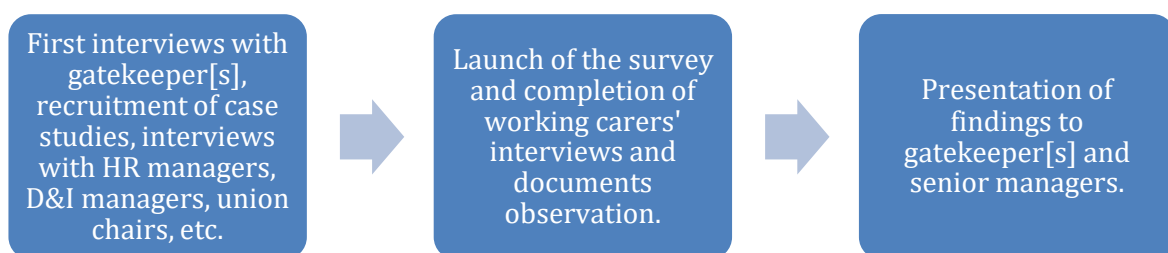
Table 3.2: Methods and Research questions

Research questions	Methods
RQ1: In the organisations studied, why, and in what form(s), are leave schemes made available to employees to enable them to manage their caring roles (for their older, sick or disabled family members or friends)?	<ul style="list-style-type: none"> ● Interviews with HR, D&I managers, chair(s) of carers’ networks, union representatives and carers’ champions ● Document observation.
RQ2: In the schemes in place, what rationales are (or have been) invoked in articulating a ‘business case’ for introducing, implementing and retaining the policies involved (e.g. notions of sustainability, wellbeing, equal access, business goals)?	<ul style="list-style-type: none"> ● Interviews with HR, D&I managers, chair(s) of carers’ networks, carers’ champions, and union representatives. ● Document observation.
RQ3: In what ways, and to what extent, do collective bargaining, trade unions or other representative practices influence the implementation of working carer support schemes?	<ul style="list-style-type: none"> ● Interviews with union representatives, chair(s) of carers’ networks and carers’ champions.
RQ4: To what extent, and in what specific ways do employers benefit from these schemes?	<ul style="list-style-type: none"> ● Interviews with HR, D&I managers and carers’ champions.
RQ5: To what extent, and in what specific ways, do working carers benefit from these schemes?	<ul style="list-style-type: none"> ● Interviews with working carers. ● Survey questionnaires.
RQ6: Do employees equally benefit from these schemes (e.g. do job status, gender, age, or organisational characteristics matter)?	<ul style="list-style-type: none"> ● Interviews with HR, D&I managers, chair(s) of carers’ networks, union representatives, carers’ champions. ● Interviews with working carers. ● Survey questionnaires. ● Document observation.

RQ7: How do these schemes impact on organisational culture?	<ul style="list-style-type: none"> ● Interviews with HR, D&I managers, chair(s) of carers' network, union representatives, and carers' champions. ● Interviews with working carers. ● Survey questionnaires. ● Document observation.
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Data collection took place as follows. It was agreed with gatekeepers in all three organisations that I would undertake 10-15 semi-structured interviews with a mixture of staff with caring responsibilities: line managers; HR and D&I managers; and union and other workforce representatives. In CharityCo and GovOrg I was also granted access to policy documents concerning carer's leave; in these organisations it was also agreed that a short online questionnaire for working carers would be launched; this would provide additional contextual data about working carers in the organisation (InsuranceCo declined the use of online questionnaires and did not share its policy documents about carer's leave with me, choosing to keep these confidential.) Presentations on the findings were planned with gatekeepers and senior managers in CharityCo and GovOrg to open discussion on potential challenges and improvements regarding support for working carers. The period of data collection had three overlapping phases: preliminary interviews with gatekeepers and key informants; the survey launch and completion of interviews with participants and documentary analysis; dissemination of the findings (Figure 3.2).

Figure 3.2 Fieldwork process



3.3.1 Design of the interviews

The study used semi-structured interviews, guided by the approach advocated by Whitfield and Strauss (1998:54) for whom these are the primary means of accessing actors' experiences and

subjective views. They also allow data to be '*rich and deep*' (Newby, 2010: 340) and to capture different views and experiences.

For the interview questionnaire, I based the questions on my research questions and on gaps in knowledge identified in the literature review [Appendix 6 gives details of the four questionnaires used to interview the four types of participant: working carers; HR/D&I managers/ key informants; line managers; and worker representatives (trade union, carers' network)]. The questionnaires could be combined where appropriate, for example, if the person had caring responsibilities. In the questionnaires for working carers, I was interested in understanding their caring situations and how these affected them at work. Each interview began with the participant's 'stories of care', which explored how caring responsibilities entered their lives, and any tensions and conflicts they had faced. Participants' stories unveiled only some aspects of their lives, but nevertheless provided key insights into their relationship with the person cared for and with other family members. Based on the literature on work-care reconciliation, I structured my questions to examine working carers' ability to disclose information about their caring responsibilities at work. I also wanted to investigate their awareness of available support and access to this. One section of this questionnaire was about carer's leave, and their experiences of taking or requesting it. I was especially interested in knowing the length of carer's leave available to them, to what extent this enabled them to combine work and care, and whether the fact that the carer's leave was compensated affected their decision to request it. This questionnaire was designed to respond more specifically to RQ5 and RQ7 (Chapter 1; Table 3.2).

The questionnaire for HR Managers, D&I managers and key informants had two sections, on the context for the policies, and their impacts (as known or perceived by the participant). The first section focussed on the motivations behind the policies, the influence of EfC on these, and on how long the policies had been in practice, with what benefits. The questionnaire was designed to respond to RQ1, RQ2, RQ4, RQ6 and RQ7 (Chapter 1; Table 3.2), and aimed also to improve understanding of the challenges involved in implementing the policies. Particular emphasis was placed on how the policies were promoted, whether employees were consulted (carers' networks, trade union) and how accessible the policies were for employees. Some of the questions, such as those on the motivations behind the carer's leave policies, were also used in the interviews with key informants (for example, managers from other organisations who were interviewed because their organisation could become a potential case study).

The questionnaire for line managers aimed to respond to RQ6 and RQ7 (Chapter 1; Table 3.2). Questions were constructed around line managers' knowledge of the carer's leave policies and awareness of training. Drawing on the literature on work and care, the questionnaire aimed to increase understanding of the main challenges the participants faced at work, and whether these affected line managers' ability to support working carers. Line managers were asked to explain why and when they would apply the policies, whether they preferred to use informal

arrangements in some situations, and whether they received support from HR management when they encountered difficulties.

Finally, the questionnaire for union representatives and chairs/members of the carers' network was designed to respond to RQ3 (Chapter 1; Table 3.2). The questionnaire aimed to gain a better understanding on how employees could influence the implementation of the carer's leave policies. For union representatives, questions were built around the relation between HR and the union branch (e.g. whether they were recognised by the employer) and their influence over the policies (were carer's leave policies subject to a consultation, was it covered by collective bargaining agreements, were changes made to the policies during the consultation, etc.). For the chairs, leads or members of the carers' network, questions were asked about the creation of the network, how it was developed and how it worked, and their role in designing and promoting the carer's leave policies in their organisation.

3.3.2 Design of the survey

The survey questionnaire (for working carers) also drew on the literature review. It had three sections (care situation, work situation, personal information) and was adapted, with permission, from an EfC questionnaire shared by my EfC key informant. I added new questions, including one asking working carers to evaluate their quality of life, based on the Care-related Quality of Life instrument (CarerQoL) developed by Hoefman et al., (2013). This measure was chosen as a method to assess working carers' wellbeing.

Table 3.3 CarerQoL Measure (Adapted from Hoefman et al., 2013).

	no	some	a lot	
I have				of fulfilment from carrying out my care tasks
I have				relational problems with the person I care for (<i>e.g. communication problems; he/she is very demanding</i>)
I have				problems with my own mental health (<i>e.g. stress, fear, gloominess, depression, concern about the future</i>)
I have				problems combining my care tasks with my daily activities (<i>e.g., household activities, work, study, family</i>)
I have				financial problems because of my care tasks
I have				support with carrying out my care tasks, when I need it (<i>e.g., from family, friends, neighbours, acquaintances</i>)
I have				problems with my own physical health (<i>e.g., more often sick, tiredness, physical stress</i>)

Other questions were inspired by relevant studies (Hamblin and Hoff, 2011; Burr and Colley, 2017; Yeandle et al., 2006) that examined working carers' awareness and experiences, and a Likert scale question was added to enable better understanding of how working carers' caring situations affected their work, and how easy it was for them to ask for support. In CharityCo, the interviews with HR, D&I managers along with preliminary collected data were used to

inform the design of the survey questions, for example regarding working carers' job roles and the type of carer's leave policies available in their organisation. The first questionnaire launched in CharityCo was treated as a 'pilot' questionnaire, as explained in section 3.5.3.

For GovOrg, additional questions were added to have a means of assessing the impact of the carers' network and line managers' training there (not assessed during the first questionnaire), and to respond to specific requests by GovOrg HR managers (for additional questions on working carers' childcare responsibilities, sexual orientations and disability status). Questions are included in Appendix 7.

The questionnaires were launched on SurveyMonkey. Creating an online questionnaire was challenging, as numerous design decisions had to be made to make the survey accessible, including implementation of a scrolling design, answer options, error messages, etc. (Toepoel, 2017). Surveys should retain the respondent's attention throughout the entire response process. I provided information in the introduction to explain the aim of the questionnaire and provided 'free comment' spaces for working carers to respond, which proved valuable and enabled respondents to write about additional elements of their experiences not fully covered in their responses to the survey questions. This contributed to a more nuanced understanding of working carers' experiences in their organisation.

3.4 Research access

3.4.1 The role of Employers for Carers (EfC)

Thanks to the strong collaborative links between the Sustainable Care Programme (SCP) and Carers UK, the study benefitted from the support and advice of senior staff there, including the Head of Employers for Carers (EfC).

As discussed in Chapter 2, EfC is linked to the charity Carers UK. Carers UK has been influential in the UK, shaping awareness and understanding of carers' existence (Yeandle and Buckner, 2017). EfC originates from Carers UK's work to gain recognition of carers' needs in paid employment. As part of this, Carers UK was awarded EU funding for its Action for Carers and Employment (ACE) project (Yeandle, 2017; Yeandle and Starr, 2002-2007), in which the EfC initiative was first conceived. It began in 2002 as an 'interest group' of employers within the ACE programme; at its end, the main employers involved agreed to continue working together to take the carers and employment agenda to a wider membership (Yeandle, 2017). The aim of the forum was to assemble employers committed to implementing policies which would help to retain and manage employees with caring responsibilities. Its current (2021) membership of 215 organisations is drawn from a wide range of employment sectors and includes large public and private organisations as well as small businesses (Yeandle, 2017: 22). EfC members include some government departments; this, and growth in the number of EfC members, has enabled the organisation to gain more influence in the public domain.

Its increased visibility also reinforced EfC's role as a campaigning and lobbying body for working carers' rights to the UK Government. An example of their influence was the *Work and*

Families Act (2006). Due to consultation and lobbying by Carers UK and EfC, the right to request flexible working (in the *Work and Families Act* 2006) was extended (from its original focus on working parents) to people with other forms of caring responsibility. Unlike Carer Positive (a similar organisation in Scotland) EfC does not rely on public funding, but is resourced through a membership model (in which employers pay an annual fee). EfC offers its members a range of support, including practical support for employers seeking to develop carer-friendly policies in their workplace, digital resources, training events and policy resources. It has also developed an efficient recruitment strategy, targeting large organisations whose membership enables smaller linked organisations to EfC resources. This includes its 'umbrella scheme', through which small and medium sized businesses have an opportunity to engage with EfC, for free, through coordinating bodies, such as local Chambers of Commerce and local councils. In 2019, EfC launched its Carer Confident benchmarking scheme, which enables organisations to apply for one of three membership levels:

- *Active* level (by addressing carer support and raising the issue of caring in the workplace, e.g., in workplace questionnaires);
- *Accomplished* level (by putting consistent support for carers in place and helping carers to self-identify in their workplace);
- *Ambassador* level (by demonstrating excellent insight into the number of carers in their organisation and having established a sustainable support process for carers).

Once an organisation has signed up to the scheme, it is required to submit evidence (reviewed by EfC experts) which determines the levels it has reached using key criteria (Carers UKc, 2019: 4):

1. *Preparation* – how are employers enabling carers to identify and recognise themselves?
2. *Policy and guidance* – how are employers making their support for carers transparent?
3. *Practical support* – what practical provisions and arrangements are available for carers?
4. *Peer support* – how are employers connecting and engaging carers?
5. *Promoting support* – how are employers communicating carer support?

This gives employers the right to use the benchmark 'Carer Confident' to enhance their reputation and recruit labour. The Carer Confident scheme can be tailored to an organisation's resources, for example, to enable small organisations to develop activities appropriate for a small business (Carers UKc, 2019).

3.4.2 Gaining access to EFC organisations

The SCP collaboration with EfC helped in the recruitment of participant organisations. The inclusion criteria for the selected case study organisations were that:

- a) The organisation had identified 'working carers' as a group of employees it wished to support, and was willing to discuss its policies in this area with the researcher.

b) It was willing to provide research access (with appropriate protocols for confidentiality) to: relevant organisational data; staff at differing levels (including senior staff, line managers and employees); and employee representatives (e.g. carers' network lead, trade union representatives, employee forums, etc.).

Three organisations were successfully recruited: a charity sector organisation (CharityCo), a governmental department (GovOrg) and a private sector organisation (InsuranceCo).

The process of gaining access to the organisations is sometimes overlooked in social research methodological literature (Bengry, 2018: 99). Indeed, as emphasised by Bengry (2018), the transitional stage between research design and data collection is rarely acknowledged. This can leave researchers with little guidance on how to negotiate their way into field settings and establish the relations that facilitate the process of collecting data. Techniques were developed to build trust with potential participants and increase the likelihood of their participation. There were difficulties in bringing organisations on board, as it required participation and consent from multiple parties. The adopted strategy was to 'sell the research' (Walford, 1999), discussing with each organisation why participating was useful for them; this included sharing anonymised data on working carers and agreeing to present the findings to the organisation. It was important to show that the research had potential benefits for the organisation.

Once the organisation had agreed to take part in the project, the next step was to build various channels of communication with working carers, HR departments, carers' networks, trade unions while also securing access to policy documents within each organisation.

Each organisation comprises a complex, often fragmented, series of internal networks, and it can be challenging for a researcher to efficiently navigate these and establish contact with participants. Gaining social access means establishing rapport and trust with different actors and groups (Land and Taylor, 2018), and being aware that success with one group can impede access to another group. Carmel (2011) notes that if the main gatekeeper is a senior manager, then managers or employees lower in the hierarchy, or trade union representatives, may be suspicious or reluctant to speak with the researcher. The researcher needs to 'get around' within the organisation by effectively managing relationships with different social groups (Carmel, 2011).

My first contact with potential case study organisations was established at members' networking events in London (October 2018 - March 2019) organised by Employers for Carers. These were attended by HR and D&I managers of organisations in EfC membership to learn more about how to support carers in the workplace. Individuals were approached as potential gatekeepers to support access to organisations willing to participate in the research. These events constituted an important stage for the research, as they presented opportunities to contact potential case study organisations, so it was necessary to make a good impression on which good relationships could be built.

The networking events took place in London. At first, I found 'networking' challenging. Due to the language barrier (my first language is French) I had less control over how I engaged in conversations with other attendees. Contacts were successfully established with a variety of gatekeepers, however: two managers in separate major banks; two managers in the civil service; and a policy researcher in a government department. Following this, preliminary interviews were conducted as 'key informant interviews.' Their aim was for participants to give information about their organisation and its policies regarding working carers. Then I could ask about the potential for their organisation to participate as a possible case study.

The civil service gatekeepers acted as a bridge, putting me in contact with two diversity and inclusion (D&I) managers from two governmental departments that might be interested in my research. One of these departments agreed to be a case study by the end of March 2019. This was followed by first interviews with the carer champions and the chair of the carers' network in the department. It was agreed fieldwork would take place from March 2019 onwards, and the department was given an anonymised name (GovOrg). Its characteristics, and those of CharityCo and InsuranceCo, are described further in Chapter 4. Alongside negotiating access for this first case study, a researcher in a government department put me in contact with the charity sector organisation, CharityCo, which had also recently implemented a carer's leave policy, and was a member of Employers for Carers. The gatekeeper in this charity organisation was a D&I manager. This organisation was smaller than GovOrg, making negotiation and scheduling of the research much easier. With CharityCo, the interviews and survey schedule were agreed to take place from April 2019 to October 2019.

Contact with the third EfC organisation, InsuranceCo, was established thanks to a member of my research team who previously worked with this organisation. InsuranceCo is a private sector organisation, and a multinational financial company. I had some difficulty establishing contact with it; for example, my first points of contact, the two chairs of the carers' network, were both extremely busy and could not give me consistent support to establish access to the organisation. In contrast with the two other organisations, those gatekeepers were not part of HR. This resulted in challenges in securing access for the survey, and access to documents relating to the carer's leave policy were declined by the organisation. This nevertheless helped me learn to 'get around' the organisation, and provided a good opportunity to build different channels of access. For instance, as communication with the chairs of the carers' network was not consistent, I got more involved with union representatives, who helped me contact working carers by circulating emails advertising the research to their members and to contact an HR manager.

Overall, it was difficult to establish consistent contact with InsuranceCo, even though it was a major member of Employers for Carers. As I explain in Chapter 4, the organisation was going through a restructure at the time of the fieldwork, and people within the organisation were operating in challenging conditions, which may have hindered their ability to support the research.

3.5 Data collection

3.5.1 Interviews

Overall, a total of 65 interviews were conducted (five with key informants). Details of participants' characteristics (pseudonym, age, gender, job role, care responsibilities, organisation) are listed in Appendix 1. While participants were interviewed about the carer's leave policies, there was sometimes an overlap between the interview questionnaires (Appendix 6) as some HR and D&I management interviewees also had caring responsibilities. I divided participants between managers and employees, as shown in Appendix 1, as it helped in understanding participants' positions and experience of carer's leave policies in light of their personal care responsibilities and their job position in the workplace.

Few participants were from ethnic minorities (among interviewees, two women and three men). This can be explained by several factors. First, there were fewer employees from ethnic minorities in the organisations. For example, in CharityCo, the D&I manager described their organisation as having limited diversity. Working carers from ethnic minorities could also be accidentally excluded. For example, the lack of support at InsuranceCo for a survey of working carers in the organisation limited my ability to recruit a more diverse sample. Finally, as noted during an interview with a working carer from an ethnic minority, influence of culture can limit this group's ability to recognise and identify themselves as a 'working carer'. This is another factor to consider in explaining the limited diversity of my participants. Thus, the portrayal of working carers' experiences in this research is, in a majority, a white British one. Although this can be seen as a limitation of the study, I have reflected on some of the cultural differences that may have influenced responses provided by participants from ethnic minorities in the findings chapters.

To set up the interviews, I introduced myself by email to potential participants and arranged times and locations for interviews, which were conducted face to face or by phone (if the latter was more practical for participants). Phone interviews also helped to facilitate access to participants who may otherwise not have had the opportunity or time to participate in the research. The phone interviews thus contributed to greater insight with a more diverse range of experiences.

The interviews, face to face and by phone, lasted between thirty minutes and two hours. Both types of interviews involved specific challenges. For example, I found building trust with participants by phone slightly more challenging than doing this face to face. There is a concern in the literature that phone interviews may result in a lack of interaction between the interviewer and the participants (Trier-Bieniek, 2012). This may lead to greater difficulty in building rapport, as easing initial tensions through body language and small talk are only viable in face-to-face interviews. These obstacles could potentially diminish the quality of the data collected. However, such a perspective is challenged by Morris (2015) and Trier-Bieniek (2012) who

explain that phone interviews can potentially ameliorate power imbalances between researcher and participant. By structuring interviews around participants, the sensation of ‘intrusion’ is minimised while interviewees are able to select a setting where they feel comfortable to provide full and in-depth responses. For example, the absence of body language could be positive, in allowing participants to concentrate only on their responses and on the researcher’s voice. In this research, some questions had to be repeated, rephrased, and sometimes ‘guessed’ by the participants, allowing them to take the lead or to be more active and reflexive in responding.

Face to face interviews were conducted in various locations, including workplaces, cafes and private homes; participants could select the location of the interview. Some favoured a private space (e.g. a meeting room in the workplace or their own home) where they could share their experiences and express their emotions, while others found cafés were more convenient, and a ‘neutral’ space to discuss their experiences, away from the workplace. However, cafés were not ideal locations, due to background noise and participants could feel less comfortable due to the risk of external intrusions (e.g. waiter bringing the order and interrupting the conversation).

Two interviews also took place with two working carers simultaneously; the working carers were colleagues and already knew each other. This provided a positive dynamic for the conversation, as they helped each other to enhance the flow of the interaction, while also being reflexive about some of the experiences they shared, and their contrasting experiences. These participants also provided emotional support for each other; for example, if one was struggling to cope with their emotions while telling their experiences. Interviewing two working carers simultaneously also helped implement a ‘lively collective interactive’ interview (Kvale, 2007:72). As noted by Kvale, a collective interaction helps to facilitate expression of viewpoints. Interviews could also be a therapeutic experience for participants. As emphasised by Rossetto (2014), there can be some therapeutic values in the research interview process, as it can encourage emotional release and make people feel better. During an interview, Mike¹⁶, a working carer in GovOrg acknowledged the ‘therapeutic’ character of the interview:

Well, actually, it has been quite therapeutic talking to you about it and getting off my chest actually, knowing that somebody is finally listening to what I think is a really important issue. (*Mike, working carer, GovOrg*)

Sharing information, stories, and experiences can also help individuals to better understand their situation (MacKinnon et al., 2009, cited in Rossetto, 2014). For example, one of the managers interviewed about the carer’s leave policy initially did not perceive her own care situation as an issue until we started discussing it. This process gave participants the opportunity to demonstrate that something was there which needed to be reflected upon.

Interviews with HR, D&I managers, line managers, and union representatives were in general less narrative and more focussed on policies. They revolved around the carer’s leave policies

¹⁶ All participants named in this thesis have been given pseudonyms.

and participants' roles and influence in implementing these, as shown in Appendix 6. This type of interview required a more systematic approach in order to gather complete information with concrete facts about the carer's leave policy (e.g. terms and conditions, objectives, motivations and implementation). As emphasised by Bogner et al. (2018), from this perspective, interviewees functioned as key informants, providing information about the actual object of investigation. After giving the facts, they were also invited to express their opinions about the policy and their organisation. These interviews were used as an exploratory tool to inform my understanding for the (following) interviews with non-managerial employees. The knowledge accessed through these interviews was diverse. Some was purely technical, and comprised of facts and information about implementation of carer's leave in their workplace since its introduction. Interviewees discussed their role in influencing, promoting or applying the care policies. These interviews sometimes overlapped with participants' direct or indirect experiences of care and how those experiences influenced their view of the policies, or alternatively, how these policies modified their views about carers.

Interviews with managers required the same effort to build trust (Bogner et al., 2018:11). I communicated with people who occupy leadership positions. This power imbalance had the potential to generate interesting and productive answers, because, as noted by Abels and Brehens (cited in Bogner et al., 2018) the 'naive' position occupied by the interviewer can be seen as especially trustworthy.

3.5.2 Documentary analysis

Another part of the data collected through the case studies was the analysis of documents relating to carer's leave policies (including the 'carer passport' used by working carers to agree carer's leave arrangements with their line managers). Documentary analysis is described by Bowen (2009) as particularly applicable in qualitative case studies. It is useful as a means of triangulation, as this method helps to corroborate other sources of data obtained during the study. In addition, policy documents provide background information and knowledge of the conditions that frame the phenomenon under investigation (Bowen, 2009). These documents can also suggest areas where questions need to be asked as part of the interviews.

Selected anonymised extracts of these policy documents can be found in Appendix 8¹⁷. In GovOrg and CharityCo, these documents were accessed through case study gatekeepers, such as HR and D&I managers. The policy documents of GovOrg and CharityCo were accessible on the *Intranet* (organisational website, only available to employees) of these organisations. These policy documents outlined the eligibility criteria of the policies, and the length and compensation under which carer's leave was provided. They summarised the background of the carer's leave policy, its terms and conditions and the situations in which the carer's leave policies were applicable, and were crucial in understanding their organisational impact, as explained in Section 3.6 ('data analysis'). InsuranceCo did not permit me access to its policy

¹⁷ Only extracts of these have been included in the appendixes, to protect the organisations' confidentiality.

documents, citing organisational confidentiality, but a publicly available article on InsuranceCo's policies was accessed through the company website (also presented in Appendix 8). Other documents that were part of the analysis are GovOrg's 'diversity and inclusion Strategy framework' and 'Equalities Objectives framework', and staff reports from InsuranceCo and CharityCo, all of which were accessible online. These documents were selected because they offered a background on the organisational context and objectives of GovOrg, InsuranceCo and CharityCo. For reasons of protection and anonymity of the organisations, I do not include them as part of my appendices.

There are limitations to documentary analysis, as documents can be subject to biased selectivity (Bowen, 2009). The policy documents included in the appendices were received from HR managers, and I had limited control over those they chose to provide. The documents may be limited as valid sources as they may only represent one aspect, or a specific version of reality cultivated by these organisations to enhance their reputation.

3.5.3 Pilot and survey of working carers

As part of the data collection process, two online survey questionnaires, whose design is discussed in section 3.3.2, were also launched through CharityCo and GovOrg. The questionnaires were aimed at all their employees. The final questionnaire outline can be found in Appendix 7. The first questionnaire launched in CharityCo was a 'pilot'. I requested support from the D&I manager who helped me circulate the survey within the organisation. This D&I manager also acted as an initial test participant for the survey (the questionnaire was also relevant for her, as she had care responsibilities). Her feedback was informative and enabled me to enhance the precision of certain questions, such as the job roles of the working carers, and questions regarding the policies available to them.

The questionnaire was designed through the web-based survey tool Survey Monkey. Respondents were distributed a hyperlink via their emails allowing them to complete responses by clicking on an online form, with data directly collected by the tool. This was helpful as it allowed me to reach out to as many employees as possible, but has limitations as it excluded potential respondents whose job did not necessitate an online account (e.g. retail workers). Consequently, my questionnaire for CharityCo obtained limited responses from workers in retail; only six retail workers responded to the questionnaire, of the total 41 respondents.

Respondents were asked if they were interested in being involved in further phone or face to face interview, and if so asked to provide an email address. I was then able to email all survey respondents who left a contact email, as they were willing to be interviewed. In the survey responses, I could identify participants from ethnic minorities or participants in low-paid occupations (such as some workers in retail). This was not always fruitful as sometimes survey respondents did not reply to my email, but it nevertheless helped me recruit additional participants. The first questionnaire was launched online for the organisation CharityCo in June 2019. The email link was sent to gatekeepers, who then helped to widely distribute the link

amongst CharityCo employees. The questionnaire was open to collect responses until the end of July 2019. It collected a total of 41 responses.

For GovOrg a longer questionnaire was used, which included questions about line managers' training and the impact of the carers' network on working carers. These questions were added following discussion with my supervisors. In addition, I also added questions following specific requests from GovOrg HR managers, about working carers' childcare responsibilities, sexual orientations and disability. The hyperlink email from SurveyMonkey was sent out across the organisation, and the survey was open for responses from October 2019 to November 2019. It collected a total of 320 responses, a good number that I attribute to the size of the organisation, and the fact that GovOrg employees were more likely than CharityCo's to have computer access.

The space for comments on their experiences as working carers was especially successful; 184 respondents provided additional thoughts about their experiences and what they needed from their organisation. Some were very detailed and provided crucial insight into their challenges and needs.

3.6 Approach to data analysis

Analysis of data is a crucial part of the research process. This step takes place both during and after collection and can be done in several stages, as the first cycle of coding data is rarely perfect (Saldana, 2009:8). Following a critical realist perspective, data analysis must also take place through a 'retroductive' movement. When using the retroduction technique, the researcher operates back and forth between data and theory to draw possible explanations for the phenomena by relying on pre-existing theories and already known phenomena. This can take place over several months; each stage of the retroduction helps gain a deeper knowledge and understanding of the complexity of the data. The research questions (Chapter 1) provide an important structure for this process, as they determine the relevance of the data gathered and ensure that research objectives are fulfilled.

Using the software Nvivo, I applied a thematic approach to the findings, grouping data according to the similarity of themes. I divided the 65 interviews into four groups: working carers; managers (HR Managers, D&I managers, line managers); representatives (carer network, union) and key informants (EfC representative, Civil service gatekeepers, etc.). I decided to simultaneously code the transcriptions of the first three groups to form a general overview across all three case studies. I then coded the last group separately to gain a better understanding of the broader context of the case studies.

I utilised the literature on reconciliation of work and care to analyse and describe the different struggles working carers had to face (e.g. stress, emergencies, or misunderstanding from others) and the support offered by the care policies. I also used Bourdieu's social capital and Acker's framework of inequality regimes to look at how the organisation of work and work relations affected working carers' experiences in terms of access to policies (Bourdieu, 1986;

Acker, 2006a, 2006b). The themes I identified in my data reflect the challenges attached to the implementation of employer-led carer's leave policies and the experiences of the working carers. These themes also helped me to build a response on whether employer-led carer's leave policies reflected Kittay's 'doulia' right, discussed in Chapter 2. The main themes and sub-themes as shown below:

Table 3.4 Qualitative analysis: themes and their description.

Themes	Descriptions
Organisational characteristics	This theme refers to the size and structure of the organisation, employees' demographics, the job characteristics of employees, and the state of employee representation in the organisation.
Organisational resources	This theme examines the process for designing and implementing the carer's leave policies and explores the resources mobilized for the process (e.g., staff, time required).
Organisational objectives	This theme looks at the motivations of the organisation behind the implementation of the policies.
Organisational culture and power resources	This theme looks at the influence of HR and D&I managers, carers' networks, carer champions and employee representatives over the implementation process of the leave policies.
Line managers' experiences of the policies	This theme refers to the line managers' interpretation of the carer's leave policies, their use of the policies and their experiences of supporting working carers.
Working carers' experiences of the policies	This theme describes working carers' experiences of requesting, accessing and using the carer's leave policies. This includes experiences of stigma, and reasons for carers' reluctance to take advantage of the policies.
Working carers' 'self-identification'	This theme refers to working carers' experiences of identifying as a carer and disclosing their care responsibilities at work, to their colleagues as well as their line manager.
Working carers' resources	This theme encompasses working carers' financial and social resources in their job and family to support them with their care responsibilities.
Family relationships and distribution of care responsibilities	This theme describes the distribution of care responsibilities in working carers' families.
Time	This theme refers to working carers' sensation of control over their time for working and caring.

Wellbeing

This theme encompasses working carers' feeling of confidence in the future, their state of health and relation with the person cared for, and their sense of financial security.

The chapter structure was chosen to fit the emerging themes. I adopted a story telling perspective, recounting the process through which carer's leave takes place, from its implementation to its impact on aspects of working carers' lives and experiences in the workplace. I have chosen to emphasise their access to carer's leave and the resources available to working carers, drawing on the theoretical framework discussed in Chapter 2.

The quantitative data analysis was challenging, as I was previously unfamiliar with quantitative methods. University training in statistics was helpful, as was help from supervisors and friends. First, I transferred the SurveyMonkey results to SPSS. I then re-organised the data in Excel, cleaned it and re-organised the variables and questions in a way that would be readable in SPSS. It soon became apparent that CharityCo's survey had an insufficient number of responses to merit analysis in SPSS, so I chose to concentrate on GovOrg's data.

Data from the GovOrg survey were entered into SPSS version 26.0 to produce a descriptive analysis. The data from GovOrg's survey were used to write up a findings report about working carers' experiences in GovOrg (Allard, 2020). In the next findings chapters, some of the elements of this report, as well as GovOrg's survey, serve to inform and discuss elements about the impact of GovOrg's carer's leave policy on working carers. CharityCo's survey elements are not included because of their limited number of responses. However, I present the demographic characteristics of both survey respondents (CharityCo and GovOrg) in Chapter 4, as this can enable a better understanding of their organisational context.

Finally, for the documentary analysis, I chose to proceed with a content analysis of the GovOrg and CharityCo policy documents and the online article from InsuranceCo. Bowen (2009:3) describes content analysis as the process of organising information into categories relevant to the central questions of the research. I selected parts of the policy documents which would be more relevant to this research, such as motivations for implementing the policies, and the terms and conditions of the policies. For example, in the GovOrg 'diversity and inclusion Strategy framework' and 'Equalities Objectives framework', I examined words and expressions that may indicate GovOrg's organisational objectives. Finally, in the Staff reports available from the three organisations, I looked at the number and demographics of their employees, any information related to health, age and gender and, if available, the caring situation of their employees.

3.7 Researcher's role and ethical issues

Bourdieu claims the construction of the scientific object requires '*a break with common sense, that is, with the representations shared by all*' (Bourdieu and Wacquant, 1992: 234). Questioning one's scientific practice and reflecting on it is essential.

First, the epistemological break, as described by Bourdieu, was facilitated by my initial unfamiliarity with details of the British social context, which helped me maintain a detached and curious perspective on how participants navigated their situations. There were difficulties during the research process also. When I did not understand a sentence or an acronym, I felt concerned about interrupting the participant's flow to ask for explanations. Such events however helped to balance the power relation between researcher and researched, as participants were aware of my foreign status and took time to explain elements they thought specific to the context of their country. My ethical position in this study is also inspired by a feminist stance, which aims, as Smart emphasised, to '*value the person while addressing the social*' (Smart, 2014: 147). It was important for me to explore the varied meanings participants attributed to their care and work situations.

I recognised three specific claims among participants that explained some of their motivations for participating in the interviews. First, some working carers were proud of their identities and roles as carers and wanted to contribute to the recognition of being a carer. Second, some who had experienced what they felt were unfair experiences at work, chose to participate because they wanted to use their voice to affect their organisation's practices. This had a strong impact on me, as I then felt I had a significant responsibility to represent these voices in my research and to do my utmost to have an impact on organisational practices. However, to avoid creating false hope, I reminded some participants as their interviews ended that I held an external position and could only do so much to make senior managers aware of certain situations, even though this may be frustrating. Finally, as already discussed, some participants found the interviews therapeutic, as they were looking for a space to express their feelings and experiences, and to discuss things they had no chance to discuss in their daily lives.

It was sometimes difficult not to be 'haunted' by the stories I heard. Hoffman (2005: 33) uses the term 'cargo of knowledge' to designate the fragments of knowledge that can be transmitted through social relations, for example from interviewees to interviewers. This 'cargo of knowledge' has the potential to influence how one comprehends and experiences one's social and personal world (Smart, 2014: 132). Smart emphasises that her own collection of qualitative interviews produced voices which 'haunted' her. By listening and taking people's stories seriously, the researcher grasps fragments of their lives which remain with the researcher. Obviously, these fragments are not sufficient to fully appreciate the life of the other (Smart, 2014: 135), but while listening to moving stories of care, family and relationships, it was impossible to remain unmoved by them. The stories I heard also led me re-consider how care was provided within my own family. For example, I started thinking more about some issues, such as building a life in the UK while my parents would remain and age in France. This also raised questions on how care would be distributed in my family and whether my living in the UK would put an unfair burden on my siblings.

Afterwards, the challenge was to process the stories of my research participants sociologically. This part of the process was both cathartic and challenging; it helped to contextualise the

collected stories, as well as promoting a feeling of having made a positive impact on people's lives through the research. However, understanding them sociologically also meant becoming detached from them as individuals to better identify broader patterns. I found this a very difficult process; it required a level of detachment from the individual experiences of my participants, with the presence and the implementation of a sociological, theoretical perspective I was initially unfamiliar with.

In addition, another ethical challenge was the question of confidentiality for organisations. This issue arose at two levels: for the organisation itself, and for the employees.

First, my aim was to be sensitive to the fact that the organisations that permitted access to their employees and data, needed to benefit from my research in return. Therefore, one condition for accessing their employees was that I produce a report or a presentation and share with them some of my research findings (e.g. survey outcomes). This report or presentation played a double role: it was an outcome from my research and it was also an opportunity for the organisation to learn my findings before I started writing up my thesis.

In regard to the documents, I faced some dilemmas over which parts of the documents to include in my appendixes. As noted by Irvine (2003:119), confidentiality of organisations must be approached '*wisely (...) in a way which will ensure, or at least open up the possibility of, flexibility in the matter of the research question.*' I decided, therefore, to include only the extracts which indicate conditions under which carer's leave was accessible in GovOrg and CharityCo. This document was accessible to all GovOrg and CharityCo employees. I chose not to include the wellbeing frameworks of GovOrg and CharityCo. Although these documents could highlight the rationales and motivations of these organisations, the risk would be too high to reveal the identity of one of my organisations should I include this document as part of my appendixes. Finally, InsuranceCo declined all access to policy documents, I attribute this to the fact that my relationships with gatekeepers were much more difficult to cultivate, as discussed previously. The absence of such relationships could explain the potential lack of 'trust' these gatekeepers had with me, the researcher.

Another issue regarding confidentiality was employees' interviews. Employees in these organisations may find themselves in a delicate place where they would like to protect themselves, their jobs, or sometimes the image of their organisation, while also criticising some of the practices of their organisations during interviews. It is this balance that I tried to negotiate during my fieldwork, by reassuring my participants that their names and details about their occupation, and locations of workplaces would be anonymised, and that it would be impossible to link their comments back to their identity. As noted by Irvine (2003), this reassurance needs to be cultivated throughout the research project and cannot be taken for granted at any moment during the fieldwork.

In terms of data management, I kept the audio-recording of the interviews stored electronically in a folder which was only accessible to me. After transcribing the interviews, I deleted the

audio-recording files. The interview transcripts were kept for the duration of the research and anonymised, and afterwards, the transcripts were archived. Only members of my immediate research team had access to the interview transcripts in their non-anonymised state. Data from the survey was protected by a password and an identification code for secure access. The survey data was also archived and then deleted from SurveyMonkey after the research ended.

Finally, my last challenge was the question of impact. Impact for social scientists covers a large range of activities, from using evidence to informing policies, to building partnerships with NGOs and government organisations (Chubb, 2014). Impact was at the core of this research, as improving working carers' lives was an objective of the programme to which I was linked. I did, however, occupy an external position, with no control over how the organisations would use my findings to alter working carers' lives. Thus, although there was some satisfaction in sharing the results, I felt my impact was limited.

3.8 Conclusion

This chapter has outlined the methods and research design adopted for the thesis. This approach encompasses a critical realist perspective and case study approach derived from the research questions and methodological thinking. For each method, the research has detailed the practical process and the different challenges met during that process. Using multiple methods can be challenging, as each method presents a new set of obstacles for the researcher to navigate. Secondly, the varying levels of access to resources within each case study meant that I had to make pragmatic decisions regarding the validity of the data available to me. For instance, the data yielded from my survey in CharityCo was of limited value, due to the small number of participants. In this chapter, I have emphasised the importance of negotiation and trust building for working with organisations. I have also highlighted the necessity of adapting to participants during the interviews, and the question of the researcher's position and impact when collecting and processing participants' stories and dealing with organisations. The next chapter is the first of my 'findings' chapters and presents each of the EfC member organisations selected for this case study research. The description of the carer's leave policies, and the structure of the three organisations in Chapter 4 sets the stage for my findings in Chapters 5, 6 and 7.

Chapter 4

Employers' motivations for implementing carer's leave policies: the case study organisations and their employees.

4.1 Introduction



This chapter presents the organisational case studies and details of the carer's leave policies. It draws on data from the interviews, survey data, and organisational policy documents (Appendix 8). Section 4.2 presents a brief overview of the timeline through which the policies were implemented in the three organisations. It then describes, for each organisation, their sector of activity, the demography of employees, division of tasks, diversity strategies and relationships with trade unions. This section also examines the rationales mobilised in each organisation for the implementation of support for working carers. These elements constitute the configurational and normative elements of the organisations, as explained in Chapter 3, section 3.2.1, and enable a better understanding of their institutional mechanisms, which can explain why and how the policies were implemented in these organisations. Section 4.5 provides a summary of the chapter.

This chapter addresses the research questions below:

- RQ 1: In the organisations studied, why and in what forms are leave schemes made available to employees to enable them to manage their caring roles (for their older, sick or disabled family members or friends)?
- RQ 2: In the leave schemes in place, what rationales are (or have been) invoked in articulating a 'business case' for introducing, implementing and retaining the policies involved (e.g. notions of sustainability, wellbeing, equal access, business goals)?

As shown in Table 4.1., the process of implementing the policies to support carers in these organisations was not always linear (the arrows indicate the different steps taken by the organisations); for example, although GovOrg launched a carer's policy as early as 2012, the organisation suffered a 40% budget cut in the following decade. As explained by one an EfC key informant, one of the cost-cutting measures implemented by GovOrg was the temporary withdrawal of their membership from EfC. This highlights the fact that organisational and economic factors shaped the process through which the carer's leave policies and other forms of support were put in place. In the three next sections, I introduce each organisation that participated as a case study in the study.

Table 4.1 Overview of the timeline of the development of the policies for working carers¹⁸

InsuranceCo	GovOrg	CharityCo
<ul style="list-style-type: none"> ● Joins EfC in 2016. ● Introduction of a Wellbeing policy framework in 2017. ● Support for the policies from CEO as Business Government champion and CEO as carer. 	<ul style="list-style-type: none"> ● Joins EfC in 2009-10. ● Introduction of an Equalities objective (2012-2016) framework, then a diversity and inclusion framework (2017-2020). 	<ul style="list-style-type: none"> ● Joins EfC in 2015. ● Introduction of a Wellbeing policy framework in 2016.
 <ul style="list-style-type: none"> ● Carer's leave is designed by HR with support from a group of carers at one of the company's sites. ● Support and advice from EfC and EnergyCo (Other EfC member). ● Consultation with trade union and employees' representative body (Your Forum). 	<ul style="list-style-type: none"> ● Introduction of special leave framework with carer's leave in 2012, following demands of their already existing carers network. ● Left EfC because of budgetary constraints around 2010. ● Carers' network is dissolved. ● Use of Charity for Civil Servant passport for work-care reconciliation support. 	<ul style="list-style-type: none"> ● Carer's leave policy is designed by HR, with support from already existing carers group and trade union. ● Inputs from policy experts and EfC.
 <ul style="list-style-type: none"> ● Launch of a carer's leave policy, carer passport, and a national carers network in 2017. ● Line managers training available on demand. ● InsuranceCo signed up to Carer Confident scheme. 	<ul style="list-style-type: none"> ● Diversity framework updated. ● Carers' network is re-formed, on a voluntary basis, both at national and local level in 2016. ● Launch of carer passport (replacing the Charity for Civil Servant passport) and Carers charter in 2018. ● Flexible policies harmonized across Civil Service departments. ● Re-joined EfC in 2019. ● Signed up to Carers Confident scheme 	<ul style="list-style-type: none"> ● Launch of a carer's leave policy and carer passport in 2017. ● CharityCo encourages line managers to sign up for training. ● CharityCo signed up to Carer Confident scheme

¹⁸ In Table 4.1, a carer passport is defined as the following: *'The purpose of the passport is to enable a carer and their manager to hold a supportive conversation and document the flexibilities needed to support the carer in combining caring and work. The aim is to minimise the need to re-negotiate these flexibilities every time an employee moves post, moves between departments or is assigned a new manager. This is designed to be a living document to be reviewed every year and in response to any changes in the nature or impact of the caring responsibilities.'* (Definition taken from CharityCo's policy documents, which can also be applicable to GovOrg's and InsuranceCo's carer passports).

In Sections 4.2 to 4.4, I introduce each organisation that participated as a case study in the study.

4.2. CharityCo

As explained in Chapter 3, a researcher in a government department put me in contact with the ‘third sector’ organisation, CharityCo, which had recently implemented a carer’s leave policy, and was a member of Employers for Carers. My first contact in this organisation was a D&I manager, who helped me to arrange the interviews and circulate the survey questionnaire to CharityCo’s employees. CharityCo’s 2018-2019 annual report of trustees and accounts states that CharityCo comprises two different bodies: ‘CharityCo’ and the retail arm of CharityCo’: ‘Trading-Charity’. Together, these bodies employ about 1,800 people across the UK, sharing policies, procedures and processes. While ‘Trading-Charity’ manages over 400 charity shops to raise income for the charity, ‘CharityCo’ provides administrative and support services, including IT, finance and HR, to enable the charity and its subsidiaries to operate effectively and provide charitable services. Most of the organisation’s staff work in charity shops. Their headquarters are in Central London, while the rest of their retail shops are spread across the UK.

In April 2018, CharityCo employed 284 staff and Trading-Charity 1,380 staff. 19 interviews were conducted in this organisation (see Appendix 1). Five interviewees were men and the remainder were women. Three interviewees were part of the HR/D&I team, one was the union chair, another was the chair of the carers’ network and the rest were employees and line managers. A majority of participants worked in the administrative and support services of ‘CharityCo’, while four were employed in the ‘retail arm’, ‘Trading-Charity’. I received only a few responses for the CharityCo survey; the characteristics of these respondents are in Table 4.2.

Table 4.2 Characteristics of survey respondents with care responsibilities in CharityCo

Total number of respondents¹⁹	<i>41</i>
Women	<i>32</i>
Men	<i>8</i>
White British/White Other women	<i>30</i>
White British/White Other men	<i>7</i>
BME women	<i>2</i>
BME men	<i>1</i>
Senior Managers	<i>12</i>
Middle/Line Managers	<i>12</i>
Non-managerial employees	<i>15</i>

¹⁹ One respondent declines responding about their gender, ethnicity, and two respondents declined responding about their jobs.

According to the D&I manager, who was my gatekeeper in CharityCo, “76% of our workforce overall are women (...). In the retail division that's even higher, just over 80% of our staff are women in retail.” In the overall workforce, 50% of staff were aged over 50. These factors of age and gender were mentioned as a decisive factor in deciding to implement a carer’s leave policy, as the D&I manager in CharityCo explained:

We started with a programme that was focusing on older workers, supporting transitions into retirement (...) we realised that we had nearly 50% of our workforce who are aged over 50 and that included 20% who were aged over 60. And obviously when you're looking at some of the issues that are affecting colleagues in those age groups, caring becomes quite an important issue.

4.2.1 CharityCo’s policies for working carers

CharityCo joined EfC in 2015. It provides a range of flexible policies for its staff, which were available to all staff across CharityCo and Trading-Charity. The policies in CharityCo were of three main types: support directly available in the workplace, or workplace facilities (such as a carers’ network); flexible working arrangements (such as compressed and reduced working hours); and paid time off such as carer’s leave. Table 4.2 provides information about the carer’s leave policies or arrangements in CharityCo, the situations the carer’s leave aimed to address, and the terms and conditions of application of the leave:

Table 4.3: Type of carer’s leave in CharityCo: terms and conditions

Type of carer’s leave	Care situations	Terms and Conditions
Up to one week per year (pro-rata) for any colleague with a carer’s passport	<ul style="list-style-type: none"> ● <i>Emergencies</i> ● <i>Medical appointment</i> 	Paid Open to all employees (with a carer passport) Line manager’s discretion

Table 4.4 provides an overview of all the policies and support available in CharityCo for working carers.

While discussing the factors which informed CharityCo’s decision to implement paid carer’s leave, a HR Manager cited the influence of EFC:

We definitely use the information provided by EfC in terms of how we develop our own policy and our approaches. (HR Manager, CharityCo)

While benefiting employees, implementing carer’s leave was also a way to enhance CharityCo’s organisational reputation. Moral pride was invoked by an HR Manager as a strong

rationale for introducing carer’s leave, not only because it seemed the ‘right’ thing to do, but also because of the status of CharityCo as part of the voluntary sector:

I think, you know, we pride ourselves in that. So, it was very important to us, given our age demographics (...) and the nature of CharityCo. (*HR Manager, CharityCo*)

Table 4.4: Policies and support for working carers in CharityCo.

Support	<ul style="list-style-type: none"> ● Encouragement to talk about flexible working options for candidates during job interviews ● Carers network ● Carer passport ● Use of telephone and private time to make or receive calls ● Employee Assistance Programme ● Employers for Carers Forum (all employees have access to information and can log in on EfC website.)
Flexible working	<ul style="list-style-type: none"> ● Job share ● Career break ● Part-time working hours ● Term-time working hours ● Compressed or reduced working hours ● Annualised hours ● Flexible working hours ● Working from home
Forms of leave	<ul style="list-style-type: none"> ● Dependant leave ● Bereavement leave ● Compassionate leave ● Domestic leave ● Annual leave purchase ● Unpaid time off for emergencies ● Paid carer’s leave of one working week per annum to help manage caring commitments (introduced in 2017)

This suggests that the importance given to the ‘right thing’ to do was reinforced by a concern for HR policies to accord with the values and interests of the organisation and its position as part of the third sector. Alongside this moral argument, implementing better support also seemed to be an economic imperative for their organisation:

We are very aware that working in the voluntary sector, salaries are not necessarily the only and the primary thing that we can offer to our employees. So, we have to think about what we offer in terms of other benefits. (*D&I Manager, CharityCo*)

The cost of the policies was not initially seen as a burden, according to the D&I manager, because of this emphasis on employers’ responsibility:

Actually, we didn't even really have that conversation about what the actual cost would be, which does seem incredible now, because if you think, if we did have 200 employees all with a carer passport and all applying for carer's leave (...) But I think that overall, we do have quite a holistic view of ourselves as, you know, as a supportive and a responsible employer.

However, this opinion contrasted with that of one of the HR managers, who explained that HR at CharityCo decided to offer less time for carer's leave than they had originally hoped to implement:

When we were talking about how much leave we give for carers initially, it was as much as ten days and then we reduced it to five, because we could imagine this massive take up, and there really hasn't been at all.

This view seemed more consistent with the fact that, at the time of the research, CharityCo was trying to "keep a lid" on organisational expenses, as explained by this HR manager. It also explained why the carer's leave policy was made available only to employees who had a carer passport and were recognised officially as 'carers' by the organisation, which had the effect of limiting the overall uptake of the carer's leave policy.

HR participants, however, thought that the fact that less people were taking carer's leave than they expected was linked to the difference between CharityCo and Charity Trading. While the policies were theoretically available in both areas of the business, HR participants as well as the D&I manager raised concerns about the lack of impact of the policies in the retail area. An HR manager said that this lack of impact was due to a difference of culture:

I think that the culture here [in CharityCo] is very much supportive and nurturing. I don't think it's like that in retail.

To explain this 'difference of culture', the D&I manager emphasised the operational challenges in Charity-Trading. She explained that the shops had to be open seven days a week, which put a lot of pressure on staff in the shops. She emphasised that each had only two paid members of staff, possibly three; the rest were all volunteers. The D&I manager described the job of retail workers as being "pretty full on." These types of challenges, the intensity and difficulty of their operational context, meant that employees in the retail sector with care responsibilities may find it more difficult to take carer's leave. This is a concern, given that 80% of employees in retail were women and the majority of ageing employees (representing 50% of the overall workforce) worked in the organisations' retail outlets.

4.2.2 Employee voice and organisational culture in CharityCo

There was a difference in employees' representation between the administrative branch of CharityCo and Trading-Charity. The administrative branch of CharityCo had recognised a trade union, Unite, since 2009. The chair of the union in CharityCo discussed the relationship between CharityCo and their Unite branch:

Union was quite a hot topic [at the time of the merger with another organisation] and they didn't know where CharityCo would go in the future. It has been decided actually that a union is a good thing, they can help us with making decisions for staff and being someone to bring everyone together.

The HR manager described union representatives as part of her team, and explained that, when working together, they would “always come to an amicable decision”. However, there was no union recognition in Trading Charity, which encompassed the 400 shops. The HR manager in CharityCo claimed that extending the coverage of the recognition agreement might threaten what was seen as a good relationship with the union in CharityCo. As a result of this, employees in the retail outlets did not appear to be involved in the consultation about the carer’s leave policies.

4.3. GovOrg

My second case study organisation was GovOrg, a central government department (part of the UK civil service). It has 71,596 employees based in its 34 agencies across the UK. Employees in GovOrg hold a variety of administrative and customer-facing roles; some are emotionally and physically demanding jobs involving extensive engagement with the public. Job grades in GovOrg are hierarchical, as set out in Table 4.4.

Table 4.5 Employee grades in GovOrg

SCS (<i>Most Senior</i>)	Senior Civil Servant
G6&7	Grades 6 and 7
SEO/HEO	Senior/Higher Executive Officer
EO	Executive Officer
AO/AA (<i>Most Junior</i>)	Administrative Officer/ Administrative Assistant

Adapted from Institute for Government, Departmental grades structure (2019)

The Civil Service People Survey 2019²⁰, although not covering the whole of the civil service, gives a good indication of the characteristics of the workforce employed as civil servants. In this survey, 53.8% of respondents across the civil service defined themselves as female. In addition, more than a quarter of the civil servants who responded to the survey (27.6%, 85,074) said that they were carers. 33% of women respondents had caring responsibilities and identified as carers, compared with 26% of men. 42% of disabled respondents had caring responsibilities and identified as carers compared with 27% of non- disabled respondents. 34% of ethnic minority respondents had caring responsibilities and identified as a carer compared with 30%

²⁰ The Civil Service People survey covers 106 organisations of the Civil Service. 308,556 civil servants participated in the Civil Service People survey 2019, and overall, the Civil Service employed 456, 410 persons in 2019.

of white respondents. Finally, more civil servants who identified as carers worked part-time (41%), while 28% worked full-time.

As a Civil Service department, GovOrg also surveyed its own employees, although it did not specifically monitor data about carers. In the ‘Workforce Monitoring Report 2017/2018’, the results showed that 53% of staff were women, 29% were aged 50 to 59 years old and 9% had a disability. GovOrg also monitored the characteristics of people who left their jobs and took sick leave. Most leavers were aged over 60. Sick leave was taken more often by female staff and by staff with a declared disability than by other workers.

For the case study, 17 GovOrg staff were interviewed; they included 10 women and seven men (Appendix 1). Two were Senior Civil Servants, one was the chair of the GovOrg carers’ network, one was in GovOrg D&I team and two were union officers. The others were employees and line managers working in various branches of GovOrg across the country. The characteristics of the survey respondents at GovOrg are shown in Table 4.6.

Table 4.6 Survey of GovOrg staff with care responsibilities: characteristics

Characteristics	Number	%
Women ²¹ , of whom	235	73
White British/White Other	194	61
BME ²²	28	9
Men, of whom	57	18
White British/White Other	52	16
BME men	4	1
Senior managers ²³	85	27
Middle/Line managers	79	25
Non-managerial employees	136	42
Total	320	100

4.3.1 GovOrg’s policies for working carers

GovOrg joined EfC in 2009-2010, dropped out of membership shortly after for budgetary reasons, and re-joined EfC in 2019, just before the study began. In its Special Leave Policy and Guidance (see Appendix 8), GovOrg describes itself as committed to *‘being a good employer, and to developing people and family friendly employment policies. This approach allows*

²¹ 15 respondents preferred not to say about their gender and 13 did not respond.

²² 25 respondents preferred not to say about their ethnicity and 17 did not respond.

²³ Nine did not respond about their job grade, six preferred not to say, and five said they were unsure or had another band grade.

employees to balance their personal and working lives, and helps GovOrg to maintain employees' performance, loyalty, and motivation'. GovOrg launched its diversity and inclusion strategy in 2017; this included the 'Carers Charter' that was implemented across all Civil Service departments in 2018:

What we've done is that all main departments can adopt a Carer's Charter. That was like bringing ... together in one place all of their policies and everything to do with carers. We have introduced it to be consistent with the rest of the Civil Service. Before that, we used to encourage staff to use the Charity for Civil Servant's passport²⁴, but now we would encourage them to use the carer passport that's being used across the Civil Service.

(Civil Service key informant)

The launch of the Carers' Charter was publicised in a blogpost written by a Carer Champion and senior civil servant (SCS) during Carers Week 2018. This emphasised that the civil service aimed to be the UK's 'most inclusive employer', with its range of jobs open to employees 'to reflect the socio-economic diversity of the UK population' (Civil Service, 2017).

Comparison of GovOrg strategic statements in 2012 and 2017, showed that in GovOrg's policy frameworks, some terms had become more prominent over time as rationales for action. For example, GovOrg's 'Equality objectives 2012-2016' focused on the impact of the Equality Act 2010 and the organisation's commitment to understanding and dealing with disparities in outcomes for their staff and service users. As part of this, GovOrg highlighted the need to introduce more work arrangements that responded to the needs of staff. Its '2017-2019 diversity and inclusion strategy', however, while still emphasising the Equality Act as its foundation, included an increased focus on diversity. In 'Equality objectives 2012-2016', the term 'diversity' is mentioned four times, whereas in the 2017-2019 strategy, 'diversity' is mentioned 34 times, and 'inclusion' 16 times. This may reflect a wider shift in organisational focus from equal opportunities to diversity (Greene and Kirton, 2010; Williams, 2014).

The policies GovOrg introduced to support carers can be seen as having two different rationales. In implementing 'Equality objectives 2012-2016', GovOrg developed (in 2012) a range of flexible policies and special and carer's leave to support carers. Its carer passport and Carers' charter were launched in 2018, as part of its '2017-2019 diversity and inclusion strategy', with the objective of recognising carers, following the rationale of 'diversity and inclusion' as a managerial strategy for recognising and valuing difference among its employees. A further difference between the introduction of carer's leave and carer passport was that, as a D&I manager explained, carer's leave was demanded by the GovOrg carers network in 2012, whereas the carer passport was introduced after GovOrg re-joined EfC. Thus, it seems various rationales, actors and motivations influenced implementation of support for

²⁴ Similar to a workplace adjustment passport for Civil Servants, it was then replaced by the carer passport : [Carer's Passport | The Charity for Civil Servants \(foryoubyyou.org.uk\)](http://foryoubyyou.org.uk)

carers in GovOrg. [For details of GovOrg’s special leave and carer leave, see Table 4.7]. Table 4.8 outlines all GovOrg policies available to support working carers during the study period.

Table 4.7 GovOrg carer’s leave options, indicating main terms and conditions

Type of carer’s leave	Applicable caring situation	Terms and conditions
Special leave up to 5 days with pay (introduced 2012)	<i>Domestic reasons and personal or family matters</i>	<ul style="list-style-type: none"> • Open to all employees, except agency and casual workers • Can be taken in days or hours • Paid • Line manager’s discretion
Carer’s leave for medical appointments (introduced 2012)	<i>Medical appointments for dependants or children</i>	<ul style="list-style-type: none"> • Can be taken as half days or hours • One day’s leave with pay • Line manager’s discretion
Breakdown of care arrangements (Unknown date)	<i>Allows employees to make alternative arrangements (e.g. if person normally responsible for providing care falls ill or fails to turn up)</i>	<ul style="list-style-type: none"> • Up to 5 days special leave with pay

Table 4.8 GovOrg policies and support for working carers

Support in place	<ul style="list-style-type: none"> • Carers’ Charter/Intranet page • Carer passport (introduced in 2018) • Carers’ virtual community • Employee Assistance Programme
Flexible working options	<ul style="list-style-type: none"> • Job share • Flexible working pattern (subject to business needs) • Part-time hours • Reduced or compressed hours • Working from home
Forms of leave available	<ul style="list-style-type: none"> • Bereavement leave (up to 5 days paid leave) • Breakdown of care arrangements (up to 5 days paid leave) • Compassionate leave (up to 3 days paid leave) • Carer’s leave for medical appointment (introduced in 2012, 1 day of paid leave) • Special leave (up to 5 days of paid leave for emergencies)

Like CharityCo, GovOrg had implemented different forms of support for working carers, ranging from support directly available in the workplace (such as its Employee Assistance programme) to flexible working patterns and different types of carer’s leave. Alongside the

different actors influencing GovOrg's implementation of support, a mix of economic and social responsibility imperatives were described by participants. For example, a carer champion emphasised the public nature of the organisation and its predominantly female workforce, and its responsibility to implement work-care reconciliation policies. The carer champion (a senior civil servant) explained:

I think generally the Civil Service is very strong in this area [family-friendly policies]. There is a culture of wanting to get the standards around how people are treated. I think, generally speaking, we are quite an enlightened organisation and because we did have the application to apply to work flexibly before, you know, before it was sort of legally alright (...) the Civil Service offered that to its employees, and because we, as an organisation, have embraced smarter working, as opposed to presenteeism. Either we are doing the morally right thing, or we are doing the thing that is right for the business imperative. Well actually, you can do both. *(SCS and carer champion, GovOrg)*

This willingness to improve workplace culture was accompanied by a desire to create a new 'civil servant identity', as part of the business case for the carer's leave policies and GovOrg's focus on diversity. A SCS in GovOrg said she believed the introduction of carer policies was a way to encourage workers in GovOrg to "share the identity of their employer" and have "a workforce who feels happy and positive." This desire to shape a government employee's identity, and this focus on civil servants' identity may also be symptomatic of the shift to 'new public management' seen in public services in many European countries in recent decades (Hammerschmid and Meyer, 2003). 'New public management' adopts codes, practices and logics applied in the private sector. For example, the diversity and inclusion strategy document for the Civil Service adopted a similar language to InsuranceCo's articles and videos on carer's leave, and explained that greater diversity in the civil service workforce would lead to 'better customer insight' and 'better productivity.'

A D&I Manager also explained that the GovOrg charter for carers reflected their engagement with EfC:

We would like to do more of, and promote, the managers' training, I would like to do more of that. So now, with that, we've got access to this training from Employers for Carers, that would be something I am looking to do (...). They offer quite a few online sorts of training. *(D&I manager, GovOrg)*

4.3.2 Employee voice and organisational culture in GovOrg

GovOrg had recognition agreements for collective bargaining and consultation with several trade unions: GMB (General, Municipal, Boilermakers' and Allied Trade Union); PCS (Public and Commercial Services); Prospect; and the FDA (Association of First Division Civil Servants). This indicated, as in CharityCo, a pluralist approach to employment relations. The unions seemed quite active; for example, a PSC representative explained that she was the lead

negotiator for putting in place flexible policies to respond to employees' work-life reconciliation needs. She explained, however, that implementation of the flexible policies was followed by an HR decision to remove the authority of each civil service department over application of flexible policies in their own department. This reflected an HR decision to centralise application of flexible working policies, which, according to the PSC representative, restricted employees' abilities to negotiate flexibility within their own department in GovOrg.

A GMB union officer was also sceptical about the motivations behind the Carer passport, and the carer's leave and flexible policies, seeing these as another way of saving costs:

This was also in the employer interests. We are civil servants; we work in government. And a national government doesn't have a lot of money to invest and if anything, one of the directives is that they've got to reduce their estate, their buildings. So, because of that, a few years ago they realised that if they were to allow members of staff to work at home, they could then reduce their occupancy level in some of their expensive buildings. *(GMB union officer in GovOrg).*

Saving costs may have been part of GovOrg's motivation for introducing these policies. Lewis et al (2017) comment that, before the 2008 financial crisis, the British public sector aspired to be a model employer in terms of family friendly policies. Austerity policy affected this development, and the 40% budget cuts faced by GovOrg between 2010 and 2019 may explain the withdrawal of its EfC membership. At the same time, according to the GMB union officer, the budget cuts also brought up motivations as enabling more work from home, and therefore, limiting maintenance costs. It seems likely the economic context played an important role in GovOrg's decision to develop some of its policies, such as flexible working arrangements, alongside this focus on civil servant's identity and desire to 'mimic private sector models' (Wilks, 2007), in line with a focus on 'diversity and inclusion'.

4.4. InsuranceCo

InsuranceCo is a multinational company in the financial sector, employing 28,000 people around the world, with 15,800 employees in the UK. It has offices in nine different UK cities and a headquarters registered in London. InsuranceCo's employees work in occupations needed to provide customer services, call centres, legal services, marketing, sales, HR, IT and underwriting. Its structure is less hierarchical than that of GovOrg, InsuranceCo is an example of a 'flatter' organization. There is no regional management layer between the countries where InsuranceCo operates in Europe and America, and the group level top management.

According to recent InsuranceCo data on the gender composition of its workforce, 50% of its employees were women, and 33% of women were in senior management positions. InsuranceCo's own data also shows that 1 in 7 InsuranceCo employees has caring responsibilities. Like GovOrg, InsuranceCo was proactively monitoring the number of its employees who had caring responsibilities.

Fieldwork in InsuranceCo included 24 interviews (see Appendix 1), with 19 women and five men. One interviewee was part of the HR team, two were chairs of the carers' network, and three were union representatives. The remaining interviewees were employees and line managers working in offices dispersed around the country.

4.4.1 InsuranceCo's policies for working carers

InsuranceCo joined EfC in 2016, at a time when its Chief Executive Officer (CEO) himself had care responsibilities. A member of the carer network and a union representative commented on the strong impact a CEO had had on the company in the UK:

What the organisation did was to appoint [a person] at senior management to act as a liaison to each of these [Diversity and Inclusion] communities and the person who was appointed to ours was in fact B., who has now become the CEO of the company. So hopefully that has carried that message to the very top of the tree as well.

Influence from senior management and individuals with extensive power is described as a key motivator for implementing family-friendly policies by Lyonette and Baldauf (2019). The fact that a CEO himself had personal experience of caring meant that the care policies had strong endorsement in InsuranceCo. In the past decade, InsuranceCo has adopted a D&I management strategy and gradually encouraged the creation of diversity communities among its staff (e.g. Disability and Pride communities). Several employees interviewed, who had worked for InsuranceCo for a long time, explained that the culture had changed in InsuranceCo, with a stronger emphasis being placed on employees' wellbeing. As a result of this, InsuranceCo seemed to be the most generous of the three organisations in its support for carers, offering two weeks of paid leave for caring to employees. Details of the carer's leave available in InsuranceCo are provided in Tables 4.9 and 4.10.

As in the other case study organisations, the support provided by InsuranceCo comprised support available in the workplace (such as the carers' virtual network), flexible working patterns and forms of carer's leave policies. In terms of the rationales framing the case for carer's leave, InsuranceCo's EfC membership was regarded by an HR manager as a catalyst to help the organisation understand its "ageing workforce and what that would mean to employers and good employment practices". Another reason was also given, which was that carer's leave could also provide benefits for employees' wellbeing and reduce the rate of absenteeism and take-up of sick leave. An HR manager explained:

If we said no to people, [time off] would just actually just be taken as sickness. Or something like that anyway. So, it's not always in our interest to not be flexible with people because we think people may have to take the leave anyway, they may not have any choice, and we would rather that they took carer leave for caring than said they were sick to care.
(HR, InsuranceCo)

Table 4.9 Type of carer’s leave in InsuranceCo: Terms and Conditions

Type of carer’s leave	Care situation	Terms and conditions
<ul style="list-style-type: none"> • 35 paid hours for unplanned hours or emergencies taken flexibly • 35 unpaid hours for emergencies • 35 paid hours per year for appointments or planned events, taken flexibly. • Unpaid leave up to four weeks per year (18 weeks in total) for carers and parents 	<ul style="list-style-type: none"> • <i>Care emergencies or unplanned events</i> • <i>Medical appointments and planned events</i> 	<ul style="list-style-type: none"> • Line manager’s discretion • Paid and unpaid leave • In hours • Opened to all employees, from the first day in their new role.

This perspective on the ‘cost-benefits’ of implementing care was nuanced:

Actually, as an organisation our absence hasn’t gone down. But as I said some managers do think it’s been helpful (...) People like Employers for Carers would say to us that carers do sometimes use sickness to manage their responsibilities, so if you could put a carer policy in, it should help reduce sickness. We do trust the expert opinions that we receive so I’m sure that’s happened. But I don’t have any proof of that [at the moment]. [HR, InsuranceCo]

Table 4.10: Policies and support for working carers in InsuranceCo

Supports	<ul style="list-style-type: none"> • Intranet page for support for carers • Carers virtual community • Carer passport • Employee Assistance Programme
Flexible working	<ul style="list-style-type: none"> • Part-time working hours • Reduced/compressed working hours • Working from home • Flexible working hours • Career break
Forms of leave	<ul style="list-style-type: none"> • Carer leave (introduced in 2017): 35 paid hours for unplanned hours or emergencies taken flexibly 35 unpaid hours for emergencies 35 paid hours per year for appointments or planned events, taken flexibly. • Unpaid leave up to four weeks per year (18 weeks in total) for carers and parents • Extended bereavement leave of 72 hours taken flexibly over six months

Thus even if the ‘cost-benefit perspective’ did not seem conclusive, trust in EfC’s expertise was another strong factor supporting InsuranceCo’s decisions to develop the policies. This trust in the evidence provided by EfC placed EfC as an influential ‘employment actor’ in this

situation, since it was seen by InsuranceCo as an expert on strategies for supporting working carers.

The policies were publicly launched, with videos promoting the policy, and experiences of working carers in InsuranceCo shared on InsuranceCo's Intranet. However, as the interviews were taking place, InsuranceCo announced 1,800 people were to be made redundant. This may explain why the rate of sick leave did not decrease with the implementation of carer's leave, as restructures and redundancies are periods of particular stress and fear for employees (Snell et al., 2015). It could also indicate a potential gap between the theory and practice of the policies to support employees.

4.4.2 Employee voice and organisational culture in InsuranceCo

In terms of organisational culture and employee voice, InsuranceCo had a more unitarist perspective on employee voice than GovOrg and CharityCo. At InsuranceCo, a group of carers were involved in the design of the care policies, and employees had access to several other channels for voice, but these did not seem as 'established' and 'institutionalised' as they were in GovOrg and CharityCo. The channels were an employee council ('Your Forum') which circulated staff surveys annually, and a branch of the trade union Unite. InsuranceCo had only a partial recognition agreement with Unite, which applied only to the offices in Bristol and London, although its salary scales and employment policies applied across the organisation. The rest of the organisation only had seats in consultation forums with InsuranceCo. A union officer explained:

About ten years ago, we had just a sort of drop out in our membership, and the way the union worked at the time, and who the people were in HR, they removed it from collective bargaining down to consultation and we did not have the numbers to fight it. Then, when WeInsure²⁵ came in, about four to five years ago, Unite did still have their collective bargaining with WeInsure and InsuranceCo did not remove it from them.

This had a weakening effect for the position of the union branch. This was due to the fear from union representatives that the remaining areas could lose their rights to collective bargaining if the union became too demanding vis a vis HR. Another union representative commented:

They are 'paternalistic', you know, they try to cut off the reasons why you would want to join a union. By being nice [*laughs*]. Unlike some other call centres [which] are quite Dickensian, whereas for InsuranceCo, as long as the work gets done, we are quite happy with how people do it.

²⁵ Pseudonym given to the organisation from the merger with InsuranceCo.

This ‘paternalistic’ approach was perhaps best reflected in the way the InsuranceCo was arranged in Derby. Its structure seemed to reflect both the ‘diversity’ and the ‘wellbeing’ focus of InsuranceCo, and the ambivalent position towards union voice. It was a large workplace centre, with shops, restaurants, a small art gallery, a park, and a nursery, transforming the workplace into a sort of small shopping mall, where everything seemed directly available for employees. At another branch (in Leeds), the workplace’s walls were decorated with motivational signs, such as “Be Wonderful” and “Health heroes”, and there were very visible, large posters encouraging employees to join Unite. This workplace seemed to reflect the culture of InsuranceCo, between motivations to gain a good reputation as an employer, and ‘tolerating’ a union without encouraging membership and recognition.

4.5. Summary

This chapter has provided a brief description of the three case study organisations analysed in this thesis. It has focussed on the configurational elements of these organisations (details of their activities and employee demographics) and normative elements (the motivations and expectations of HR participants in introducing the policies). This information is needed to understand the carer support policy implementation processes discussed in Chapter 5.

Chapter 5

Organisational carer's leave policies: development, introduction, and implementation

5.1 Introduction

This chapter examines *how* policies to support working carers were implemented and the role of the different actors involved in the development of policies to support carers in the three organisations. International reviews of carer-friendly policies have identified the types of policies that employers are introducing (Ireson et al., 2018; Ramesh et al., 2017). Sethi et al., (2016) and have called for more in-depth examination of the impact of these policies on organisations and the experiences of working carers.

Chapter 4 showed that a variety of rationales (e.g. discourses about wellbeing, diversity and inclusion) and different organisational cultures and perspectives on employees' voice and interests (pluralistic or unitarist) may influence why and how policies are implemented. This chapter examines how the policies were developed in the case study organisations and the role of different groups of actors in their implementation. 'Policy implementation' refers here to what happens between policy design and policy outcomes (Read, 2018), where the gap between theory and practice is addressed. The implementation process through which those different organisational actors are involved is not neutral. It takes place within a network of interactions, negotiations and practices, in which the actors involved have different levels of influence and power. In other words, it is important to look at whose voices are heard in the process, whose perspectives matter, and what kind of resources are mobilised to support the implementation of the policies.

The chapter examines how the policies were developed and introduced by D&I managers, and considers the role of different actors in contributing to implementation of the policies in each organisation. It draws on data from the interviews with participants in the three organisations and in the case of GovOrg from the staff survey²⁶ conducted there.

To describe and explain different actors' attitudes and their ability to influence the policies, the concepts of social capital and power are used to explain how implementation of the policies was affected by actors' organisational position and relations and their 'ability to control patterns of social interaction' (Bradley, 1999: 31). As explained in Chapter 2, in the thesis, social capital is understood in the context of workplace dynamics, where actors' exercise of power involves 'common and conflicted goals' (Edwards, 1986:116). There may be competing interests in putting the policies in place, for example senior management may want to achieve certain outcomes (such as implementing support for employees that results in greater productivity and employee loyalty towards the organisation) but these may be accompanied by

²⁶ Quotes from survey respondents are written in italics.

divisions (for example, over how the results are achieved and / or whose voices are heard in the process).

This chapter looks at the role of actors' power to control how the policies were debated and developed and their 'social capital' in terms of the relations and resources (staff, time, money) available to them in the development, introduction and implementation of carer's leave. These aspects indicate which actors influenced the development, introduction and implementation of the policies, are relevant to the type of organisational culture ('unitarist' or 'pluralist') in each case study and reveal the role of employee voice in the policy implementation process, addressing research questions 3 and 7 (Chapter 1):

- RQ3: In what ways, and to what extent, do collective bargaining, trade unions or other representative practices influence the implementation of working carer support schemes?
- RQ7: How do these schemes impact on organisational culture?

Section 5.2 reviews the role of Diversity and Inclusion (D&I) and HR managers. It shows how they came to be the main instigators in developing the policies, and the resources they drew upon. Section 5.3 explores the role of the carers' networks and carers' champions. Special attention is paid to the story behind the carers' networks, the voices of their chairs, and their influence in the workplace. It also examines the characteristics, benefits and limitations of the networks in supporting working carers and providing them with information and emotional support and considers the role of the working carers' champions. Section 5.4 examines the role and involvement of union representatives during the policy consultation stage, their relationship with management, and the extent to which this relationship affected their ability to play a role in the policy process. Section 5.5 presents a summary of the chapter's main findings and arguments.

5.2 Development and introduction of the policies: the role of D&I managers

Chapter 4 indicated that in developing their carer's leave policies, all three organisations adopted a discourse emphasising the importance of wellbeing, diversity and inclusion, and that all had joined EfC before launching and promoting a carer passport scheme for their employees.

The role of D&I managers is a further and particularly important point of interest in the policy development process. D&I managers at CharityCo and GovOrg were my first points of contact within the organisations. I was directed to them as the main organisational actors responsible for the agenda on carers. As discussed in Chapter 2, D&I management has increased in importance in recent decades, as management practices have shifted from a traditional legal impetus based on an 'equal opportunities' (EO) paradigm, to a new business-led 'diversity management' paradigm (Greene and Kirton, 2010). This development has been accompanied

by the emergence of diversity officers, who are given more influence and authority by HR managers.

However, in each of these organisations, the experience and role of these participants was different and seemed to depend on the organisational context. As noted in the literature, the influence of D&I managers depends not only on managers' understanding of equality and diversity practices, but also on the conditions of their job and the resources they have within their organisation (Kirton et al, 2007). This last element was particularly apparent in CharityCo, the first organisation discussed here.

In CharityCo, the idea of, and responsibility for, introducing and developing the policies came from the D&I manager, Vivian. When interviewed, Vivian explained that she felt CharityCo's reputation as a good employer would benefit if it developed good policies for carers, especially as the organisation was struggling to recruit a more diverse workforce. She explained that introducing the policies happened shortly after CharityCo joined EfC, and that she developed the policies with the support of some of her colleagues:

I think [development of the policies] may have been around the time that we joined Employers for Carers, we had contact with Carers UK and we were just aware, I was talking to colleagues internally, we were aware that there were a few colleagues we knew, who were kind of struggling with caring responsibilities (...) We definitely drafted the policy with input from a few key colleagues in our HR department, people who had a lot of experience in working on carers' issues, but also in actually drafting the policy. One of our colleagues from the policy department [had done] quite a lot of research into the issues affecting older carers. So, we have quite a lot of kind of internal expertise, if you like, leading into actually drafting the policy.

In addition to the support of her HR colleagues, at the time of drafting the policy Vivian mentioned that she requested advice from CharityCo's (pre-existing) carers' network. She also had a good friendship with the union chair (George) and also took his advice about policies for working carers. He informed her about support for carers that his union, Unite, was recommending. Vivian was thus willing to involve various perspectives and voices in the design of the policies:

And so, [the draft] went backwards and forwards [between colleagues], we definitely put it out to colleagues and also the staff carers' group.

Vivian confided, however, that she found her role quite stressful, as she alone was responsible for upholding diversity and inclusion standards across the organisation. This echoes Greene and Kirton's (2010) finding that D&I management teams are often understaffed, especially in small organisations. Vivian found the concrete stage of launching the policy particularly problematic. Her main concern was about her ability to reach CharityCo staff in its retail outlets

and make them aware of the new policies. She explained that lack of uptake of carer's leave policies by staff in the retail outlets was a concern for her:

In practice you put all this stuff out there, but people are just people, there is a limit to how much information people can absorb. I know what I need to do, is get myself kind of out, and particularly to engage with our colleagues in retail.

Vivian had sought advice about the policies from CharityCo's pre-existing carers' network, but there was no corresponding network in the retail area. CharityCo's carers' network was concentrated in administrative areas in its London headquarters and in another branch in Surrey. When interviewed, Vivian was considering starting a 'roadshow' to visit CharityCo's shops across the country to assess if a carers' network across these could be formed, and as a way of further promoting the newly launched carer's leave in their retail operation. She thought it would be more useful than sending retail employees online information:

I don't mean that they can't read stuff. Of course, they read stuff, but it's like bandwidth. You know, it's like people talking about the government, now trying to deal with Brexit. They haven't got the capacity to deal with anything else. They have quite enough to deal with in their jobs and it's quite difficult for them.

This comment highlights the difficulty in forming a carers' network in the retail area, given the operational context and the intensity of employees' working days. Moreover, as explained in Chapter 4, there was no union or employee representation in the retail area. Vivian was also responsible for other D&I agendas, such as gender and race equality, and explained that she was "battling on several fronts." She was trying to open CharityCo's jobs to a more diverse candidate profile, but was getting less support with this than she had expected from senior HR managers. These multiple issues meant she was often unable to commit the time she wanted to promote support for carers in the organisation:

I think, probably, we don't make as much use of [the EfC resources] as we could, and we should. So, you know, we don't always disseminate the information that we get from some of the networking events.

Vivian thus found herself in a position where both the organisational context (separate retail area and lack of employee representation) and the conditions of her job (sole responsibility for the broader D&I agenda) limited her options for action. Being alone as a D&I manager meant she had limited resources and time to reach out to the retail staff and ask them to get involved. The lack of formal employee representation in the retail arm made it more difficult for Vivian to interact with retail employees. This suggests, as indicated in Chapter 4, that the culture of pluralism was limited to certain parts of CharityCo and did not extend to the retail outlets. This had the effect of limiting the number of voices involved in development of the carer's leave policies. The struggles Vivian faced are symptomatic of this limitation, as the lack of a

representation channel from the retail outlets meant communication was taking place shop by shop, requiring an investment in time from Vivian that she could not afford to make.

In InsuranceCo, the process started differently, and was more characteristic, to a certain extent, of the organisation's 'unitarist' position. The design and launch of the policies were mainly led by the HR department, with far less emphasis on the role of the union and employee representation body than in CharityCo, although both groups were still consulted. Marian, a member the InsuranceCo HR team, was the main instigator for the policies for carers, explaining that: "InsuranceCo went through a massive cultural change in five, six years." The organisation put in place different employee forums to accompany this change, focusing on diversity (e.g. LGBTQ+, race, parents' forums). Although not specialised in D&I management, Marian described her role as linked to the D&I stakeholders, and explained that she was responsible for creating a more inclusive culture for ageing workers and carers:

I started in a role which was to support our UK CEO in his role as a business champion for older workers, working with Business in the Community, the Department of Work and Pensions and different associations, organisations.

As indicated in Chapter 4, a CEO at InsuranceCo had a significant influence on company policy on carers, because of his role as business champion for older workers as well as his own experience of caring for his wife. The diversity strategy at InsuranceCo also had a focus on work and care, with carer's leave for working carers described as the next objective. Marian described the policy implementation process:

I've set up a carers' group within the organisation. We tested a new carer leave policy within that group and then rolled that out nationally. Then we rolled out a carer network nationally and we've also implemented our workplace adjustment passport and made changes to our bereavement policy. So that all really came out of that piece of work.

When asked about how the carers' group was set up, Marian explained it was composed mainly of volunteers from the branch where she worked²⁷. She explained:

... for the pilot, we spoke to Employers for Carers. Their help was useful, and we were working with them. I spoke to EnergyCo²⁸ too, who at that time were one of the only other companies who had a carers' policy. Roughly piloting it with one of our sites, we did various surveys, a focus group as well, and then the actual policy went to the union and employees forum.

²⁷ Marian said that the group involved in the development of the policies was a 'pilot' for a future carers' network. It is however not clear whether other carers' network already existed in different branches, as Marian explained that, in addition to this group, a virtual carer network was launched nationally at the same of the policies.

²⁸ Another EfC member.

Resources provided by external sources of support were more important in InsuranceCo than in CharityCo. InsuranceCo requested support from EfC, and also from other EfC member organisations, including EnergyCo. Furthermore, the implementation process at InsuranceCo was facilitated by the ‘strong endorsement’ of the CEO. This was very different from the experience Vivian described at CharityCo. Vivian was anxious about the actual impact of the policies and her lack of time and resources to commit to the policies. By contrast, Marian found implementing the carers’ policy ‘really easy’. A key difference was that Marian seemed to have more authority, time and resources to commit to the project (for example, she was able to coordinate a carers’ group to test the pilot carer leave), and more external support. The process seemed very easy and successful, consistent with Bradley’s view that exercising power in organisations also involves ‘controlling patterns of interactions’ (Bradley, 1999: 31). At InsuranceCo, an HR-led approach enabled ‘easy’ development and introduction of the policies, perhaps partly because the HR team there did not request the same contribution from the employees as in CharityCo. Both the union and the employee forum were invited to contribute to the final consultation on carer’s leave in InsuranceCo, but Marian mentioned that they did not have a strong influence on the policy. This contrasted with the situation at CharityCo, where the union chair (from CharityCo’s administrative branch) participated more actively to the development of the policy. Vivian spoke of the challenges she had faced in implementing the policies (e.g. lack of engagement with the retail outlets). By contrast, Marian mentioned no specific challenges, although she did emphasise that:

It’s not a magic wand, having the policy. The policy is just a baseline, the cultural change and acceptance of it is slower. But because there is a strong endorsement from the top, from our CEO, and because he spoke about him being a carer ...

As Tatli and Özbilgin (2009) have shown, senior management support can be decisive in enabling diversity managers’ influence in the workplace. Such support as a form of social capital appeared to exist at InsuranceCo, and may explain why Marian found the process relatively easy. Further evidence of the resources to Marian to implement the policies includes the fact that InsuranceCo was willing to promote the policies through various widely shared channels (media, videos and articles). Similar resources did not seem to be available at CharityCo, where the policies were only promoted through emails sent by the D&I manager.

At GovOrg, the carer’s leave policy came about as a result of demands made by the carers’ network there in 2012. The D&I manager, Betty, explained that she was the chair of the carers’ network when the care policy was launched, working in another area of the organisation (not as a D&I manager). She described the implementation of the carer’s leave as something the carers’ network had “fought for”, explaining that GovOrg was the first civil service department to establish a carers’ network. Despite this, and being the first organisation of the three case studies to implement carer’s leave, development of the carers’ network seemed to have stalled, limiting carers’ visibility in GovOrg and further development and promotion of the policies.

Betty explained that GovOrg withdrew from EfC membership due to budget cuts affecting UK public services after the 2008 financial crisis; GovOrg was also restructured in 2005 and the carers' network was replaced with a volunteer-run carers' network²⁹, supported by the new D&I inclusion team in which Betty now worked. At the time of the interview, GovOrg was in the process of re-joining EfC.

This demonstrates that financial resources were an important factor which influenced the development of the policies in GovOrg. As discussed in Chapter 4, the annual reports publicly available for GovOrg show that, under austerity, the department suffered a 40% cut in its budget between 2010 and 2019. Alongside this, however, there was willingness at GovOrg to become more attractive as an employer. There was a tension here, also discussed by Lewis et al., (2017) when examining the conflictual objectives of public services in the UK, in simultaneously aiming to manage financial pressures and to appear attractive as an employer. The same tension may have influenced the development of the policies to support carers in GovOrg.

Betty's role in GovOrg encompassed a broad range of diversity and inclusion topics; she described her role as based on the Equality Act 2010, leading "for all the different protected characteristics, and also on the carers strand." She explained that she was part of a larger team, and also worked with senior civil servants who were 'champions' for different employee networks (e.g. BME and women's networks). The review and consultation on the policies took place through regular meetings with other D&I managers and representatives, as Betty explained:

The equality diversity and inclusion forum, that's a forum that all of the key D&I stakeholders attend quarterly. And all the senior diversity champions in GovOrg are invited to this forum, and that's where they can raise any issues from any of the sort of strands [networks] and where they would be consulted on - policies and practices, and things like that.

Consultation on the policies seemed to give D&I stakeholders substantial influence in reviewing and discussing challenges linked to the policies, perhaps symptomatic of the changes in rationale (discussed in Chapter 4) whereby discourses at GovOrg emphasised diversity rather than equal opportunities. Betty explained, however, that there was still an obligation for HR to consult with the union concerning any planned new policies, showing that, along with the focus on diversity and inclusion, there was also an equally strong focus on union voice and feedback. Betty's comment shows that employee voice seemed more institutionalised in GovOrg than in the other case studies, perhaps due to the public nature of the organisation.

²⁹ Unfortunately, I did not ask Betty in-depth about the difference between the current volunteer-run carers 'network and the previous network in GovOrg. My assumption is that there is a difference in terms of resources allocated to the current volunteer-run carers' network in GovOrg. As explained by Glyn, the current chair of the network, there is no additional paid time off provided to the chair for the daily management of the network. That may be the main difference with the previous network of carers chaired by Betty.

Similarities and differences emerged from the analysis of the role and influence of D&I management in the three organisations. In CharityCo and InsuranceCo, Vivian and Marian acted as main instigators of the policies and liaised between different groups to formulate and promote them across their organisations. Marian's direct role as a support to InsuranceCo's CEO greatly facilitated the launch and promotion of the policies. By contrast, implementation of the policies was an ongoing concern for Vivian at CharityCo because of the limited time she could devote to it. As has been explained, GovOrg differed from the other two organisations in introducing its carer's leave policy following demands from employees, and the longer, more fragmented evolution of the carers' networks accompanying the development of the policies.

These participants' varied experiences reveal the extent to which resources secured through social capital at organisational level (endorsement by senior management, support from colleagues and a carers' network, job conditions, financial resources and organisational focus) enable D&I managers to perform their roles and exercise power. A lack of organisational support and resources means that D&I managers experience a conflict between their commitment and their ability to implement organisational change. They were dependent on the specific financial and social resources of their organisations in order to implement change. These organisational constraints also influenced attitudes to employee voice and to trade unions. For example, Vivian was particularly willing to hear from different voices to design the policies, but had limited resources to do so, while Marian, who had multiple resources, was very much in control of who was involved in the carers' group and policy pilot. In addition, the fact that she did not involve the employee forum and the union in drafting the policy may be symptomatic of InsuranceCo's broader organisational attitude towards its employee forum and to the union. These findings also indicate that D&I managers and unions collaborating on the policies depended very much on broader institutional mechanisms within the organisations and their positions on employee voice.

The carers' networks were mentioned by the D&I managers as another key actor in the implementation process. Evidence about the carers' networks in the three organisations, their role and influence, are explored in the next section.

5.3 The role of carers' networks and carers' champions

In each organisation there was a carers' network, mainly consisting of employees with care responsibilities, who were interested in obtaining information about workplace support and exchanging with each other about their various caring experiences. The networks organised events to raise awareness about caring, represented carers in the workplace, and were involved in the design of policies to support carers in all three organisations. They also acted as an information hub, holding and promoting events, lunches, informational events, etc., and organising members' meetings to discuss and exchange information about their care

experiences. They can be seen as similar to the ‘communities of coping’ defined by Bolton (2005). A working carer in CharityCo described the benefits of attending the carers’ network:

It’s just nice to talk to other people who understand, without having to explain, you know (...) It would be nice to take time away and look after myself, but there is also that guilt sort of associated with “ I should be, looking after him [my granddad]”, you know, little things like that, they sort of understand straight away, it’s just nice to be around people like that, and just have a chat about our experiences, the different experiences we have with caring and employment, and sharing tips and information. It’s been really useful...

Williams (2014) describes the development of diversity networks (such as carers’ networks in this study) as an important feature of organisational efforts to manage diversity and give visibility to employees. The carers’ networks in the three organisations took different forms (virtual and physical). Their origins varied, depending on whether the network was initiated by employees, HR managers, or a combination of both. In GovOrg, as already mentioned, two different networks have existed, one after the other. The carers’ network led by Betty (D&I manager in GovOrg during fieldwork for this study) was behind the development of carer’s leave, but was dissolved (and replaced by a volunteer-run staff network for carers). Glyn, chair of the network that existed during the study fieldwork, explained:

I formed the Carers’ network back in 2016. It kind of struck me that there was very much a gap in the market, I mean there are various [staff] networks. But I wasn’t aware of one specifically for those with caring responsibilities.

Glyn asked the D&I team for permission to create a new carers’ network for GovOrg, which was given. My understanding was that this network differed from the previous one led by Betty, in that Glyn was not given paid time away from his job to perform his role as a chair. Glyn joked about becoming “used to” juggling his day job, his own caring responsibilities and his role as the chair of the carers’ network. Although these multiple responsibilities left him with little time to spare, he was very committed to his role as chair and did not envisage giving it up. As part of the network, there were also smaller groups across the country that seemed somewhat separate from Glyn’s network, although related to it:

There's a carers’ community in Glasgow, because we'll have the agency office in Glasgow. They have their own carers’ working group set up, and they have coffee mornings and things like that. They got a Carer Positive award in Scotland last year. They also feed to the chairs of the [main] carers’ network of GovOrg [about] any issues that they have. *(Betty, D&I manager, GovOrg)*

These smaller networks also existed in other organisations. Josephine was chair of a local group in a branch of CharityCo. She explained that the carers’ network came from ‘her own needs’

as a carer for her husband. She had contacted the CharityCo D&I manager and arranged the first meetings in her local branch with the D&I manager's support:

So, we made it happen, book a room, put the word out. I had another colleague whose wife has cancer and a couple of other people associated with cancer stories, and caring, and then, two other people who still come to our original group here, started coming. One with a wife with epilepsy and another condition, and one with a disabled sister and a very elderly sister, so you know, it just carried on, really. Once a month the room is booked, and people turn up and they always seemed to be very grateful for the fact that we're there and we're listening.

She explained that her local group met during lunch breaks, and that employees attending the network (once a month) could take an extended lunch break to facilitate their attendance. This carers' network was 'more isolated, [and] tended to do [their] own things', compared with the main carers' network in the CharityCo headquarters:

We (get) involved if something is going on in the headquarters, if there are some speakers there, we will dial in, but generally people like to spend that time being listened to and telling their stories feeling they are not alone.

For Josephine, this type of small group had more immediate benefits at the individual level, as it could provide intimate spaces for carers to share experiences of caring with each other. Josephine described her role in the carer staff network as similar to a therapist's role. Meetings were shaped around discussion and ways to alleviate and cope with pressure and pain related to caring, akin to what Bolton calls 'communities of coping' in which employees form groups to alleviate pressures in their work (Bolton, 2005: 145). These spaces seemed to create occasions for carers to form relationships with each other, enabling connections and exchange of tips about the policies. Awareness of the policies was raised through the network, and the regular meetings of carers were also occasions for them to be listened to. Josephine explained:

I have had some counselling, like therapy training, a long time ago. So, again, it is easy to get the conversation flowing and keep them engaged (...) I feel like carrying on with the group because I think they see me as a bit of a figurehead on their side, in terms of the carers' group. Very much everybody is equal, we just sit and chat, really.

The fact that everybody was 'equal' in Josephine's network highlights another key difference between the informal network and the official carer's network in the CharityCo headquarters. The lack of hierarchical difference between those attending the network and Josephine (who was not part of HR) could then explain why Josephine's network was popular, and why employees felt more at ease to share their stories.

These local networks seemed common across the three organisations, with variations between work branches. One GovOrg survey respondent commented of the carers' network there that it

was *'helpful to have a contact point and route into others in a similar situation'*. The benefits of the carers' network as a form of 'social capital' were limited, however. While the local networks such as Josephine's group offered emotional support as well as space where 'everybody is equal', their influence over care policies remained limited and largely dependent on the discretion of management.

This was also the case in GovOrg. Although the GovOrg carers' network was praised by working carers, some participants expressed frustration about its limited influence and power exercised at a broader, organisational level. In the GovOrg survey, 65% of respondents wrote that the carers' network did not make a meaningful difference to their work and care situation, explaining:

'The emails received are great, but there's absolutely no local support.'
(Female survey respondent, Administrative Officer and caring for her parents)

'They should give more guidance, I feel as though they are still with management when it comes to flexible working arrangements when this should not be the case.' (Male survey respondent, Administrative Officer and caring for his parents)

'I receive emails, but do not have time to take advantage of opportunities, especially as most of them are in London and would just add more pressures on my time.' (Female survey respondent, job role unknown and caring for her spouse/partner)

'Getting regular emails is useful and being aware of meetings and events, however, it is difficult to contact a single person who may be able to advise you or support you with specific relating to carers passport.' (Male survey respondent, job role unknown, and caring for his parents)

'It seemed they cannot get involved. It would be nice if they could talk to and deal with managers.' (Female survey respondent, Administrative Officer and caring for her spouse/partner)

'I don't use it at all. I find I have little time for anything else, work, caring for my Mum and my husband and child, housework, and every one of the other million things I do.' (Female survey respondent, Senior Executive Officer and caring for her parents).

Among the themes that emerged from the survey of working carers in GovOrg, it was apparent that some working carers were concerned about a lack of time and local support from the carers' network in GovOrg (events being held centrally in London, lack of time to get involved) and the network's lack of influence. One respondent claimed the existing network did not go *'far enough'*. A lack of influence also seemed to undermine some working carers' trust in the network. 'Social capital', as Bourdieu explains, is not a 'natural given', but necessitates time and investment and an 'endless effort' of exchanges (Bourdieu, 1986: 22). In the GovOrg

carers' network, the lack of time available to Glyn to deal with the network, alongside his day job, undermined the network's ability to become the resource carers desired. Glyn acknowledged some of the limitations of his role, such as a lack of power and expertise:

All I can do is signpost people to things about the carer's passport and relevant policies. It's then entirely up to them if they choose to use them, and I've got no way of knowing and I don't (...) that isn't my business. (*Glyn, chair of the carers 'network'*)

This ambivalence from working carers towards carers' networks seemed also to apply in other organisations. In InsuranceCo, for example, Angela, who was caring for her parents, said:

What I love is the fact that they have got this network, but I don't feel like [sighs] they have done enough, they have not had a big enough impact. They have lots of calls and lots of meetings between themselves, and they start a big group, but I don't think they have done enough. While actually I really value that sitting around in a group all sharing, I thought that's really, really good, but I just feel like some people need to realise there are people in this organisation that deal with [care] you know, all the time.

One source of Angela's frustration, similar to that of the GovOrg survey respondents' comments, was that InsuranceCo's network lacked the influence carers wanted it to have at organisational level, for example in terms of helping them to access and use the policies. The network chairs also lacked the time, resources and expertise to help carers individually, although they explained that, as part of their role, they could advise HR managers about what needed to be put in place to support carers. This did however depend on the discretion of management. Chloe, chair of the InsuranceCo virtual carers' network, said that as part of her role she got '*involved in the launch of initiatives (...) fed into several committees across the country (...) did emails and communications around specific days*'. The chairs also used their role to promote the carer's leave policies by email, across all business areas, and informed management about certain aspects of the policies. Glyn (chair of GovOrg's carers' network) explained that he had spoken to the D&I team about how the policies were presented on GovOrg's intranet, and how this could be ameliorated with the launch of the carers' charter in 2018:

That's something I discussed with our D&I team, because they control the policies in the area (...), saying to them, 'Look, we have certain policies in place which are good, but there are gaps. They could be better. They are very generic at the minute, very wide ranging, and cover the whole range of a multitude of things'.

Glyn's comment also indicates that the carers' network's role remained only consultative to HR. Furthermore, the chairs lacked the expertise and influence that carers expected them to

have, and refrained from getting involved in advising carers on their policy requests, as Chloe (InsuranceCo) explained:

Basically, I'm not a policy expert. I understand the policy, but it's best to talk to individual line managers about it. We do obviously have an employee assistance programme which offers guidance and support because quite often that might come hand in hand with caring responsibilities.

Chloe also commented about line managers' responsibility to apply the policies:

It's down to their interpretation and their ability to support whatever the individual is doing. You know, I have no understanding what their role is, what the requirements are. It's difficult for me to kind of have an opinion on that.

Another reason for this limitation was the lack of time given to the network chairs, who had to cope with their day jobs as well as their chairing role (although at InsuranceCo they had a co-chair). Some, like Glyn, also had their own caring responsibilities on top of this. Marian shared her experience of chairing the first InsuranceCo carers' network:

So, I was lucky in that...lucky? It's the wrong word... My father died, by the time I became the co-chair, otherwise I don't think I could have done it because when I was caring for him, I was away [doing it] nearly every weekend, and just didn't have either the emotional or physical energy for it.

Chloe, the current chair of the InsuranceCo carers' network also emphasised that she was unable to devote sufficient time to the role:

I'm quite career driven (...) If I'm lucky enough to get a promotion or to go on to a more challenging secondment and (my) day job takes over, then I will have to step back.

The role of the carers' networks as a form of 'social capital' for carers in their workplace was thus nuanced. They could be significant in representing care issues in the workplace and giving these visibility. Some of the groups enabled carers to exchange experiences and had smaller discussion groups that created a safe space for carers to share their experiences of caring. Josephine's carers' network, for example, superseded the limited scope of the virtual carers' network and seemed to have greater engagement with carers' needs for emotional support and ability to share and exchange with others. These carers' networks were however very discrete. They focused on individuals' needs, and did not provide a space where access to the policies was much discussed as an organisational issue, so working conditions and experiences of requesting to use the policy seemed less emphasised and politicised. In addition, their influence on HR seemed limited.

Another issue was the accessibility of the carers' networks. Bolton (2005:148) found that such groups' performance can be 'closely related to organisational actors' position'. Being able to

access the carers' network intranet, for example, necessitates a job role with regular access to a computer. Attending carers' events and lunchtime meetings can be problematic for workers with 'unsocial' work shifts. This was the case in CharityCo, where Josephine, chair of the carers' network, and Vivian, the D&I manager, recognised that retail workers were at a disadvantage because of their rigid 9 to 5 working hours and isolated positions in shops across the country with unregular access to a computer. The fact that carers' networks were mainly held in headquarters suggests that this form of 'networking' for carers reproduced occupational class divisions, where the most isolated carers (such as retail workers) were excluded from the benefits of the carers' network as 'social capital'.

Alongside the carers' networks, and sometimes belonging to it, other key actors also helped promote working carers' visibility at work. Champions for working carers were senior employees who were encouraged to 'step up' by HR managers, or who did so voluntarily, as representatives alongside the carers' networks in their organisation. A common trait shared by these champions was their seniority and high level of responsibility in their daily jobs. An HR Manager in CharityCo explained:

We have directors from each different section of the business [who] we get to champion each of the different equality and diversity areas. And they sort of basically take it upon themselves to champion that.

The aim of giving senior employees a role as champions for carers was to provide role models for working carers in lower grades. Symbolically, it was important to demonstrate that caring responsibilities were not perceived as an obstacle to career progression. When interviewed about what their roles involved, the champions gave similar responses:

I provide a bit of visibility, a bit of leadership, because I'm a senior civil servant in the organisation. I promote diversity and quality. I try to engage with as many staff as I possibly can on carers' issues. I work in partnership with the carers' community.

(Louis, Champion and Senior Civil Servant, GovOrg)

I've had meetings with colleagues who are carers who want to tell me about their experience in the workplace, so that can kind of influence me, [then I] go to meetings about D&I, with fairly senior colleagues, and it is quite useful to hear obviously real life experiences, and feed those in. *(Andrea, Champion and Senior Civil Servant, GovOrg)*

This suggests that champions, because of their seniority, exerted a certain influence in their organisation, although they saw themselves more as 'conduits' transmitting messages and feedback from carers. The quote from Andrea however, shows that champions saw their roles as neutral and impartial (as Andrea inferred that it was the role of her colleagues to 'influence' her by letting her know about their experiences in the workplace). This apparent neutrality could lead to conceal inequalities in the hierarchical structure of the civil service (Ipek, 2016),

as ‘influencing’ Andrea depended on employees’ opportunities to interact with her. Andrea also explained how she came into the role:

In my case, it was quite an informal discussion with the D&I team, it wasn’t a sort of rigorous process. As I say, at the moment we are at liberty to kind of do the role in the best way we see fit.

Being a carers’ champion was similar to the role of the carers’ networks, as it involved the same activities of campaigning for and promoting the carers’ policies:

Things like the Carers’ Week, each year there would be a blog from me on GovOrg’s intranet to talk about Carers’ Week, to remind people of the policies around work life balance, special leave and things like that. (*Louis, Champion and Senior Civil Servant, GovOrg*)

We will do an event, and you know, we do groups and things like that, and certainly, I always speak about all our policies that we have to hand. (*Emilia, HR manager in CharityCo*)

In GovOrg, champions were more likely to put strict boundaries around their roles regarding the support they could provide to working carers. Andrea, for example, said that she ‘would not get involved and mediate in a dispute between a manager and a member of staff’. Her ‘neutral’ position was similar to that of the chair of the network in GovOrg, who felt it was ‘up to carers to choose to use the policies’. The champions’ ability to respond to working carers’ as individuals was thus limited.

However, in CharityCo, one champion, who was part of HR, explained that she also saw her role as a means to support working carers more individually:

My role as carer champion is that I am a voice for anyone who has concerns about caring (...) What I can do is help employees that might be struggling, possibly with their leaders or you know other team members, and understand why, you know, somebody needs to take their mum or dad or child or grandmother to a hospital appointment and does take annual leave for that. So, I’m the sort of voice for CharityCo, I’m the champion of all carers. (*Emilia, HR Manager, CharityCo*)

Champions’ seniority could be an advantage and a disadvantage for supporting carers, however. This put them in an ideal situation to influence senior colleagues and support organisational change, but could also lead them to be less aware of problems faced by workers in more junior positions, with less power and resources. In GovOrg, for example, there appeared to be no champions for employees in grades below senior civil servant. The fact that only senior managers were appointed as champions raised questions about the absence of representation for other employees in lower grades, and the lack of their own ‘champions’ which could give visibility to the specific issues they faced.

5.4 The role of trade unions

So far, this chapter has reviewed the role of D&I managers, carers' networks, and champions for working carers as key actors in shaping and promoting the workplace policies. In all three organisations, trade unions were another actor involved in developing and promoting the policies.

Trade unions' influence depends on their ability to enforce sanctions and the acceptance and institutionalisation of their power by employers (Dickens, 2012: 187). This was evident in the way union representatives in the three organisations engaged with the policies, with varying success, depending on their position and influence in the organisation. At InsuranceCo, employees were represented by the trade union Unite and by Your Forum, InsuranceCo's forum of employee representatives, although one InsuranceCo HR Manager felt the policies to support carers had not been much influenced by either:

We tend to engage with both the union and Your Forum. How it worked on this occasion is that we already had our proposal, and we presented our proposal, which everybody was happy with. So, it wasn't a tough negotiation or anything like that, we were presenting something, and our Employee Council and union were both very happy that we were doing something to support our carers.

When questioned about their policies to support carers, Carol, the Unite officer at InsuranceCo, also thought the union saw the policies as good policies. Robert, another union representative, pointed out that InsuranceCo union representatives were used to adopting a 'counselling position' because of their limited influence, resulting from their split agreement. He explained that in the case of carers, the union tried to show InsuranceCo that it was beneficial to implement support for carers in the organisation, within the union's limited room for manoeuvre:

Clearly, we haven't got any clout in terms of saying, "Well, we withdraw our labour if you don't agree", but what we could do is to say, "You would retain staff you would otherwise lose".

Because of the split recognition agreement for the union (as explained in Chapter 4) and low level of membership, the union had weak bargaining power and put more emphasis on its role in consultation. However, this view was nuanced by Robert, an InsuranceCo union representative, who explained that he had some influence over the policies thanks to his personal ties with the InsuranceCo carers' network. His involvement in this strengthened his relationships with members of other HR networks:

So, I knew that one of the people who was active in the Pride community was also the HR chief negotiator on pay. They were internal contacts that we could make. That would help to push things in our direction. But I have to say, it was a fairly open door, in that they wanted to do things positively, so it wasn't a problem from that point of view.

Robert's comment shows that, although at InsuranceCo the union lacked power at organisational level, some strategies, such as relying on 'weak ties' (Granovetter, 1983) with HR could advance the union's agenda. It also indicates that the union and other employee networks could sometimes work together with people like Robert acting as a bridge between them. Robert explained:

[My role in the carer network] was looking at what the employment policies were, but also about how to promulgate those down to the grass roots of the organisation. It is fine having policies that HR brought in for people, but it is actually bringing those down to getting a sort of consistent approach from the team leaders across the organisation. Bearing in mind that in Derby now, that's very nearly 2,000 employees, so it's a big employer now. I'm keen to get that consistent approach and make people aware of what the facilities are and what they can call on.

Robert's experience seemed to suggest that there was no clear division between trade union and other representatives at InsuranceCo, and that links could be established between individuals and groups with similar interests or shared experience of caring. Simultaneously, individuals could build influence for their own groups by exchanging and sharing knowledge. For example, Robert's role in the carer network seemed to challenge the limitations of the network as discussed above.

The union's position in InsuranceCo contrasted with GovOrg, where union power and influence were much more established. The influence of the trade unions in GovOrg can be explained by the fact that public sector unions can retain more institutional power than private sector unions, for example, due to state friendly positions towards unions (Schmidt et al., 2019). In GovOrg, the unions, although well established and recognised by the employer, had a more pessimistic opinion of their influence in the organisation. A PCS officer described the Conservative Government as hostile toward the unions, and pushing for further cuts and control in GovOrg, and expressed concern about how the flexible policies were currently applied, noting that they had recently been harmonised to be the same across all Civil Service departments. She explained:

What the Civil Service wanted to do was to effectively centralise policy and give individual departments less of a right to negotiate flexibility. In terms of how they have centralised their HR function, if you all have very similar policies, it means an HR advisor in department M can advise in department B and in department A, without necessarily needing to know the differences. So, trying, effectively, to get changes made to policies is nigh on impossible.

When asked about the potential for a union response to this problem of 'harmonisation' of work-life balance policies, Kate added:

The room to manoeuvre with the current Government is pretty limited, and all very much tied up, the trade union would say, with the desire to reduce the size of the Civil

Service (...) I guess because of the political landscape at the moment, individual departments won't exercise much discretion in relation to policy, without that central lead behind it.

Despite a stronger and more established presence in GovOrg, the unions appeared to face similar dilemmas to those in InsuranceCo, and had limited capacity for response.

At CharityCo, the relationship between HR management and the union branch seemed stable and friendly. For example, Vivian (D&I manager) and George (union chair) worked together to design the policies. This echoes findings in Healy and Oikelome's research (2007) which found that, if diversity professionals could compete with trade union actors, they could also complement their work. Their good relationships were also due to the fact that union membership in the CharityCo offices was very high. Consulting on the policies was characterised as gaining 'backing' from the union, indicating the importance given to its views. It was also described as 'rubber stamping' the carer's leave policies:

Any changes in policies, things like a carer policy, they'll consult. So, what they'll try to do is involve us as early as possible, say "This is something that we feel that CharityCo needs". We worked with Vivian, and Vivian is what I call a friend of the union, she gets involved from time to time (...). She was quite open about what they were looking for, and it was quite a two-way process, it was working together. (*George, union chair, CharityCo*).

Another theme that emerged from discussions with union participants about their roles in the consultation on the policies, however, was the question of the policies' accessibility. At CharityCo, divided into two distinct bodies, as previously explained, there was a single union recognition agreement covering office-based employees only (and not the retail sector). Because of this, George had some reservations about access to the policies for retail sector workers. He explained:

I've always felt that the retail staff are treated differently. They are second class citizens compared to the office staff because they are numbers.

George thought that there was a lack of interest in retail workers because they were seen as easily replaceable, and were not represented at CharityCo by any union or employee body. Moreover, George was concerned about the cost of Unite membership for workers in the retail division, which, he said, was an obstacle to membership:

Joining unions is not as cheap as I'd like it to be. I mean, to be Unite members, about £16, £17 - something per month. To just small retail staff, that's very expensive.

Accessibility was also referred to as an issue by union representatives in InsuranceCo such as Sarah, who regretted that 'most team leaders didn't seem to have heard of the carer's leave policy'. That awareness of the policies was sometimes limited to specific areas of the organisation was a point also made by Ronald:

I think that's because of my trade union involvement; sometimes I tend to get first sight of most innovations, or new policies. So, when I saw this I thought, this is good, and I try to promote it within my sphere of contacts. I'm not sure how effective we are.

(Ronald, GMB union officer, GovOrg)

The issues raised by the union representatives in these organisations have been discussed in earlier studies. For example, as shown in Yeandle et al., (2002, 2003), carers are often unaware of the provisions available in their workplace; this appeared to be an ongoing issue in the three organisations studied. Despite being aware of the issue, union representatives, much like carers' networks and champions for carers, seemed limited in their ability to act. The fact that trade unions could not address policies to support carers appeared to be linked to broader structural issues, not to the composition of their membership or their interest in care (although, as shown in Chapter 2, only UNISON has published a procedure for collective bargaining on carer's leave policies). As such, unions then represented a limited form of social capital for working carers. More than a lack of interest in care, it seemed that it was a lack of organisational power, reflecting low membership, split agreement, and single union recognition, that made it difficult for unions to raise concerns about the consistent application of the policies and the success of their implementation.

5.5 Summary

This chapter has described how the policies to support carers were implemented and the roles of the different actors involved in the policies in each case study organisation. The chapter identified variations between the organisations in terms of resources for implementing carer's leave, and the ability of organisational actors to exercise power. These variations are consistent with the findings in Chapter 4, which highlighted the different institutional mechanisms of the organisations, including the organisational structure and the state of employee voice within each organisation. These factors also affected the carers' networks, champions and unions influence over the policies. While carers could meet to discuss their experiences in small groups, the carers networks were limited to respond to individual emotional needs, rather than broader issues such as awareness of and access to care policies. This limited the ability of the carers' network to provide 'social capital' to carers as a means of influence in the workplace. 'Social capital' of working carers was linked to the relationship of their representatives (union and non-union) with HR and the position of working carers themselves in the 'social space' of their workplace. For instance, working carers in some areas or on certain grades, were excluded from opportunities to connect with other carers, such as retail workers in CharityCo.

Chapter 6 explores the experience of working carers and examines how the factors discussed in this chapter impacted carers' ability to access the carer's leave policies as well as their identification as 'working carers' in their workplace.

Chapter 6

Working carers' identities and experiences

6.1 Introduction

Chapter 4 presented the activities and structure of each organisation, and how these elements influenced each organisation's implementation of carer's leave policies. Chapter 5 looked at how organisational resources affected different actors (D&I managers, trade unions and carers' networks) in their ability to introduce and promote the leave policies. Chapter 6 explores the effect of having a carer's leave policy in the workplace from working carers' point of view, and examines their experiences in more depth. The chapter concentrates on two experiences in particular: working carers' ability to disclose their care responsibilities at work ('identifying' as a carer in front of their colleagues); and working carers' experiences of requesting and accessing the policies.

The chapter draws on some aspects of Acker's theory of inequality regimes and discusses the stratification of working carers' experiences which emerged from their interviews. The concept of 'inequality regimes' (discussed in Chapter 2) helps explain how organisational processes determine which benefits are attached to different positions in the workplace, creating inequality regimes among workers. Acker has utilized the concept of 'inequality regimes' to examine gender inequalities in organisations through an intersectional lens. She aimed to connect the individual experiences of these inequalities with the organisational structure producing these inequalities (Healy et al., 2019). While many aspects of inequality in organisations had been addressed thanks to Acker's concepts (e.g., sexuality, culture, etc), this chapter discusses how providing care can also be part of these aspects.

Concepts from Acker's theory are used in the chapter (especially in sections 6.2.2, 6.3 and 6.4) to examine the '*processes and practices that maintain and reproduce inequalities*' among working carers (such as how work is organised and how co-workers and managers interact with working carers) and the '*visibility*' of these inequalities ; to look at the '*controls and compliance*' that reinforce these inequalities (for example, how the application of the care leave policies also depends on one's relation with one's line manager and one's position in the hierarchy); and to briefly examine the possibilities for '*organizing change*' (how access to policies to support carers can be reinforced) and the problem of '*competing interests*' (how reinforcing the policies can take place through competing channels) (Acker, 2006a: 110).

The chapter responds to the following research questions:

RQ5: To what extent, and in what specific ways, do working carers benefit from these schemes?

RQ6: Do employees equally benefit from these schemes depending on their job status, gender, age, or organisational characteristics?

RQ7: How do these schemes impact on organisational culture?

It is organised as follows: Section 6.2 explores the different factors which may contribute to carers disclosing their care responsibilities at work. Section 6.3 looks at whether policies to support carers help make the organisations more ‘carer-friendly’ and identifies the issue of inconsistent access to the policies for working carers in the three organisations. This section emphasises how the effect of downsizing and financial restrictions affected working carers, through a lack of training for managers and a reluctance among working carers to apply for leave, amid staff shortages. It also discusses the ‘self-driven’ character of the policies, particularly the rules in the application process which disadvantage employees with less experience and on lower grades. Section 6.4 discusses the potential for further enhancing the policies. Section 6.5 provides a summary of the main arguments and findings of the chapter.

6.2 Identifying as ‘carers’ at work

6.2.1 Perceptions of their care relationship

The policies put in place in the three organisations were intended to encourage employees with care responsibilities to identify as ‘working carers’, one of the five key criteria of EfC’s Carer Confident scheme (discussed in Chapter 3, section 3.4.1): *‘how are employers enabling carers to identify and recognise themselves?’* CharityCo, for example, gave a clear definition of ‘who’ was considered a ‘working carer’ or ‘employee carer’:

‘Employee carers are people who have caring responsibilities outside their working life. These responsibilities may be constant or fluctuate in the demand and impact their working lives. Employee carers will be responsible, wholly, or in part, for a variety of situations which may include: children with additional support requirement, partners, parents or other relatives or friends, who they care for directly or facilitate, support, and enable to care for themselves. The care and support provided by employee carers may be temporary or long-term in nature.’
(Appendix 8)

The D&I manager at CharityCo, however, explained that it was a ‘challenge’ to convince people to come forward. My aim was to understand whether the policies helped employees to identify as ‘working carers’ in CharityCo. Some participants were positive about it, such as Ian (working in CharityCo and caring for his elderly mother), who explained:

To begin with, it was always quite frustrating as I sort of grew into the role of a carer, because I didn’t understand everything, and it wasn’t all clear. Once I started to work more with the ‘carer passport’ side of things, it all became very clear, even to the extent now that I’m working a four day week which gives me a day off in the week to see mum.

Ian’s comment emphasises the importance of a self-concept as a carer, as well as the perception of care work. This transition can be difficult to manage, as shown by the ‘frustrating’

experience of Ian ‘growing into’ the role of a carer. The policies to support carers could present an invaluable framework, within which employees with care responsibilities could contextualise their experiences. However, participants held different attitudes towards care, based on their personal experiences and beliefs. For example, their roles were often ‘taken-for granted’, with care simply “part of their life.” They often identified their roles in terms of kinship, affiliation or blood relationship to the person cared for, and to the social and normative implications of these relations, which were often gendered. According to Ruth (working at InsuranceCo, caring for her elderly parents):

We didn’t really see ourselves as ‘carers’ until someone pointed it out. You think you’re a mum and a daughter, and you just do whatever is needed.

Ruth’s quote shows that one of the first bases for ‘inequality’ amongst working carers was the fact that carers’ perception of themselves could be potentially influenced by gendered social norms about care. Ruth’s quote also shows that being recognised as a ‘carer’ also relied on others seeing them as ‘carers.’ Even when viewed as carers by their peers, however, some carers did not perceive themselves as such. For example Clara, working in CharityCo while caring for her elderly parents, found herself hesitating to identify as a carer:

The other reason why I don’t consider myself to be a carer as such, is because actually [my parents] are still doing a lot for me. One day a week they come and look after the boys. They come to my house, and they are in the house when the boys come home and [they] cook for them. So, they are very much a support to me.

Clara also compared her situation with that of a friend, who also had care responsibilities for her parents and thought herself in a ‘really fortunate’ position in comparison. She felt that her own role of carer did not sufficiently impact her everyday life for her to be identified as such. In contrast to Clara’s perspective, Emma, working at CharityCo and caring for her elderly parents, said:

I am a carer because I not only care about my parents, I actually care *for* them. So, I do stuff for them. So, it’s not just that emotional relationship that you have with your parents. I do stuff for them, so I care for them. So, I think that is why I would say I am a carer. Plus, it had a massive impact on my life, so if I wasn’t doing it, my life would be very different, so I think, yes, I am a carer.

Emma emphasised how care was visible to her because it had a disruptive impact on her life. Josephine, another working carer at CharityCo, caring for her husband, outlined the heavy weight caring placed upon her, especially the emotional aspect of caring:

I think probably, for the first three months, I was physically caring, yes. But then, it’s not - with cancer - it’s just not about physically caring, it’s about, it’s this huge emotional side to it, like mental health to it (...), I got really low and very sort of ‘reactively depressed’ (...) So, I would say, for a period, 18 months after his cancer operation, I was quite depressed for a period of six to eight months.

Josephine started a carers' network at CharityCo during lunchtimes (as explained in Chapter 5) with the aim of giving carers like herself the opportunity to discuss their experiences of balancing work and care. This seemed to benefit her, as, at the time of her interview she was identifying as a 'carer' and was still the chair of the CharityCo carers' network. In other cases, participants were more reluctant to talk about their responsibilities at work, not only because they already had difficulty seeing themselves as carers in their private life, but also because they considered work as a 'shelter' from care. A factor I noted which could explain this point of view was that one's culture could influence one's ability to identify as a carer at work. Dina, a CharityCo working carer of Indian heritage, explained that her elderly parents had high cultural expectations of being cared for by their daughter. This put a lot of pressure on her at home, as her brother lived in another country. She found it difficult to share her situation with her colleagues at work:

I was more actively involved in going to meetings (with the carers' network) and things like that. But I stopped going because (*sigh*) I just felt, I found my issues are so different to the ones that people are talking about. And also, I have a culture, there is a culture issue in my problem as well. (*Dina, working carer, CharityCo*).

Although this study involved few BME participants³⁰, Dina's experience could give an indication of how culture may affect working carers' ability to self-identify in the workplace. Care follows different norms and can take different forms, responding to what is seen as appropriate in different cultures. These differing cultural norms could inform a reluctance to identify publicly as 'carers', putting them at disadvantaged compared to white British carers.

Workplace as a 'shelter' was also indicated by other working carers, who explained that they preferred to keep their caring experiences private. Sara, a 28-year-old working carer caring for her mother, explained how in InsuranceCo, she concealed why her working pattern was different from her colleagues. She showed a certain pride in keeping her care responsibilities secret, saying that she did not want to be treated differently by her co-workers. Sara's comment shows that certain carers could be reluctant to identify openly as 'carers' because of their desire to keep work and care life separate. This 'pride' could also be seen as a way for carers to control some aspects of their life, such as work.

6.2.2 Working conditions and risks of discrimination

Although carers such as Sara expressed a desire to 'control' how they presented themselves at work, this 'control' could depend on their working conditions. The pressure resulting from their daily work tasks was cited as a factor that influenced whether carers decided to divulge details of their care responsibilities to their peers.

³⁰ As shown in Appendix 2, GovOrg's survey, 32 respondents were from a BME background. Because these respondents were very limited in number, compared to White respondents (about 246), I do not draw extensively on comparisons between their experiences and other working carers' experiences.

In CharityCo, a HR participant explained that, in the organisation's retail sector, there were very few, if any, members of the shop staff who actually identified as carers. No retail employees requested a carer's passport, and their awareness of the policies to support carers seemed limited. The CharityCo HR team assumed this was because the policies were not well promoted in the retail area.

However, when talking with two retail employees, they explained that their job was very intense. They were on average only three employees per shop, two during the week, and an extra shop assistant during the weekend. There was also a high turnover among employees. Shop worker Rosie commented on the challenges presented by their work routines:

That's a freebie within CharityCo, we don't have a lunch hour. In theory, if we've got enough volunteers and we can stop and sit at the desk but there are two or three days a week, we don't have any volunteers... You have to be here half an hour before you open up [the shop] to get all the paperwork done, you have to be here half an hour after you finish to make sure things are tidy and set for the following day. So, in essence, you're giving away two hours work a day, which then doesn't fit in with having to care as well.

As discussed in the previous chapter, the CharityCo carers' network often took place during lunch breaks, which seemed impossible to facilitate in the retail sector, due to a lack of designated lunch breaks and limited access to computers. When asked about the possibility of discussing her situation as a working carer with her line manager, Sam, another shop worker, said that her line manager had a lot of shops to cover, and only visited her own shop a few times a year. Another shop worker said she may have seen her line manager around five times since she started to work at CharityCo a year prior to our interview. Sam added the following about her relationship with her line manager:

She's not unapproachable, don't get me wrong, but we've got targets to meet and she's got targets to meet, does that make sense? I think she's limited to what she can do. And in all fairness, I've got a job to do and she expects me to do my job.

Rosie and Sam, as retail workers, were thus at a disadvantage relative to other CharityCo working carers in office-based roles in the charity's headquarters. There were specific '*organising processes and practices*' (Acker, 2006a) in the CharityCo retail sector that put them at a disadvantage regarding the possibility of being 'identified' as carers. Their line manager was absent on a daily basis, and they lacked representation (for example, there was no union recognised in CharityCo's retail sector). In addition, they lacked the time for a lunch break, which hindered their ability to establish a carers' network or remotely join carers' network events held in the CharityCo headquarters. These factors led to retail-based working carers receiving less acknowledgement than their headquarters-based counterparts. This contributed to a lack of '*visibility*' (Acker, 2006a) of the inequalities faced by retail-based working carers, which were then legitimised through a discourse in the headquarters which

highlighted the ‘cultural’ difference between the office and retail- based workers. This was reinforced by the fact that the D&I manager from CharityCo had limited time to focus on the carers’ agenda for the entire organisation.

Work pressures also made it difficult for working carers to disclose their care responsibilities at work and request support in the two other organisations. In GovOrg, only 55% of working carers surveyed felt comfortable discussing their situation with their co-workers. During the interviews, some participants in GovOrg explained that they were regularly told to think about ‘business needs’ before taking time off work, which discouraged them from talking about their caring situations at work. ‘Business needs’ was used as a ‘catch phrase’ to control employees’ working time. These ‘catch phrases’ also contributed to ‘inequality regimes’ as they served to strengthen employees’ compliance to work regardless of their personal circumstances. This was particularly the case in GovOrg, which, as a public sector organisation traditionally emphasizes ‘the ethos of service to clients’ (Healy et al., 2011: 482):

Sometimes you just feel you go round in this vicious circle all the time and business needs are a must (...) It’s just the phrase they use, like if you are off sick or you go home early, things like that, you have to think of the business needs, does the business need you. (*Vero, working carer, GovOrg*).

And it’s not just business needs though, it is because you know that if you don’t come back in, you are then letting your colleagues down, which means it’s then more work for them. So again, the whole carer structure then isn’t just family, it then extends to work because you are worried about your work colleagues. (*Winona, working carer, GovOrg*).

The quote from Winona shows to which extent carers were particularly vulnerable to these discourses. Because of their caring role and their concern about others’ wellbeing, carers could be led to blame themselves for taking time off from work. As explained by Bubeck, because of the difficulty to define and set boundaries for care work, carers are particularly vulnerable to exploitation (Bubeck, 1995: 254).

Work pressures could also put a strain on relationships between colleagues and exacerbate the risk of discrimination against carers. Sophie, a working carer in InsuranceCo, was taking care of her grandmother who had dementia. She was accessing paid carer’s leave to accompany her grandmother to medical appointments during her working day. She explained that she had received comments from her InsuranceCo co-workers during periods with heavy workloads.

If you look back eighteen months ago, which was before my caring responsibilities mainly began, we would be on one project at a time and we would have deliveries every two months. There would be four people, for example, working on that same project. But now we are on, say, three projects at a time. So that sort of tripled the workload doing deliveries every month rather than every two months, and there only tend to be one or two people in any one project. We are also thinner on the ground.

Simultaneously, Sophie felt that her colleagues had become suspicious of her working pattern, especially her young male colleagues:

The difficulty I have had at work is, when I do leave mid-way through the day - if you go to a medical appointment - some of the younger males in the team over the last year have made sort of inappropriate comments towards me. And it hasn't just been inappropriate comment, it's been sort of questioning me on why I'm leaving, why I'm going. I have had another colleague, who is actually now my current manager, sort of - as I was leaving - shout at me multiple times as I'm walking down the corridor, basically again questioning why I'm using this and why I'm going to this appointment (...) which has obviously put me off speaking about my caring responsibilities at work, you know, going forward.

These colleagues had also implied that Sophie's mother should have taken care of Sophie's grandmother, which suggests that they had a gendered perspective on caring and regarded Sophie's young age as somewhat incongruous with the nature of her care responsibilities:

And sort of the facial expression they had, and questions like "Well, why are you doing this, why isn't your mum doing it?"

As Acker (1990) explains, informal interactions, when discriminatory, reinforce schemes of inequality in the workplace, and can also reinforce managers' control of employees' behaviour. As shown by Sophie's quote, she felt marginalised by co-workers in her team because of their assumptions about her care responsibilities, including assuming that she was becoming 'work avoidant' amid increased work pressure. In addition, the fact that Sophie emphasised the gender of her male colleagues repetitively during her interview indicates that being the only female worker in her team was also a factor ostracizing her from her team, which further limited her ability to openly 'identify' as a carer at work. This suggests that both her gender and her care responsibilities were the source of her exclusion from her team, as they were easily targeted during periods of intensive work.

Sophie's experience shows that amid increased work pressures and staff shortage, carers are more likely to be criticised if they have a working pattern that accommodates their care responsibilities. The fact that they do not conform to the norm of the 'ideal worker' becomes more visible. This definition of the 'ideal worker' refers to an implicit standard by which employees are assumed to be free of other attachments and responsibilities (Gottfried, 2005:146). Because of her experience, Sophie also explained that she felt unwilling to take on more work responsibilities, slowing her career progress. When asked if she could have found support from other colleagues or managers, she said:

You know there is a lot of males would say it was banter, but people I reported it to, so people with much (more) senior roles, were sat around, and they would have witnessed and heard what was happening themselves. So, I felt at the time that they weren't very good senior managers. Because they should have stepped in at that point and taken

control of the situation (...) So I just left, obviously it did upset me, and I haven't forgotten it, and I just got on with what I had to do.

Participants emphasised the need for a positive relationship between themselves and their managers in order to feel comfortable about disclosing their care responsibilities at work. Such relationships seemed to rely on similar or shared experience between them and their managers. Linda (working at InsuranceCo who cared for her adult daughter and grandchild) gave an example of what she looked for in a manager:

I have always had a leader who is over 40, so they've always had lots of experience of life, but you hear things being said in the office, "Oh, it's because they're young, they don't understand, they don't this, they don't that". You do hear that going on where there are the leaders who are very young, and people talking, moaning, you know, that kind of stuff.

Linda also explained that she felt more comfortable around female leaders. This could be a way for Linda to feel more 'equal' in her relationship with her manager. She explained that she would be reluctant to talk to a young male leader about her daughter's intimate issues. Instead, she would prefer to ask to speak to an older female leader, with whom she would probably feel more at ease, due to the similarity of their experiences. Similarity of gender and age seemed to be important factors for Linda, who emphasised the need for reassurance and a similarity of experience that can inform a general empathy towards the working carer. This could also be a way for Linda to challenge the 'inequality regime' she faced as a female working carer, by choosing to only disclose her care responsibilities to someone who could share her experiences as a woman. In addition to good working conditions, generational and gender similarities could be seen as factors influencing working carers' ability to disclose their situations.

In GovOrg, survey results also showed that fewer women asked for support than men. This was especially the case for some BME women, as results showed that 56% of working carers from a Black background and 49% of working carers from a Mixed/Multiple ethnic background (who were in majority women) were not confident in speaking to their managers about their care responsibilities. On the other hand, the survey's results indicated that 75% of White working carers and 76% Asian working carers felt confident in talking to their manager. This could be an indication of 'ethnicity' and 'gender' as interwoven factors which could influence carers in their decision to disclose their care responsibilities at work. This was however an element I could not investigate in depth, because of my limited recruitment of BME participants as interviewees (as explained in Chapter 3).

The characteristics of working carers' care relationships could also be an obstacle to disclosing their situation at work. Participants in the three organisations confided that they needed to 'justify' their reasons to care for ageing parents or grandparents. They outlined the difference of treatment between them and working parents, who did not face the same challenges. This demonstrates that the characteristics linked to the care relationship could also contribute to the

‘inequality regimes’ faced by carers. The importance of caring for elderly people seemed to be of little importance compared to caring for children, as the existing support for carers was more limited. Two GovOrg survey respondents wrote:

Carer’s leave of 5 days would help to cover medical appointment rather than me using my annual leave. Financially I cannot afford to reduce my hours as I live alone and cannot claim any benefits. I cannot compress my hours due to recovering myself from cancer. I feel there is much more help for people with children than for people who care for adults, I care for 3 adults at the moment, and I would be treated a lot different if I was caring for 3 children. I always feel my workplace feels it’s more acceptable to ring in if a child is sick that if I rang because my mum was sick and needed my help. Special leave seems to be given out and approved for people with children, if I apply for special leave to accompany my mum for medical appointments, I’m told to use my annual leave. I often feel discriminated for caring for adults than if I cared for children.’ (Female survey respondent, Administrative Officer and caring for her parents)

Parents get paid leave to look after their children. Children are a choice just as much as it’s a choice to look after a loved one. You shouldn’t be penalised for that. (Female survey respondent, Executive Officer, and caring for her grandparents).

It was not clear, however, whether parents with disabled children faced the same situation. As discussed in Chapter 2 (section 2.1), the type of care provided by those working carers seemed to be marginalised and hidden (Twigg, 2000, Buch, 2015). While working for GovOrg, Glyn found himself in a similar situation to Sophie’s at InsuranceCo and the GovOrg survey respondents, with regard to caring for a grandparent. Although his situation did not involve gender issues to the same extent as Sophie’s, exchanges with his manager and co-workers touched on ‘age’ issues. Glyn felt that he received different treatment from his peers depending on which relative he was providing care for, his mother or his grandparents:

It’s interesting, because when I was caring for my mother, my line manager and my team were very, very supportive. And it was the case of ‘Look, you do what you got to do, if you got to go home quickly go, don’t worry about it.’ But interestingly, when I first became the carer of my grandfather, the approach [was] very different, it was a case of, ‘Hold on a minute, what about your job, your job comes first’. I think it’s an age thing.

These experiences of being discriminated against also prompted emotions of guilt in some working carers. They had to take time off from work because of their care responsibilities, which caused them to feel guilty about their colleagues who had to deal with their workload. This explains why some carers feared contributing to a perception of avoiding work, which encouraged them to hide their caring responsibilities:

The guilt is massive. Comments like, 'You are never here', or 'Your life is one big holiday' leave you unwilling to talk or share. (Quote from male survey respondent, Administrative Officer in GovOrg caring for his parents)

Some people will use the situation or the circumstances to question things, like humour, 'Oh, are you a part-timer now', or 'This is late for you'? I think some of it is because they're not privy to the intensity of the care. You have to just think, 'Well, okay, I'm not going to tell you why I'm so tired and why I'm actually not in the mood for your jokes today'. *(Raoul, working carer, GovOrg, carer for his elderly parents)*

I come to work to do the work and you do feel a sense of guilt when you've got to ask and, like I said, you tend to use your [annual] leave rather than apply for special leave or anything like that. *(Phillie, working carer, GovOrg, carer for her mother and brother)*

This sensation of guilt was more acute during periods of intensity activity and staff shortages. Those feelings of reluctance and guilt could lead carers not to challenge the practices of their organisations and the negative impact it had on them. For example, Angela, a working carer at InsuranceCo, described her decision not to take time off, although she had care responsibilities for her mother:

I thought, 'God, the team can't take two of us being off, that's going to be so stressful' (...) When you are in a team where there are not many of you and you already know there is a pressure on the team (...) It's hard enough to take holiday now.

Interactions with managers could worsen this sensation of guilt. For example, managers could use the guilt of their employees to reduce the amount of time off taken by employees. It was also used to legitimate intensive work and make employees more compliant, as Angela said:

I don't know if it's me, but I feel pressured by the company not to let the fact that I'm a carer and a mum impact my job [...] I think it's the manager's responsibility to say 'No, no, you just take time', but not make you feel bad.

The majority of participants who confided feeling guilty were female participants. However, a few men also wrote about feeling frustrated when receiving comments from their colleagues about their absence from work. (As there was no question in the survey specifically related to this sensation of guilt, I could not investigate if some categories of respondent were more at risk of feeling 'guilty', such as women, or employees in lower grades.) This guilt and reluctance felt by carers led to the '*compliance*' highlighted by Acker (2006a) that reinforces inequality regimes by preventing workers from challenging unfair organisational practices.

Moreau and Robertson (2019), however, show that hiding care responsibilities can be a practical necessity to protect the most vulnerable working carers at work. This was the case here for employees with disabilities. The combination of caring responsibilities and disability

could lead to further stigmatisation as ‘work avoidant’, and ‘hiding’ care responsibilities could then be a tactic to avoid feeling more ‘guilty’, as in the case of Dannie, a working carer at CharityCo. Dannie had chronic health problems as well as care responsibilities for her elderly mother. She explained that she felt guilty about asking her manager for more support because she already received support from her employer for her own health conditions:

I think I wouldn’t have a problem about filling in my (carer) passport, but I feel guilty because I had a good six weeks off this year alone, in two separate instances.
(Dannie, working carer in CharityCo)

Dannie stressed that she had a ‘real work ethic’ and that ‘if she was paid to work, she should work.’ Having a disability on top of caring responsibilities was an obstacle for carers in disclosing their caring situations at work, and this was also observed in other organisations. In the GovOrg survey, for example, 46% of respondents who said they were having difficulty talking to their colleagues or line managers about their care responsibilities, also reported having a disability or a long-term health issue.

Thus although the policies clearly articulated the role of working carers, as in CharityCo³¹ (Appendix 8), the factors discussed in this section, such as work conditions, being ostracised by colleagues because of their incapacity to embody an ‘ideal worker’, and managerial instrumentalisation of guilt, all contributed to a reluctance among working carers to share their situations with others at work. These processes perpetuated inequalities between employees with and without care responsibilities, and between working carers in different job roles, or between able and disabled working carers.

6.3. The challenges of requesting carer’s leave

One element which I noted alongside working carers’ experiences, was the ‘self-driven’ character of the policies across the three organisations, meaning that their use of the policies depended on the initiative of employees. The CharityCo and GovOrg policy documents, for example, outlined eligibility requirements for using the carer’s leave and carer passport.

As written in the policy documents (Appendix 8), CharityCo working carers were only entitled to take carer’s leave when they had a carer passport and were recognised as a carer by their manager. In GovOrg, carer’s leave and special leave were only accessible through certain

³¹ CharityCo gives a clear definition of ‘who’ are working carers or employee carers: ‘*Employee carers are people who have caring responsibilities outside their working life. These responsibilities may be constant or fluctuate in the demand and impact their working lives. Employee carers will be responsible, wholly, or in part, for a variety of situations which may include: children with additional support requirement, partners, parents or other relatives or friends, who they care for directly or facilitate, support, and enable to care for themselves. The care and support provided by employee carers may be temporary or long-term in nature.*’ (Appendix 8)

conditions, one being that applicants' remaining annual leave or applicants' flexibility policy would be considered by the line manager before decision.

CharityCo's written carer's leave policy (Appendix 8) also stated that employees were responsible for "*ask(ing) for help*" from their line managers and that "*CharityCo believes in an approach which enables employees with caring responsibilities to respond as they need to, rather than a hand holding directive approach*". This meant that, for employees in CharityCo, accessing the carer's leave policy depended on their individual initiative, which was in turn related to their willingness to disclose their caring responsibilities in the workplace and to identify as a carer.

The process also relied on carers requesting support and to advocate for their right to carer's leave. At InsuranceCo, for example, asking for carer support required the employee to complete a form and have a one-to-one meeting with their line manager to discuss their working hours arrangement or obtain a carer passport. One survey participant in GovOrg wrote:

Not all help is given freely. You have to find this information yourself and then get management to support you.

Glyn, the chair of the carer network in GovOrg added:

At the moment, the support mechanisms are there, but you have got to go looking for them. As opposed to [them] being offered to you and there is a subtle difference between.

Not all participants had the ability to request carer leave; this appeared to be influenced by the carer's job role, position in the hierarchy and ability to use the intranet at work. Further, the layers of bureaucracy in GovOrg seemed to perpetuate patterns where employees in lower grades felt less entitled to support.

An example was Annie's experience in GovOrg. She believed that her line manager was limited in her ability to support Annie's care responsibilities. Approval of the forms was through the managers of Annie's own line manager. Annie believed that her line manager had 'her hands tied by those above' and had to 'do what her managers wanted her to do.' Requests from working carers were taking a long time to be granted because of the accumulated layers of bureaucracy.

According to Annie, working carers at the bottom of the GovOrg grade hierarchy faced a lot more difficulty in obtaining support, because their work relationship was far more rigid and codified. As noted by Healy et al., (2011) inequalities linked to hierarchy and class are especially apparent in public sector organisations, which appeared to be the case in GovOrg. Annie explained her frustration with the fact that support was given more or less easily according to employees' grades:

You should be supporting your member of staff whether they are an F, an A or a bloody HQ, it doesn't matter. (Annie, working carer in GovOrg)

In addition to the problems of hierarchy, there seemed to be a problem in terms of consistency of line managers' training and understanding of the policies, as shown by the two written comments from survey respondents in GovOrg below:

For my particular circumstances, I don't believe my line manager could do any more. She has been exceptional in supporting me. (Female survey respondent, Senior Executive Officer, and caring for her parents)

One senior manager clearly told me it was 'my choice' to attend hospital appointments with my partner, and therefore she could not allow special leave with pay, because I had chosen to do this. I felt as though my partner's illness was 'trivial' and he could attend the hospital on his own, which is definitely not the attitude of the hospital. They expect you to be accompanied for appointments, especially around my partner's condition. They [the managers] were also very intrusive. They went as far as to question what procedures he was having at hospital, even though the letter from hospital was clear of the condition and appointment. I really don't think you can educate this type of people to support you in the workplace. Trust me, I tried (...) On paperwork, all looks good, but try to access any of this [the policies] and they don't want to know. I had to take out a grievance to be allowed to have the right to have flexible working (...) when I went for part-time working, it was more an interrogation process, and the line manager was very intrusive. I was questioned (felt more like a criminal interrogation) on why no-one else could take on the role [of carer for her partner]. [Female survey respondent, Administrative Officer and caring for her partner]

These inconsistencies in line managers' understanding of the policies could also explain why in the GovOrg survey, only 35% of working carers felt able to use their annual leave for holidays, and instead used it for catching up on care or work. Although the carer's leave policies were theoretically available, working carers could 'save time' from engaging in layers of bureaucracy and discussion with line managers by taking their annual leave, which, as a result, reduced their free time for their own needs.

This issue of hierarchical divides also seemed to occur in InsuranceCo. Divides here were more subtle, however, due to the lack of an explicit grade system, with InsuranceCo presenting itself as a 'flat organization.' Nevertheless, there were differences between organisational areas and employees' level of autonomy, however, that could be interpreted as differences in perceptions of workers' skills in different business areas. Thus, even though there was no strict hierarchy in terms of grades, differences could still be identified between employees' skills and job role. For example, Angela, a lawyer in InsuranceCo, described the call centre employees' relationships with their line managers as very different from what she experienced in her own team and with her own managers:

From what I gather there is a very parent-child relationship, which I don't think helps. I think people should be able to cover for each other instead of seeking permission all the time. (*Angela, working carer in InsuranceCo*)

Variations in the wages and advantages attached to the positions of research participants could also explain the prejudices and stigma some had to face when requesting support for their care responsibilities. According to Pauline, a union representative in InsuranceCo, those prejudices sometimes involved assumptions about socio-economic status and led line managers to misunderstand their employees' caring responsibilities and ultimately to marginalise them. Pauline chose an example related to parenting, that she said could also be applied to working carers:

I think, sometimes we have issues where people have had caring responsibilities but are in a position where they can pay for somebody to do it. And they don't understand why other people can't do it. So, if you get somebody in a position where "I've had children, I've managed, I coped full time. Yes, why can't you?" Actually, if you are a well-paid manager and you can afford an *au pair* it's a lot easier than if you are struggling to make ends meet and are having to pay out a lot of money for a nursery. It's very different. (*Pauline, union representative, InsuranceCo*)

This quote shows how social and economic conditions could also contribute to the marginalisation of employees who could not, or did not want to outsource care, and as a consequence, were not conforming to the norm of the 'ideal worker'. Working carers in lower paid roles, and in more precarious social and economic situations, were seen as more 'demanding' employees than others who could buy or receive support from their family. This demonstrates how the processes of requesting support were influenced by class-based inequalities.

Another obstacle was access to technology. Working carers, especially those in GovOrg and CharityCo, identified issues linked to their ability to access resources online, for example, by navigating on their workplace intranet. In the CharityCo retail outlets, there was a single computer for three employees in each shop, limiting access to CharityCo's intranet. One working carer in GovOrg also emphasised the difficulty of navigating their intranet:

I didn't realise in the department that there is 'special carer leave' to attend medical appointments out there. I didn't know anything about that, and that came through the survey questionnaire that I completed, that led to this [interview] today. I didn't know anything about that, and it's alright if you've got the time to go through. Nothing's straightforward on that website. To me there should be like a hub of information that you could just go to and everything you need to [know] about, no matter who you're caring for.

In addition, the rigidity of working hours was also emphasised as an obstacle to navigating the intranet, as this working carer in GovOrg explained:

Nothing is spelled out to you, or nothing is given to you. You've got to look for it, and unfortunately the website is not the easiest thing to negotiate when you come to work (...) I found the form [for the carer passport] very hard to complete, because you have to literally put everything in there. And again, unfortunately I had to do that before I started work, so that impacted me, because when you work full-time you put everything before yourself.

Working carers with more experience and seniority were also at an advantage when they submitted their application for flexibility or the carer passport. They possessed the knowledge and 'habitus' required in their workplace to be convincing in their demands, it could be argued that such knowledge was derived from the cultural capital of these senior working carers (Bourdieu and Wacquant, 1992). For example, some working carers, such as Angela, a senior lawyer in InsuranceCo, knew that she had to find a 'balance' between the business needs and her own care responsibilities:

I would present my caring responsibilities as part of the kind of case for why I am doing that, but I would also need to explain how the business could cope, and that sort of thing.

These working carers possessed more skills in terms of job role and position. For example, Ian, a working carer in CharityCo, knew how to use his work experience in his favour. He explained that his skills 'took years of training', so it would certainly be in the best interest of CharityCo to keep him and support him with his care needs. In another example, Sarah, a union representative at InsuranceCo, cared for her mother who had poor mental health. After a failed meeting with her ex-line manager who 'did not believe in mental health issues', she decided to amend her carer's passport herself, explaining:

So, when I changed areas, I revised it, took all her crap off, slimmed it down a little bit, because it was a bit waffly. And I just made my new manager aware, and she [has] been awesome.

Those stories demonstrate how certain working carers felt confident in using the policies and knew how to advocate for their needs. These participants had similarities. For example, Ian had worked for over twenty years in CharityCo, and occupied a senior position where he was training new entrants in the organisation. The same can be said about Sarah, the union representative, who had developed a good understanding of the workplace policies and felt secure enough to modify the carers' passport herself. Because of their position at work, they possessed more social and cultural capital (such as seniority, knowledge of the policies) which gave them the self-confidence to apply for access to the care policies.

By contrast, if working carers were new to the organisation or inexperienced in their job, directly requesting time off or using the policies based on their own initiative would be a high-risk strategy. For example, a working carer in GovOrg said:

I had only just started here and thought I can't go to my line manager and say, 'Oh, by the way, my family are falling apart at the seams'.

This could lead to some working carers feeling isolated in their workplace and recreate inequality regimes among working carers themselves, as abilities linked to experience, seniority and confidence were important factors in accessing support. The informative, but limited, role of the carers' network, as discussed in Chapter 5, left its members without resources they could use to their advantage if they faced challenges when applying for the policies or discussing their situation with their line manager.

6.3.1 The role of line managers and the economic context

One of my research interests was to understand how line managers were made aware of the policies, and whether and how they received any form of training about carers.

When asked about carer training for line managers in CharityCo, an HR manager explained that training for line managers was made available 'on demand', if line managers encountered a situation with a working carer. However, the D&I manager in CharityCo acknowledged that she was surprised by the lack of take up of training for line managers in her organisation:

We probably haven't done as much as we could have done. I think we have tried to develop a sort of two hours workshop for managers on supporting working carers. We kind of ran it as a pilot just a couple of times. We did one or two for managers in [headquarters] and then we ran it again in [other administrative branch]. I'm afraid we didn't have a very good take up, actually. And so, we got a little bit discouraged about running it as a sort of face-to-face workshop. So we haven't really offered the training for managers on a regular basis (...) I think what I am trying to say is that, actually, we have quite a comprehensive [general] training programme for managers, so sometimes it's quite difficult to get managers' attention for a topic [in particular] "Yes, that looks very interesting but" you know, either, "Well, I don't think I have any carers in my team at the moment" or "Actually we've got a pretty good policy, [and] I know I can get support from our HR department."

In GovOrg, there were also specific criteria that line managers had to consider before allowing employees to take carer's leave, such as *'the impact of the team member's absence upon the business area/unit'*, *'whether carer's leave had been taken on previous occasions'* and *'remaining annual leave entitlements or flexi-leave'* (GovOrg policy document, Appendix 8). There were also additional criteria to ensure that GovOrg employees were not taking more time off than they were entitled to. In addition, GovOrg's employees had limited opportunities to appeal their line manager's decision, if their application was refused. These conditions appeared to ensure that allocation of carer's leave remained dependent on the attitude of line managers and their relationship with individual working carers. These conditions reinforced the obstacles already faced by working carers (such as work pressures, risks of discrimination, lack of technological access). Line managers in the three organisations had different experiences of the

policies. Some were unsure how to apply the policies in a fair way. For example, Jane, a GovOrg line manager, explained that her greatest difficulty was to correctly interpret the policies:

At the moment, our policies are not clear. What is now coming out is that we should be using the carer passport a lot more, and that we should be making judgment calls on the basis that we know our staff and therefore, we know what the staff need and [we need to] give them the support to get through the situation they're in. But for example, on a carer's passport, it's your interpretation of what it is saying to you. So, again, this is where we've got to make sure that what we do is consistent for fairness.

Her view was echoed by another GovOrg line manager:

Because everybody's interpretation of wording a policy is perhaps received and understood differently and therefore, if we have a consistent approach (...) although everybody's different and everybody's needs are different, [if] it is applied fairly, nobody is going to take the mickey.

This problem of interpretation was related to line managers' need for appropriate training. In the GovOrg survey, 74% of 93 respondents who said they managed employees had not received any form of training about working carers and the policies available to them. When asked about Employers for Carers resources for training line managers, one GovOrg HR participant explained that, as their organisation had only just signed up to EfC, they were 'going to look into resources for line managers'. Thus training for line managers at GovOrg had not been implemented when the study was conducted, leaving line managers without necessary knowledge to deal with working carers. The lack of training was discussed by Mike (working in GovOrg and caring for his father) whose manager had not completed any management course before being promoted to team leader. This resulted in Mike having to take unpaid time off for his caring responsibilities instead of carer's leave. Mike explained that this had financial consequences for his family. Kate, a PCS union officer who represented Mike, explained what happened:

His (Mike's) father needed to go into hospital for an operation, and my member asked for two days' unpaid leave so that he could effectively look after his mum, deal with all the practicalities associated with his father going into hospital for the emergency surgery (...) And his manager refused that application. Our policy says that there should be a conversation before you refuse so that you can explore all of the various options. That never happened. He got a letter left on his desk effectively telling him the application had been refused, and it was refused on two grounds. One, it was refused on the basis that he had annual leave left to take, and the manager took the view that he could use his annual leave. And the second ground it was refused was on the basis that my member, I think he'd had nine, maybe ten days off sick in the year, and that was taken into account as well. And the key issue that of course wasn't taken into account was the nature of why he wanted the time off (...)

As a result, Mike entered a complaint via his formal union representative. Kate said:

It was passed to another manager to resolve, and that manager had a conversation with me when we were sorting out the date for the [grievance] meeting, and said to me, 'Kate, why are we in this position?' And I said 'What do you mean?' And he said 'If this application had been made to me as a manager, I'd have granted it. Why have we got to the stage we have?' And I said 'Well, that's a very good question (...) It's because the policy has been misapplied.'

In other organisations, such as InsuranceCo, participants including working carers and union representatives had also raised concerns about how line managers were taught about carer policies. Sarah, a union representative, explained that the training for becoming a line manager was not standardised. Promotions were based on performance and so managers lacked training on employment policies, including training on carer's leave policies.

Most of the team leaders I know are created internally. They will finish their job usually on the front line quite often on Friday at five o' clock, everybody comes to the pub, bunch of flowers, bunch of balloons whatever, and then, they start the team leader role on Monday morning. *(Sarah, union representative, InsuranceCo)*

This absence of care policy knowledge could not be solely attributed to low uptake of EfC resources (as in GovOrg) or an inconsistent training approach (as in CharityCo). The economic circumstances of each organisation also played a role in the lack of policy knowledge at management level, and the '*competing interests*' (Acker, 2006a) managers often faced. All three organisations were experiencing significant financial pressures at the time of the fieldwork, which had affected prioritisation of aspects of managerial training. For example, Ronald, a GovOrg union representative from GMB, claimed that the department's tight budgetary constraints pressured managers to 'devise a way of achieving savings.' Kate, another union representative, from PSC, also at GovOrg, claimed that GovOrg 'wanted to reduce the size of the service by 6,500 posts'. She added:

Our budget has been, well, 'slashed' is the only expression I can think of, and it'll, as I say, effectively halve the size of GovOrg as a civil service department. The cynic in me would say if, potentially, your message is, 'Hey, we're a really family friendly employer, we've got all these wonderful policies in place, come and work for us', but you have too few staff and, indeed, you want to reduce staff, then you just don't end up granting people's applications.

Consequently, Kate emphasised that junior managers in particular had 'no training and knowledge about the policies.' Another problem was the centralisation of the GovOrg decision making process for carer's leave applications (mentioned in Chapter 5). While centralisation could reduce inconsistencies in application of the policies, Kate was pessimistic; she argued

that this development would limit union representatives' ability to negotiate terms and conditions with specific departments on behalf of their members, making negative decisions more arbitrary while removing much of the potential for any appeals process.

The tension with budget constraints was also a problem for CharityCo. While the policies to support working carers were presented as a way to cut employees' absenteeism in the organisation, the cost of hiring more staff was a recurrent issue. This affected line managers' ability to accommodate their employees' flexibility requirements. One HR Manager explained:

The organization is trying to sort of downsize and keep a lid on finances and resource expenditure. We do have a huge high turnover; our turnover is highest in retail, more than anywhere else. I know our managers are saying, 'Well, it's pay, you know, we're not paying staff as much.'

While the organisation was not implementing any redundancy plans, the cost of constant turnover in retail created significant pressure for CharityCo. This was linked to the lack of resources within the HR team, where the small number of posts made it difficult to support employees in the retail area:

We've got sort of a resourcing issue internally in HR, which means that we can't devote as much time and effort to creating staff or retail divisions and we're trying to push back to [retail workers] and say, 'Look, try and find avenues you can advertise locally'. Well, I think they've got an issue of time. So, we are probably not filling positions quickly enough or getting as good quality candidates that we need. (*Clara, HR manager, CharityCo*)

At InsuranceCo, a significant cost reduction process was being implemented, and the company planned to make 1,800 roles redundant. As part of the redundancy plan, some areas of the company also experienced an abrupt change of management style. For example, managers were expected to take on more responsibilities and to increase monitoring of both their own time and that of their employees'. Kat (manager at InsuranceCo and caring for her elderly mother) said:

I love me job, I love the actual relationship management part of it, I love it. It's all the box ticking and the spreadsheets and things that is making me more busy than normal because we have to just justify everything that we're doing.

The support and training provided to line managers thus also depended on the financial resources of the organisation. These factors adversely affected their ability to provide support to their employees and exacerbated inconsistencies. For example, Luke, working in CharityCo's retail sector, wanted to be proactive in supporting his employees with care responsibilities, but preferred not to rely on formal care policies. He had on average three employees per shop and strict sales targets to meet each month. He preferred to make informal arrangements with his employees, such as allowing them to start on a later shift in the morning:

I mean, I manage my people in a way that I think I would like to be managed myself. If there are issues, we talk about it and see what we can do to support (...) All that just needs is common sense to be honest.

This limited capacity to accommodate employees' needs had a direct impact on working carers, as shown by the experience of one CharityCo shop worker:

I recently went to my manager and said that I didn't know what was going to happen with my little boy and I wanted to go to HR [to ask] about going part-time and she actually said I could take my holidays one day a week, and I did that for about six weeks... (*Sam, shop worker, CharityCo*)

These experiences contrasted with line managers' experiences in the administrative area of CharityCo, where line managers seemed to be more creative and more autonomous in their ability to support their staff with care responsibilities. This may have been due to line managers in the administrative department having more staff in their teams, among whom they could distribute the work load of team members using carer's leave.

The inequalities faced by working carers were thus not only concentrated in micro-organisational processes such as interactions between co-workers and managers, the ability to disclose care responsibilities and feelings of guilt and illegitimacy. These inequalities were also driven by broader economic and organisational factors. The question arising from these experiences was how to make the policies to support working carers accessible to a broader range of working carers, irrespective of their characteristics and their individual position within the organisation. Working carers were however not passive, as noted by Healy et al. (2019:1754), '*groups experiencing inequalities also resist and challenge*' unfair practices. In the three organisations, different strategies seemed to be used by working carers and other employees to reduce the inequality of access to carer's leave policies. In the following section I explore strategies and their limitations.

6.4 Reinforcing access to carer's leave

This section explores how support for working carers could be reinforced in the organisations covered in this study. First, some working carers chose to seek help from their union representatives when negotiating access to the carer's leave policies. Union representatives interviewed explained that they saw their roles as 'advisors' to help working carers completing their work adjustment requests. A union officer in GovOrg, explained this was not a negligible step:

Your trade union should help you to ensure that you put forward the very best application that you can. I can be a bit of a devil's advocate – you complete a draft, I'll start finding the holes in it, so you can plug those holes, so hopefully when you submit your application to your manager, it's a watertight application so far as it can be, and

you may well get it ... You're not going to get it granted without a meeting, but after a short meeting, you might get it granted, or you might get it granted - if not in the format that you quite wanted, in a format that you're equally content with.

Pauline, a union representative in InsuranceCo explained that, from her experience, working carers could sometimes experience difficulties during these meetings, because their care responsibilities could be considered unusual. She told the story of how, when supporting a colleague who was the carer for her adult brother, the colleague was questioned by her manager because her status as a carer for her brother was not 'obvious.' Pauline then acted as an 'advocate' for this carer, pointing out how some of the questions asked of her colleague denoted a lack of trust in her care situation from her managers' point of view:

She was a primary carer, and we had an awful job getting her shifts fixed. We had a lot of difficulty with the manager over wanting, I felt that they were quite aggressive with the kind of information that they requested from this member of staff. And rude almost in the sense that [they asked] "why can't someone else do this, why you, why are you the one that has got to do, why can't your neighbour do this why?" and it was quite unreasonable.

Trade union representatives could also have more influence on senior management if they were used to dealing with them more frequently, or if the union representatives were themselves in a hierarchical position where they could interact with more confidence and assertiveness. Kate, who was a lawyer alongside her role as union officer, explained what she said to a senior manager during a grievance meeting:

We've got a number of people in that office where issues that relate to caring responsibilities aren't being done very well. So, I said [to the senior manager] 'I'd actually like you to make some recommendations about looking wider at some of the applications for time off that have been refused, and seeing if, by the back door, rather than having to raise a number of other grievances, they could be reviewed'. That manager agreed, following... Well, he upheld our grievance, and he made the recommendation that I asked for, and on the back of that, without having to go through further grievances, two members of staff had their matters relooked at by a senior manager, and had their special leave effectively granted on a backdated basis.

There were a lot of similar cases in InsuranceCo where union representatives would also act as a type of 'advocate' to help carers receive support. This did however create some fatigue among union representatives themselves. Sarah (union representative in InsuranceCo), who was herself a carer for her mother, explained how the constant questions and demands for help from union members in adjusting their work requests created what they called "case fatigue" among union representatives. For Robert (also a union representative in InsuranceCo), this fatigue was related not to the cases themselves, but to the lack of union representatives in their workplace. He highlighted the necessity to train further representatives:

If, for example, I was away for some time, we have [to get] other people trained up. That takes an awful lot of time.

A lack of union representatives was also mentioned by Mike, in GovOrg:

Our union representative, Kate, she's very good but she's almost working on her own. And she has got a big area to cover, and I don't like to keep harassing her with the same thing over and over and over again. Although I do know other people in this building that have taken up a lot of her time on exactly the same issue [on caring]. Well actually, she's the only one trained that can look after our interests in the whole region.

Reinforcing the policies from an individual case to case basis, through the support of union representatives, seemed limited due to a lack of union training and recruitment. This individualised support could also create inequalities among union members and non-union staff. Indeed, some working carers did not consider it worth asking the union for assistance, because they did not associate the union's work with their situation:

They're too busy campaigning for better pay and better rights for us, I think. I don't know. I can't say I've seen anything in regard to that [caring] at work. We do get a union magazine, and sometimes there's things on that, but again it seems to be more towards childcare. There's a big push for childcare, which don't get me wrong, everybody's entitled to that. (*Phillie, working carer, GovOrg*)

This indicates that the individualised support given by unions may be a less effective option than collective bargaining for supporting working carers. However, according to the PCS union officer, Kate, in GovOrg, this individualised support could also be their only 'space for manoeuvre' in their organisation, because of the restrictions imposed on them:

I spend half of my time as a trade union rep, although it's fair to say that, due to the political changes that have been made, and attacks on trade unionists from the current Government, the amount of work I do in my own time, in terms of representing members and performing those other duties is enormous because there is a restriction on what I'm allowed to do in my employers' time, and it's imposed for political reasons, and to try and ensure that staff don't have a voice within the workplace.

Kate, the PCS union officer in GovOrg, added that, in the current context, unions could complement the role played by the carers' network by providing more personal advice to working carers. However, in GovOrg, the union and the carers' network appeared to operate in silos. Kate described the following instance where these silos prevented the union from making their presence known to carers in GovOrg:

One of our managers ran some workshops with someone from the carers' network within GovOrg (...) I was really disappointed that we didn't get an opportunity to be

part of that, because when people see, sometimes, the value of what a trade union brings, it's also a really good means of recruiting.

Some other opportunities to support carers were evident too, for example improving training for line managers. Kate explained:

The other thing is, I'm currently involved within our region, in working with one of our senior managers, to write and then deliver training to some of our more junior managers, with a view that they feel that they can be confident in exercising their discretion when dealing with issues around caring responsibilities, whilst of course bearing in mind the wider issues in relation to other members of staff.

However, this initiative only covered the region where Kate worked, which may perpetuate inequalities within different geographical areas in terms of carer support.

There were also other channels for employee voice outside of the union, especially in InsuranceCo. However, these channels had a limited effect in improving access to working carers' support. Angela, a senior manager and working carer in InsuranceCo illustrated the challenges and '*competing interests*' (Acker, 2006a) in terms of pushing for change through these channels. She described her experience of using the 'voice survey' in InsuranceCo:

We did have a 'voice' [survey] in InsuranceCo survey, which comes out normally twice a year and there is also a random selection of employees to do a snapshot, just to get a feel for the temperature of the business. I think the trouble is that some of the people get confused with the terminology in it. Because I've got my director of my team, he is awesome, I couldn't ask for a better leader. He is everything that an [organisation] leader should be. So, when I answer my voice [for InsuranceCo's voice survey], I kind of answer it on him, because I know that they are going to be his results. That's really important to me that he has his results, but the trouble is, then, I wouldn't use that opportunity to then put comments in it which will hopefully be read at a higher level. But unless I score low, no one is really going to read it, but I don't want to score low because I personally feel he's been such a good coach mentor, really encouraging, really giving you the confidence that you need.

While Angela felt that there were recurrent issues with consistency of implementation for the carer's policies in her organisation, her comment indicates that her ability to voice concerns freely was constrained by her affection for her line manager. Her voice had direct results over her manager's individual performance rates, which she was concerned about. Angela's experience echoes criticisms addressed against non-union, individualised 'employee voice' mechanisms. These mechanisms are often set according to management's parameters and therefore limit the capacity for employees to express points of view which are divergent to those of their management (Barry and Wilkinson, 2016).

Finally, working carers also used pre-existing legislation to their advantage. For example, some participants explained how they 'leveraged' other issues, such as their disability, protected

under the Equality Act 2010, so they were able to obtain time off and support that they would use of their care responsibilities. One employee in GovOrg, whose wife had a long-term debilitating condition, explained that from the moment he told his manager he himself had autism, his manager's attitude changed towards him. He became more accommodating towards his employee's needs for support with the care responsibilities he had for his wife. This employee linked it to the fact that his autistic condition also protected him under the Equality Act 2010. The same experience was given by Phillie, who had care responsibilities for both her brother and her mother. She confided how she received a lot of support from her workplace, not because of her care responsibilities, but because she herself had cancer. She also associated this support with her being also protected under the Equality Act 2010. Those strategies then indicate that some working carers were aware of which legislation could work in their favour to guarantee support, and because of the non-existence of a legislation about carer's leave or carers, they preferred to rely on the Equality Act 2010 to ask for time off.

These situations examined here show that working carers were not 'passive' toward what was happening at work. As shown by the quotes above, some could be active in seeking help from trade unions, using legislation to their advantage, or creating a training workshop for managers. Those different events show that carers retained a certain agency and tried to find a voice to express what could be done to support them better with their care responsibilities. However, these strategies were too individualised and fragmented to be efficient to protect all carers in their organisations.

6.5 Summary

This chapter examined factors that could explain how working carers could experience care policies differently. Working carers' identification process as 'carers' and their access to support depended on multiple factors. These included the nature of their care relationships, the organisation and pressure of their work, their interactions with colleagues, as well as the economic context of their organisations.

Mobilising Acker's theory of 'inequality regimes' was useful to explore why working carers often experienced access to carer's leave policies differently. The different factors discussed in this chapter exhibit the components of the 'inequality regimes' experienced by working carers. For example, the 'self-driven' character of the policies led working carers to lack a sense of entitlement towards carer's leave, while it framed support for their care responsibilities as an individual 'benefit' rather than a collective and social right. This was problematic, as access to carer's leave then relied on carers' status and position at work. Work pressures also exacerbated these inequalities by, for example, increasing the likelihood that carers would receive negative treatment or comments from their co-workers and managers. There were however attempts in each organisation to reinforce the policies through the help of union representatives, or indirectly, through existing legislation, such as the Equality Act 2010.

Chapter 7

The impact of carer's leave on reconciling work and care

7.1. Introduction

Chapter 7 highlights how carer's leave policies can create time and space for articulating care and work. This chapter turns to the concepts of '*doulia* right' (Kittay, 1999) as a way to evaluate and assess the impact of carer's leave policies and differentiate them from other types of flexible policies.

Kittay presents this '*doulia*' concept as a right attached to care (as discussed in Chapter 2). The carer is 'owed' resources to respond to their own needs (these resources are provided by the '*doulia*', a role which can be held by the state or the employer, according to Kittay). In other words, carer's leave, provided through compensated time off by the employer could effectively be a '*doulia*' right. This chapter explores the advantages and limitations of considering employer-led carer's leave as a '*doulia*' right.

In addition, this chapter looks at the consequences for working carers who are not provided with access to support, and how their caring responsibilities are adversely affected by this lack of support. The second part of the chapter examines the family stories and experiences of participants and considers the extent to which policies affect carers' ability to reduce and redistribute care within their families. A special focus is placed on the impact of carer's leave on some groups of working carers, such as 'young' working carers, and working carers who are closer to retirement. The chapter responds to the following research questions:

RQ5: To what extent, and in what specific ways, do working carers benefit from these schemes?

RQ6: Do employees benefit equally from these schemes (e.g. do job status, gender, age, or organisational characteristics matter)?

Section 7.2 examines what it means for working carers to benefit from the policies. Carer's leave may be considered an improvement upon pre-existing flexible policies which placed an emphasis on time used to care being replenished with surplus work. Policies to support carers without such an emphasis enable working carers to navigate the social and healthcare system more effectively, without generating additional strain at work. Section 7.3 examines the struggles for providing care experienced and strategies implemented by working carers without access to paid carer's leave, especially workers whose job is low paid. This section discusses the limitations of employer-led carer's leave as a '*doulia*' right. Section 7.4 examines working carers' family relationships and the distribution and arrangement of care in their families. It brings specific attention to the role of 'young working carers' and working carers closer to

retirement as specific populations of working carers in need of better recognition at work. Section 7.5 summarises the findings of this chapter.

7.2. Carer's leave and flexible-working policies: what is the difference?

In this section I compare situations in which participants have used the flexible working policies available in their organisation, and situations in which participants have used the carer's leave policy. Many study participants had used both flexible policies and carer's leave, for different needs, such as time for medical appointments or daily care tasks. They described in their interviews the relief that the carer's leave policy provided as it was based on time 'given' to the carers to care, rather than time carers had to catch up on later through working additional hours. Alongside the physical and emotional tasks of providing care, many participants also described navigating the health and care system as an arduous task. Often, working carers talked about the multiple administrative tasks they handled alongside their paid work. Anna, for example, a working carer in CharityCo, explained how she and her husband worked together as 'advocates' in the system for their disabled son Julian. They felt their responsibility as carers was to play the role of 'a coordinator' between the health and care systems, trying 'to bridge or fill the gap between both systems.' Anna said:

It is when something goes wrong in that bit of the system, you know, when you kind of think, 'I'm chasing this, and trying to get this done, I'm trying to get this moving, happening'. We've got literally a whole full-time job of trying to get administrative support for Julian [Anna's son] and his needs. The difficulty is that those systems don't coordinate well with each other. And so, a lot of things fall through the gaps like the fact that they'll pay for carers, but they won't actually support you retaining them or actually won't pay them enough to make sure that it's possible to retain them.

These efforts to use and coordinate services required time, investment, and emotional energy. This is also what Charlap et al. (2019) referred to as efforts to 'articulate' care, a term used to understand the efforts made by carers to organise care services and appointments. It appears that this pressure was alleviated for carers who could take time off from work due to carer's leave. Alongside the mental burden, working carers also emphasised the 'assertive role' they had to play when navigating the system. Helen, a working carer in InsuranceCo, made regular trips to her mother in her care home to ensure she was getting the right kind of care. She had particular concern about the care workers in charge of her mother:

They presume that she is deaf for some reason, she's seventy-four, seventy-five now. She is not deaf, she is not old. And people forget, or talk above her.

A lack of trust could also exist within their interactions with health professionals, who often excluded carers from medical recommendations, and ignored the impact this could have on the intensity of care they provide. This was the case for John, for example, a carer for his wife who

experienced frequent and intense panic attacks. John found it hard to manage her condition alongside his full-time job:

The doctor discharged her [John's wife, from therapy]. And when I phoned to ask him why he discharged her, [he said] she had asked herself to be discharged. I said, 'Look, she is mentally not fit, how can you take her word for it?' I even said 'I don't know what to do with her. We don't know how to help her get over it.'

The time and energy invested in advocating for the person cared for, and 'articulating care' revealed the need for carer's leave and adequate work adjustments to alleviate the logistical pressures working carers face. Control over time gained through the policies such as carer's leave and the carer passport allowed working carers to 'liberate time' for themselves or their families. Ian, for example, was able to obtain a carer's passport at CharityCo; using this allowed him to change his hours of work:

I think rearranging my working hours has helped a lot, because before that happened it was quite challenging to do five days a week, there wasn't any spare time to do the things you needed to do in the daytime. Now, I've got a better work life balance because I've freed up a day to do a lot of things that would have just eaten into the weekend and destroyed family life. (*Ian, CharityCo*)

Louise, a working carer at InsuranceCo talked about the degree of 'empowerment' she felt due to the fact that her employers were leaving her to 'manage her own hours', alleviating the anxiety of discussions with her line manager and requesting time off for caring. Louise was also able to make private phone calls from work and take carer's leave at short notice if she had a care emergency. She particularly praised the length of carer's leave at InsuranceCo. The possibility to have two weeks of paid carer's leave to accommodate planned or unplanned caring events left many working carers more confident in their ability to combine work and care. Working carers in all three organisations studied commented on the benefits of taking carer's leave:

CharityCo can sort of work with me, to make [my caring responsibilities] easier for me. I need to be able to answer my phone, and I may have to leave suddenly if my grandmother presses the button, so we got all of that in place. (*Eleanor, CharityCo*)

I used the carer's leave (...) so, while I was there [at the nursing home] I was like 'I'm not leaving you, Granddad, you know, it does not matter', I texted my boss, I just said 'Look, you know I'll be back as soon as I can.' (*Vicky, InsuranceCo*)

Vicky added that carer's leave was a major reason why she enjoyed working in InsuranceCo. When asked about her previous experiences working without carer's leave, she said:

Obviously, having the support from work makes it more possible because, I've been in this situation, with my grandfather who passed away before, [I was in] another job, I said like 'I've got to go, my Nan just had to call an ambulance for my granddad.' And they were like 'You can't go', and I was like, 'Well, I'm going, so I'll see you later' (*smile*). You know, I didn't have the children or a house then. So, I was a bit like, if it cost me my job, that's fine, but obviously here I don't have to worry about that, so it's quite handy. Having the support from your employer and the knowledge that you're not going to get penalised for not being in work, that is important.

The time provided for carer's leave differed between the three organisations, however, meaning that working carers in the different organisations did not have the same amounts of carer's leave available. Thus, although in the GovOrg survey 58% of respondents said using the policies helped them combine work and care, the uptake of carer's leave for medical appointments was very low there compared with the other organisations (just 5% of GovOrg respondents said they used carer's leave). The challenges experienced by carers when trying to access GovOrg's carer's leave policies were discussed in earlier chapters. GovOrg was the least generous of the three organisations in terms of planned time off given for care; its carer's leave policy offered just one day of paid carer's leave per year for medical appointments. This was seen as insufficient and criticised by many participants in the organisation. Phillie, who had to juggle between her own medical appointments and the medical appointments for her mother, commented:

It is just difficult when you can get time for your own appointments but can't get time for mum's appointments. So, I have to use my flexi time for those appointments. And I find that difficult because it's difficult to pay back the flexi if you're not always managing to get in early. And yet, if I needed a doctor's appointment, they would give me an hour; but because my mum needs a doctor's appointment, I have to use my own flexi. I think they could be a bit more flexible on that side of things really. People with children get time to take their children to appointments.

Effectively combining work and care depended on the professional situations of individual working carers and the freedom and ease with which they could access carer's leave policies, however. 'Work-life balance' is described as a factor of job quality by Warhurst et al., (2012); reaching that balance is not a straightforward process, however. For example, flexible policies needed to be 'articulated' to 'reconcile' work and care. In this way, flexible policies did not reflect a '*doulia*' right, as they were not 'given' to carers. When using these, carers still had to invest time and energy to 'make them work', by 'making up' hours used for flexibility or making arrangements to work from home.

For some working carers, working from home could also be a poisoned chalice. Pat, a manager at CharityCo, described an inability to "work solid, like when you are at work, where you sit

and you just work, you're coming in at nine, you work until five." She explained that, while being at home, she was also doing things for her mother, driving her to the hospital, going to the chemist. At the end of the day, she was 'still sitting here, [doing] emails at 8' o'clock at night.' Her boundaries between her work and caring duties became blurred. Maggie, another working carer at InsuranceCo, echoed Pat's experience, explaining that she had to be disciplined when working from home:

Yesterday, when I worked from home, I started at seven o' clock because I didn't have to drive, but I finished at three. I made myself finish at three and I literally just did eight hours solid, just like that, straight through. And that's the bit you have got to be careful about when you do work flexibly, is that you are doing as much as you can, and you think 'if I do that now and I do that, I will do that' and then you just carry on and just carry on, you have almost got to be disciplined to stop yourself.

The different factors influencing these policies (such as work pressures and care demands) could result in working and caring time becoming blurred and consuming more time rather than saving it.

You have just got to do the best you can really, and you know, it's that bit where you actually care for somebody else and you're just like, 'I'm not that bad yet, I am that bad now (laughs) I need some time.' (...) I'm trying to manage this balance, manage this workload (...) You are always looking after somebody else, and you are always looking at their health, and you have to do well at work as well because the last thing you don't want is to be perceived as sort of somebody who is not pulling their weight on the team, isn't it? (*Maggie, GovOrg*).

Alternatively, having paid time off for care reassured carers that they would not have to work extra hours to catch up on work. Carer's leave seemed to be considered an improvement on flexible hours alone, as there was no need to 'pay back' time used for care. Eleanor, in CharityCo, said, "So I just put [carer's leave] in my diary when I need to leave and take my mother to an appointment and that comes out of the care and compassionate leave as opposed to holiday, so I don't have to make up the time or anything." It also seemed to be an improvement on other types of working arrangement, such as part-time work. An example was Dina's experience. Dina was a part-time worker in CharityCo in the HR team, who was hesitating between asking for more hours to improve her family's financial situation or looking for another job. She was concerned, however, that she would not find a new job as 'carer friendly.'

Working carers near the age of retirement were particularly appreciative of carer's leave. This was the case of some participants in CharityCo, who worked in the administrative area. Three of them were women who explained how their decision to take on their current role at

CharityCo was partly influenced by the support that the organisation offered for their care responsibilities. One of them, Emma, said: “I moved to London specifically to be a carer for my parents so then I had to find a job in something I could do”.

She went on comparing her previous job and her new one in CharityCo:

I did use carer’s leave in my previous role, but it was limited (...) They weren’t that relaxed about working virtually (...) I could come and work in London, but I would not have been allowed to work from [my parents’] house. Which is what I can do here.

Another working carer and manager, Pat, said that her job at CharityCo was a way ‘for preparing’ for retirement. She added that:

I was really pleased when this job in particular came up with CharityCo (...) And it was one of the reasons, when I get offered the job, I did sort of made sure again that they were aware that I do care for my mum, and the answer I got back was ‘yes, that’s all noted, and we will deal with it, that’s really not a problem’, which for me is really nice (...) In particular, (*talking about carer’s leave*), days that you can take off and which is outside your holidays, it made me feel really comfortable into coming here as an employee.

In addition, CharityCo also offered financial support for older people. A working carer explained:

Something in CharityCo has been really good about setting up, Vivian in particular, is financial planning for older people (...) planning for your old age, and it is really good, because the course they run here, it was not just about looking at your finances (...) it is thinking about whether you’re going be a carer.

This holistic view about preparing for retirement, which took into consideration the impact of caring in workers’ lives was especially valued by this participant. It seemed that the support these participants received at CharityCo, in particular carer’s leave, enabled them to provide care without having to compromise on the quality of their work experience. The support of the carer’s leave policies helped working carers to organise their work schedules around their care responsibilities, rather than fitting those responsibilities around their work lives, as it is often described in the literature (Loretto and Vickerstaff, 2015).

Vicky, a working carer, explained she could have the privilege of being able to focus on care and not having to ‘to care about work’ because she used carer’s leave. Support such as carer’s leave thus provides much needed support to working carers and can reflect the ‘*doulia*’ principle discussed by Kittay (1999). However, as discussed in Chapter 6, there were inconsistencies in working carers’ experiences and not everyone was able to access carer’s leave, putting some carers in situations of precarity.

The next section explores the experiences of working carers who do not receive any support from their employer and examines the strategies of those carers and the consequences of this situation for their caring responsibilities. As such, it considers the limitations of employer-led carer's leave as a '*doulia*'.

7.3. Experiences of research participants with limited employer support: exhaustion, economic difficulties and moral conflicts

For working carers without access to carer's leave and other policies to support carers, or with only limited access, there were much greater challenges. The lack of access to policies for these participants resulted in a daily battle between work and care. This was mostly the case for participants who had low-paid jobs in the CharityCo retail outlets (shop assistants and shop managers) and those in lower grades at GovOrg (such as those working directly with customers in GovOrg agencies). Because of their limited or non-existent access to the policies due to 'inequality regimes', they sometimes had to find alternative strategies to fulfil their care responsibilities while managing their work. This meant sometimes being unable to fulfil caring responsibilities as they wanted. Sam, for example, a shop worker at CharityCo, organised her caring life around her work shifts in a shop:

We're going to start sleeping at my mum's one night a week so I can do her ironing and stuff and spend some more time with my mum, and then I could take my son to school on my way to work, because my mum lives about 25 miles away from the shop. If my mum needs hospital appointments and her hospital, funnily enough, is where I work, so sometimes I can go in, like, on the later shift, which is nine thirty, to take my mum to her appointment, but I can't take her home...

The later shift (9.30am) for Sam was her only 'support' from work, as it was the latest she was authorised to open her shop. She felt frustrated that she could not be there for her mother's medical appointments and could not bring her back home. Sam's experience echoed Rosie's story. Rosie, another shop worker, had care responsibilities for her adult daughter and grandchildren; she explained how stretched her time was when she was working at her shop. Alongside caring for her daughter with mental health issues, she also had to ensure she could drive her grandchildren to school on time each day at nine am. She would come in for the later shift at 9.30 but had to pick her grandchildren up from school at 3.30. She blamed her inability to fulfil her care responsibilities on CharityCo's refusal to accommodate her requests for reducing work hours during a period where her daughter was very ill. She thought that hiring an additional shop assistant would have helped her manage her different commitments and while also being there for her grandchildren. However, significant delays in CharityCo HR processes delayed Rosie in being able to reduce her hours. When interviewed for this study, Rosie had already decided to quit her job and become self-employed, showing the extent to which employment practices at CharityCo prevented Rosie from being able to fulfil her care responsibilities.

In GovOrg, Mary, a receptionist, faced similar issues. She explained how, during an emergency when her mother needed to go to hospital, she was not allowed to work from home. The reason given by her manager was also staff shortages. The decision had an impact on Mary's family; her dad had to re-arrange his own days of work to take Mary's mother to the hospital, leaving her elderly grandmother alone and without support, which unsettled Mary. Mary also described her role as beyond the job of a "normal receptionist" because she had to deal with very troubled customers. This also had an impact over her ability to help her mother at nights, when she was going home.

There are days when I come home from work and I'm falling asleep at the dinner table, I'm worn out. I [want to] do more, because mum has been there with granny all day, I want to help out with her [but there have been] times when I've come home, and I just haven't been able to do anything.

The intensity of her work directly affected her ability to provide care, and the intensity of her work and the absence of support left her too exhausted to provide care. Working carers in rural areas were especially impacted due to the distance between each place they had to cover for their caring and work responsibilities. Spatial dimensions of combining care and work are said to represent an additional complexity in organising care which is sometimes overlooked, as showed by Phillips and Martin-Matthews, (2008). Sam said she was driving about 80 miles every day, between the shop where she worked, her children's school, her home, and her mother's house. Commenting on her experience of commuting, she said:

Sometimes I can be out of the house 12 hours a day, to be paid for 7. Sometimes longer. If I go to see my mum, or my boyfriend's mum, sometimes I can be out of the house 13/14 hours a day, and I take my five-year old with me.

Sam's comment demonstrates that her seven hours of work did not compensate for the time she spent out of her house due to caring. During her interview, she also explained that she had recently been diagnosed with osteoarthritis and fibromyalgia, conditions that can be caused by stress and lack of rest. The lack of time available to Sam to care for herself ultimately affected her health. Another barrier preventing Sam from providing care were her financial resources, which limited her capacity to take unpaid time off. Sam discussed the impact of the long hours spent between work and care on her financial situation as a low wage shop worker:

I'm on just under £18,000 and I think I'm better paid than some of the shop managers because I've got a bigger shop. But to be quite honest, the responsibility I work, and the hours I work, because I'm contracted for 35 hours, I work in excess of that. The responsibility I have, I don't think I'm highly paid (...) I'm not doing very well to be quite honest. Between running petrol and I pay maintenance for a 17-year-old that doesn't live with me. I

have high childcare costs for my five-year-old and I barely have enough left to feed us, never mind using additional petrol to go see my mum more often.

Sam's precarious situation was echoed by another working carer. John occupied a junior administrative role at GovOrg; he explained that he was the only one in his family with a full-time job, as he was caring for both his wife, who had chronic anxiety, and his daughter who suffered from a chronic illness. He described their financial situation as "hand to mouth"; it was made even more complicated by the fact that he did not receive support from his line manager for his care responsibilities. The reason given by his managers was again an inability to hire more staff. The working carers who told their stories were often very distressed, feeling they were trapped in poverty as their low-paid jobs correlated with their limited access to support, making it far more difficult for them to combine their caring and work responsibilities. These participants were unable to reconcile care and work responsibilities, and their lack of resources meant their focus had to be on 'making it work' day to day. In contrast to working carers who were able to plan the combination of their care and work tasks in advance, study participants without access to carer's leave were forced to live from one day to the next.

Another factor of struggle brought up in many interviews was the feeling of isolation expressed by carers. These emotions appeared to stem from the fact that carers were effectively alone dealing with their care relationships, not only alone as the carer, but also as the resource provider for their families. The lack of support was not the only important element here as a lack of '*doulia*' right.

The other frequently discussed issue was the lack of 'bargaining power' available to these working carers. As most carers focused their energy on work and care, they often lacked the emotional and physical resources to improve their own working conditions. Rosie, the shop worker, confided that she was shocked that nobody was able to relay and represent their issues to HR in CharityCo, which left them effectively without resources or strategies to build up arrangements for caring. Their situation goes back to the argument of Hamrouni (2015) about the limitation of Kittay's examination of support and power in care relationships. Hamrouni argues that economic support (such as here, in the form of carer's leave from CharityCo) cannot be sufficient as '*doulia right*', if carers' lack of time and energy to defend their interests is not taken into account. Support such as carer's leave alone cannot resolve the inability or lack of opportunity for carers to voice their concerns in the workplace. In the situation of the shop workers, employer-led carer's leave policies could not be an adequate solution to resolve the broader issues of lack of representation and economic precarity attached to their working conditions.

This situation also affected how the working carers experienced their 'caring journeys'. For working carers without support, time spent caring was often rushed. Their experiences echo Kittay (2021:292), as Kittay notes that the precarity faced by carers because of a lack of adequate employment protection has ill-effects on those who depend on their care. Participants with no support often had to make compromises in their care responsibilities, which affected

the quality of care they could provide to their relatives. As shown by Mary and Sam's stories, this involved leaving the person cared for alone in a critical moment because of their work commitments:

If my mum has got an appointment or anything like that, I'm not allowed out of work, or I can't go in late to take her, I'd get shot. (*Sam, shop worker, CharityCo*)

Another participant described the difficulties she faced in combining work and care, stating that she was 'constantly trying to weigh up what is most important' between both. Another working carer, Evelyn, shop worker in CharityCo, also commented:

I think you just have to deal with it and you just have to work with it and do your best. Otherwise, I think you can't stop feeling guilty if you're not careful. You can feel guilty about not doing enough for your loved ones. You can feel guilty because you're not spending time with your family, but you just have to work with everything, work along with everything.

While carers who could access policies were better able to control both the quantity and quality of the time spent caring, the lack of support for other carers left them overwhelmed by their commitments. This situation impacted not only the quality of care provided, but also working carers' own sense of identity. Towers (2019) argues that being forced to withdraw one's care can be detrimental to a person's sense of self. Johncock (2018) also outlines how carers can feel like 'traitors', or that they are 'betraying' the person they care for if they do not devote enough time to them. Phillie's experience was symptomatic of this; she explained the moral dilemmas she faced in caring for her parents:

I've had managers in the past saying, 'Well, you can just put them in a home.' Well, no, it's not that easy and my mum has expressed a desire to stay where she is, in a home she's lived in for over 50 years, and I respect those wishes. Now, maybe that's kept me here rather than me doing what I've wanted to do, because I do feel, like I say, an enormous guilt.

Aspects of care such as the emotional aspect, in particular the commitment to respect the wishes of the person cared for, cannot be easily delegated to others. Following the wishes of the person cared for could sometimes create challenges for participants' working lives. As outlined by Finch (1989) and Finch and Mason (1993), people's ideas about what they do as caring are influenced by what they hold as 'social norms' which can dictate the standards of care they want to apply in their lives. For example, carers could be reluctant to consider care homes as an option for the person they cared for because this would go against their standards of care, in addition to representing a significant financial cost. One study participant felt she had to take her mother into her own house because her mother did the same for her grandmother. She said: "It just seems odd to me that I would put mum in a home. It just doesn't seem natural to me to do that, now if mum decides that she does want to go into a home, that is her decision, that's

perfectly fine, she can make that decision, but at the moment she wants to be in a home environment.”

A lack of support available to carers would lead them to make compromises and sacrifices about what they considered as ‘good care’. When not following these standards of care, participants could then experience moral distress. Phillie, a working carer in GovOrg, explained how she could not ‘forgive herself’ for having to put her father in a care home in the week before he died, but could not do otherwise because of her full-time work. She now feared the same situation for her mother, who was ‘very adamant she wants to remain at home.’ Such commitments put pressure on these participants, especially those caring for elderly parents. Providing care to their relatives was demanding not only in terms of providing physical support, but also due to the emotional burden of meet the expectations of the person cared for, in particular the sense of guilt carers felt if they are unable to meet these expectations. This sense of guilt seemed particularly exacerbated with carers with limited resources available to them.

Working carers without access to carer’s leave policies were thus more likely to provide care below their ideal standards. This could include, for instance, being unable to keep one’s elderly parent at home. Those findings echo Fau and Tizziani’s understanding of care and moral dilemmas in different social class contexts. Faur and Tizziani (2018) show that care practices and moral standards are always socially situated and constrained by a particular social milieu. They note that those with economic and social resources are able to put into practice what they perceive to be ‘good care’, while others with fewer resources may experience conflicts between the care they would like to provide and their own capacity to provide such care. A direct outcome of such a conflict could be a sense of distress caused by failing to meet these expectations.

7.4 Exploring the distribution of care responsibilities in research participants’ families: do the policies to support working carers challenge care inequalities?

In this section I explore how these policies could complement the potential help offered by relatives, and to what extent carer’s leave policies favour a more equal sharing of caring responsibilities within families.

Hamrouni (2015) writes that any form of support provided to carers can be only one part of the solution, because this support does not resolve the unequal distribution of care within families themselves. Hamrouni argues that any form of support provided to carers can to a certain extent reproduce unequal schemes of distribution, for example by re-enforcing a gendered perception of women as primary carers. The picture emerging from the findings of this study are more nuanced than Hamrouni’s argument. In the GovOrg survey, for example, 46% of carers (the majority being women) stated that when they needed it, they could get help from others (such as relatives or neighbours) to provide care. However, 54% remained neutral or disagreed when

asked if they received support from relatives. In addition, more women received help than men from relatives: 51% of women received support from relatives, compared to 38% of men.

The findings emerging from the interviews with participants exhibit some contrasts with the distribution of care among different families of working carers. While gendered patterns of care were still very evident, working carers' families could have different ways of organising work and care. The effect of the policies on family dynamics were nuanced. For example, among some couples, such as Anne's, if both partners benefited from support at their work, tasks seemed to be shared more equally. Anne's husband worked in the civil service and benefitted from a job-share that allowed him to be at home two days a week to care for their disabled child. The support that Anne's husband received from work could explain what Anne said about the equal distribution of tasks between them:

There is sort of a huge amount of equality (...) I don't think that's very common. When I talked to the parent carers, it is usually almost always the mother. That isn't the case for us. It's genuinely very split.

This seems to indicate that care policies available to both partners in their jobs may favoured a more equal sharing of care tasks. Thus, it is not the policies themselves, but their availability and access to them that hindered or favoured sharing of tasks. Vicky in InsuranceCo, for example, found that the leave policies had a somewhat gendered effect. She explained that it was always her, not her husband, performing most of the care responsibilities at home because Vicky benefitted from a lot of support at InsuranceCo, such as paid carer's leave, while her husband, a bus driver, lacked anything similar in his work. Another example was Dannie, whose brother was self-employed, and could not provide care to their mother to the same extent as Dannie, who received support from CharityCo. Dannie stepped into the role of carer for her mother to support her brother who was using his savings to take care of their mother.

In another case, Louise at InsuranceCo was working full-time while caring for her older daughter with anorexia. She explained that her husband did not work but took care of the house and their other children. In this sense, it was not a typical 'breadwinner - carer model', but a more equal model, with an equal share of caring responsibilities between both partners. Louise also explained that the InsuranceCo policies benefitted her in that she could keep her job and provide an income for her family, while her husband was able to maintain their house.

Having my husband at home doing all the other things, that's really important for me, because sometimes it does feel like your head wants to explode. It's difficult to know what to do first, you get days when you think, 'Oh, crikey, I've got the normal running of the house and a few other bits', and it's just too much.

Louise's comment shows how the role of resource provider and carer is difficult to juggle without adequate support at home. It also shows that the role of a carer can be so intense that the carer's own needs (for example, in completing domestic work) need to be taken care of

through the support of other family members, as a source of ‘care capital’ (Chou and Kröger, 2014). The need for such support is reflected in Sam’s comment: “I do everyone else’s housework and I don’t get around to doing my own.”

The most recurrent model of care distribution among participants’ stories was unequal and based upon traditional gendered patterns. For example, when I asked Dannie, a working carer at CharityCo, to tell me a bit more about the help she received from her family, she explained that her son and partner supported her with caring for her mother. One of Dannie’s brothers was also living with their mother and caring for her, but he had to step back from caring, as he was self-employed and needed to go back to work. There seemed to be an equal sense of responsibility between Dannie and her brothers to share the care for their mother. However, Dannie said:

The men, they don’t see things the same way that women do. I don’t mean that in a sexist way at all, but men, they could walk past a pile of rubbish and it’s invisible to them, and women can’t do that...and that’s the problem I’ve got. I’m walking in [Mum’s house], and I’m straight away, I’m like ‘toilets need a deep clean’, the ‘bathroom needs a deep clean’, you know...

She also described how she had become used to an extra cleaning shift for her own family when she had finished cleaning her mother’s house. Nicky, another working carer, had a similar experience:

I spend some time with her [Nicky’s mother], cook dinner, clean the house, and then I come home, and I do exactly the same thing for the kids and myself and my husband and it is a bit wearing at times. But that’s the way it is now, so...

This unequal share of care responsibilities, not just between care and work, but also with additional domestic responsibilities, could endanger carers’ health, as exhibited in Dannie’s experience:

Because I have been too worried about not spending enough time with mum, I’ve not been following up with my GP to get me some help, so I know that I’m going downhill (...) I had a few tears this morning, just because I’m in a lot of pain and I think my colleague summed it up to me, and she said ‘The problem with you, Dannie, is, like a lot of women’ she said, ‘it’s you caring about everybody else, and you putting everybody else first, but you stop putting yourself first.’

Gender divisions were also present among siblings, especially when it came to caring for an elderly parent. Some participants expressed anger and frustration about how some of their siblings evaded their ‘obligations’. Others however accepted this as ‘natural’:

My brother is a typical man, he will go in and say hello, and then disappear again. (*Clara, CharityCo*)

This unequal distribution of caring responsibilities could occur between siblings of the same sex. Emma was a working carer for both her elderly parents. While her sisters were already living in London next to her parents, it was Emma who decided to quit her job and move back to London to care for her parents. When asked why, she explained she just felt that she had to do it, as the oldest sibling. She felt frustration about being the only child whose life was significantly affected by her parents' care. After the death of his mother, and the deterioration of his father's health, Roy was put in a similar situation. While he lived with his father, his brother was living close by, but rarely visited them. Roy felt bitter and frustrated about the situation. He said:

It isn't a contest, but if you have got a sibling, there [should be] an equal kind of caring responsibility and I know people have got their own lives and stuff like that, but at the end of the day, it's your dad or your mum, kind of thing, and it's a responsibility kind of thing. So, you can give it all the bravado, at the end of the day, you haven't done anything. (*Roy, CharityCo*)

Roy, who stepped in as a carer after his mother's death, acknowledged that cleaning and maintaining the house alongside caring for his father was a "eye opener" for him, and that he had always considered cleaning to be his mother's role. This suggests that care responsibilities are not fixed as practices, and that their allocation can follow the evolution of relationships within the families. When his father first needed care, and before Roy's mother passed away, she had assumed that role as the 'obvious carer' because of her gender and position in the family. Roy describes taking on new responsibilities like cleaning duties:

So, neither of us [Roy and his dad] were kind of like very domesticated, kind of thing, couldn't cook kind of thing, obviously your mum does your cooking, your washing and stuff.

Roy described the motivation for taking on care responsibilities as a sense of duty. He emphasised this, plus his relationship with his father, to explain why he was now caring for him. According to Comas-d'Argemir and Soronellas (2019), outlining the importance of kinship and the discourse of honour and duty is a way of adopting gendered practices (e.g. for men to perform tasks that are socially attributed to women) without questioning their 'masculinity'. A similar example was found with Raoul, a working carer of Indian heritage. In his case this sense of duty was intertwined with the influence of culture. Raoul emphasised the cultural expectations of his parents towards him as the only son as justification for his being a male carer. He commented that he undertook care for his elderly parents, because of his position as the only son, although he had sisters.

In other cases, alongside gender, other factors could also enter the equation of care, such as distance and migration, which put a strain on the 'care capital' available to carers. Four

participants had families abroad: three were native British and had a sibling living in France, a sibling living in Spain and a sibling in America. One participant, from Zambia, had family there. The ‘distance’ could lead to challenges. For example, Phil, a working carer in GovOrg, had solely undertaken the care duties for his dying father, as his brother was living in France:

It’s a strange choice, when my mum passed away, [my brother] was still based in Paris and he missed her passing. He did not come over quick enough. And even though he had lots of time to think about coming over for my dad or for our dad he chose not to, he chose to stay in Paris. I think retrospectively he regrets that but, when I did broach a conversation ‘Are you going to come over, because it could be very soon,’ he said, ‘No, I want to remember dad as he was’ (...) I think everyone’s grief, and the way that they manage their grief, is individual, it’s based on their personality, their spirit, their relationship with the individual, and so [there are] no hard and fast rules.

Phil’s brother’s decision affected how Phil managed their father’s passing. He stated that he was lucky to receive support from GovOrg, where he was working at the time. Without such support, and with his brother away, caring for his dad could have had a stronger or negative impact on Phil.

John’s situation differed from other participants. He had migrated to the UK in 2004. He explained that his brothers and parents still lived in Zambia and that they kept in touch through WhatsApp. John said his brothers were aware of his precarious financial situation and regularly sent him money to help him cope financially with caring for his wife and daughter. However, John was rarely able to visit his brothers in Zambia due to the costs involved, his own health issues and lack of time off from his work. This suggests that length of carer’s leave may need to be extended for carers whose families live abroad. For example, although John was not the primary carer of his parents, this could change in the future and leave John with insufficient time to care for his wife and daughter in the UK as well as his parents in Zambia. In addition, paid carer’s leave could ameliorate the lack of immediate support from family members for immigrant workers.

Another theme emerging from the interviews with participants about the available support from their families was the case of the ‘young adult working carers’ and the factor of a lack of ‘care capital’ influencing the allocation of care responsibilities. Among the interviewed participants in the three organisations, only four working carers were under 35 (the prevalence of caring is highest in the UK among people aged 55-64 as shown by Zhang et al., 2019). The experience of young carers could vary from other participants. The participants under 35 were all women who had stepped into a caring role for a family member from a young age. For example, Sara’s mother had multiple sclerosis all her life. Sara, aged 28 when interviewed, recalled:

I didn't know when I was growing up, that it wasn't normal. So, she [Sarah’s mother] would have good days and bad days. So, as I was growing up, it

wasn't so much that I had a mother, [I had] care responsibilities, I didn't really have a childhood (...) so, our roles are not mother daughter, it is completely reversed. (*Sara, InsuranceCo*)

Caring for a parent or another family relative at such a young age could affect young carers' transitions into employment, affecting their economic circumstances. This is what Eleanor and Sara, both young working carers, said about their experience of finding a job which would give them enough support with their caring responsibilities:

It just got to the point where I just didn't feel comfortable leaving [my grandparents] to get a job. I got to about the age of 27 and thought "I don't have anything on my CV", so I started to volunteer at a local charity, and they sort of asked me to volunteer more often, and they eventually offered me a proper role there. (*Eleanor, CharityCo*)

I started working, not quite sure, I did voluntary stuff for a while, before managing to get a paid job. (*Sara, InsuranceCo*)

Sara added that she worked as a waitress for a long time but received no support from her line manager for her care responsibilities. She had to switch shifts with her co-workers to be able to drive her mother to the hospital, which she described as exhausting to negotiate. Eleanor, a young working carer at CharityCo, felt her career was constrained by her caring responsibilities for her grandparents, and that she was "behind" her friends moving into managerial roles. She blamed this on few jobs offering carer's leave and the support that were available to her. Her role in CharityCo 'was really sort of attractive, for a job [for her]', as 'usually quite a lot of [her] annual leave would get used on appointments and things like that for [her] gran', so 'it was really nice to be able to use some holidays' for herself.

Young participants sometimes felt a discrepancy between the 'norms' associated with people of their age and the reality of their lives due to their care responsibilities and the heavy economic impact it could have on them:

It adds stress to my life, I don't think many 26 year olds have to deal with this sort of thing in their family. (*Sophie, InsuranceCo*)

It's quite hard, I didn't have money at first, I couldn't just go out whenever I wanted, you kind of feel you have all these responsibilities. I lost a lot of friends, they drifted away, living their own life, I kind of feel I missed out quite a lot. Now I got a bit more time and money, I'm like, 'Oh, a bit too old to join in with all the things I wanted to do then' (*laughs*). You sort of feel you miss out. (*Eleanor, CharityCo*)

The same view was echoed by Sara who explained that even her personal life was put aside because of her care responsibilities, even though she now received a lot of support from InsuranceCo:

I feel like my work and caring life are balanced as much as they can be. But my own life, not really...It's just difficult. I feel like I don't have a life.

Their family networks appeared to be loose, so they didn't have access to what Chou and Kröger (2014) call 'care capital'. In some cases, children were seen as additional support for their parents, especially in families with limited economic and social resources. John, a working carer in GovOrg, who emigrated to the UK from Zambia, had limited support from his broader family networks. He thus had to rely on help from his adult daughters for shopping and taking care of their mother and younger sister, both with long-term medical conditions. He explained that he had to "use and overuse" his adult daughters for medical appointments, as he was unable to attend them himself because of his work.

His story contrasted with other families' experiences, such as those of Anne and James who had more 'care capital' and social and economic resources. James had a wife with multiple sclerosis and a young son. While his son occasionally took care of his mother, James explained that he and his wife tried to insulate him as much as possible from any care responsibilities:

We keep a lot of open communication as a family so [if there is a] problem, we will sit and talk about it, because we want to make sure that he has a normal childhood, as best as possible.

The same intention to provide a 'normal childhood' to her child was outlined by Anne. Anne had a disabled son, and felt she had to protect her daughter from undertaking too many care responsibilities for her brother:

I don't want it to all fall to Elisa to do it because she has her own life. I want her to be able to lead her life and be a proper sister. I keep telling her, her only job is to love him, and I don't want her to feel that she has to do everything else as well (...) I'm basically trying my hardest to keep us resilient, and keep her experience of growing up with a brother who has this level of disability, as normal as possible.

Although the situation faced by Anne was very challenging, the 'care capital' provided, for example, by the help of her parents, was precious to her. She mentioned how her parents could help her financially or drive her daughter to her extracurricular activities. This helped to insulate her daughter from the challenges sometimes linked to her brother's condition. This contrasted with John's situation, and his comments about 'using' and 'over-using' his daughters for support, while these two other families mentioned the importance of preserving 'normality' for their children and protecting them from the impact of caring. These findings show the extent to which gender, culture and social class influence the composition, dynamics and resources within families as well as their decisions and ability to provide care. The possession of different amounts of resources or capital in the provision of care lead to inequalities of care.

There is therefore a need for care policies to take into account the variety of carers' backgrounds, age and experiences. Although policies to support working carers may not affect power dynamics within families based on culture, gendered patterns and age, in many cases, care policies help support working carers, especially those in more precarious financial situations.

Based on these findings, broadening the availability and access to carer's leave across all sectors, occupations and employment statuses, could favour a fairer share of care responsibilities. Better workplace support and financially compensated carer's leave would reduce the need for families, such as John's family in this study, to rely on help from their children.

7.5 Summary

In this chapter, I examined several aspects of working carers' experiences. First, I reviewed the extent to which carer's leave policy reflected the role of a '*doulia*' right (Kittay, 1999), by enabling working carers to concentrate on care without having to worry about their work. In that respect, carer's leave seemed to be 'progress' for working carers, in comparison to flexibility at work, where working hours have to be replenished if workers miss work to perform care duties. In the absence of carer's leave or other forms of support, participants were more likely to 'rush' their care activities because of a lack of time and economic resources. Their situation was aggravated because of a lack of voice and representation in the workplace. This shows that the inconsistencies of access and voice experienced by research participants limit the opportunity to consider employer-led carer's leave as a complete '*doulia*' right.

This chapter also investigated whether carer's leave policies challenged the unequal distribution of care responsibilities within families. Findings from participant interviews and the survey in GovOrg paint a picture of a still very persistent gendered distribution of care responsibilities with few exceptions. A widely available care policy would ensure that no member of the family has to undertake the full caring responsibility. In the case of young working carers or precarious carers, paid carer's leave could offer an economic and social resource, opening opportunities for more diverse employment prospects, and ensuring that carers are not isolated and marginalised because of their responsibilities. Policies to support working carers could also encourage different organisation and distribution of care responsibilities, for example in Louise's family, it was her husband who was primarily responsible for maintaining the house and taking care of the children, while Louise was working and caring for their older daughter.

This chapter concludes the study findings. The conclusion to the thesis in Chapter 8 summarises the key findings of the study, their main implications and the study's overall contribution to knowledge.

Chapter 8

Conclusion and discussion

8.1 Introduction

In this final chapter, I evaluate and discuss the key findings of my research in regard to the research aims formulated in Chapter 1, p 14. I highlight how my research aligns with and differs from existing research on working carers' experiences and on work-care reconciliation. The purpose of my research was to explore the processes involved in introducing employer-led carer's leave policies and the impact of carer's leave on working carers' experiences of reconciling work and care. Adopting a critical realist perspective, my research examined why and how carer's leave policies were developed and implemented in three British organisations, and the impact of these leave policies on working carers' ability to combine care and work and their wellbeing. Chapter 8 brings together the findings presented in Chapters 4-7 and discusses these in relation to the issues raised in the literature review and conceptual framework presented in Chapter 2.

The chapter is organised as follows: Section 8.2 provides a brief overview of the study. Section 8.3 analyses the study findings and highlights the conceptual and practical contributions the thesis makes to knowledge. Section 8.4 makes policy recommendations based on the research findings and Section 8.5 sets out the strengths and limitations of the study and suggests avenues for future research. Section 8.6 then concludes the thesis.

8.2 Study overview

The study is based on case study analysis of three organisations based in the UK, each of which was a member of Employers for Carers. The rationale for the thesis was explained in Chapter 1. Despite a wealth of research on flexibility and work-care reconciliation, carer's leave and its potential to strengthen carers' rights and visibility in society has received little attention (Sanséau and Smith, 2012; Yeandle and Kröger, 2013). The thesis aimed to address this gap in knowledge by focusing on the characteristics and form of carer's leave policies in one UK organisation in each of the public, private and third (voluntary) sectors.

Chapter 2 'set the stage' for the research. I explored the development of working carers' rights in the EU and examined the distinct characteristics of British social policy and employment context for working carers. I discussed the development of rights for carers in the UK, the influence of Carers UK and EfC, and the impacts of a 'care crisis', flexibility in the organisation of work and declining levels of unionisation. I also examined literature which highlights the

heterogeneity in working carers' experiences and characteristics, in terms of their jobs, caring situations, gender, class and ethnicity.

I then set out the methods and methodology used in the research in Chapter 3. I explained how adopting a critical realist approach and using multiple methods (interviews with key actors and workers in the case study organisations; a workforce survey; and analysis of documents) enabled me to explore the rationale behind employers' decisions to implement carer's leave, and its impact on the experiences of working carers (Chapter 3). In Chapters 4 and 5, I presented my case studies of the three organisations. I described the structure and characteristics of each organisation and my findings about organisational motivations, attitudes to employees who are carers and the implementation of a carer's leave policy. My aim was to identify the 'institutional mechanisms' behind the implementation of carer's leave. Chapters 6 and 7 then explored working carers' experiences of carer's leave, as well as the interface between their work and family lives and the 'causal mechanisms' that influenced their experiences. Chapter 8 summarizes and discusses the key findings of this study and concludes the thesis.

8.3 Study findings and contribution to knowledge

The study produced three key findings, each of which addresses a gap in existing knowledge. The study:

1. revealed, in detail, *how paid carer's leave for employees was developed and implemented* in three different organisations;
2. showed that working carers *had contrasting experiences of accessing and benefitting from carer's leave and identifying as 'working carers'*;
3. exemplified ways in which paid carer's leave can *support carers and contribute to a more equal sharing of caring responsibilities within families.*

8.3.1 Strengths of a multi-conceptual framework: The limits of employer-led carer's leave as a 'doulia' right for working carers

The analytical framework that I set out in Chapter 2 was designed to enable understanding of the processes by which carer's leave was implemented and their impact on working carers' experiences in the workplace. My aim was to link carers' individual experiences to the implementation processes and structural elements of the organisation in which carers were employed.

In drawing on Kittay's work (1999, 2021), I sought to situate the introduction of carer's leave within a broader debate about recognising and valuing caring work. By using ideas in the work of Bourdieu (1986) and Acker (2006a,2006b), I was able to better understand the structures and power dynamics of work in which the experiences of my participants took place. Charlap's concept of 'articulation' and Chou and Kröger's 'care capital' concept (2019; 2014) were also

useful, as it enabled me to better understand the concrete, individual work and care experiences of my participants.

One distinctive feature of this framework is that I do not rely on one specific theoretical approach, but rather a variety of concepts that I use to facilitate the understanding of my data. The key concepts I deployed in developing the thesis, ‘inequality regime’, ‘*doulia*’, ‘social capital’, are linked but each presents a different method of representing and understanding working carers’ position, voice and resources. Mobilising the concepts together also had the advantage of compensating for the limitations of each one taken separately.

For example, Kittay developed her ‘*doulia*’ concept (a right to benefit from resources to provide care) through a moral and liberal political philosophical lens. Her idea that carers are entitled to support is very much welfare focused. Kittay proposes that we compensate carers for their care work, with this compensation contributing to improve recognition for carers within society.

Kittay (2021:306) has however recently advocated for corporations to ‘*accommodate the needs of familial caregiving or any dependency needs*’ and following this call, I have aimed to explore the idea of extending a ‘*doulia*’ right to the responsibility of employers in this thesis. I have sought to explore to which extent carer’s leave available in these three UK organisations reflected a ‘*doulia*’ right, by recognizing carers and providing them with resources, such as time and money under the form of carer’s leave.

As explained in Chapter 2, extending the idea of ‘*doulia*’ to the workplace context also required critical insights available in the work of sociologists. The work of Acker (2006a,2006b) shaped the intersectional lens I have used to explore the experiences of working carers and the influence of organisational processes at work as classed, gendered and racialized processes. Acker’s approach helped me to explore the issues of marginalisation and discrimination against carers in the workplace, and the dynamics of power which shape this marginalisation. Acker’s approach provided me with the structure necessary to analyse these issues which remain relatively unexplored by Kittay.

As discussed further in details below, my findings indicate the way the main factors of gender and class affected the access to resources for working carers in these three organisations. Those who needed the most carer’s leave were unable to access it, such as shop workers in CharityCo. In Chapter 6, I explored the ‘*processes and practices that maintain and reproduce inequalities*’ among working carers. I found that these processes were constituted by the nature of the care relationships, the pressure of work, carers’ interactions with colleagues, as well as the economic context of their organisations.

Bourdieu’s theory of ‘social capital’ (1986) complemented my deployment of Acker’s ‘inequality regimes’ in two ways. First, it stimulated my exploration of carers’ influence in the workplace, including my examination of the role of carers’ networks, carers’ champions and trade unions. I showed that carers’ networks could provide a community of support for carers

but could not represent a form of ‘social capital’ for them, as their influence and voice was depoliticized and dependent on management’s control. Bourdieu’s approach to the workplace as a ‘field’ of struggle between different agents enabled me to understand how different groups of actors in the workplace had various levels of influence over the implementation of carer’s leave. Bourdieu’s concept of ‘social capital’ also addressed some flaws of Kittay’s ‘*doulia*’ concept, particularly the lack of attention given to carers’ voice and representation at work. While Kittay (2021) discusses the need of unionisation for care workers, the issue of representation for workers with care responsibilities is not fully addressed.

Furthermore, the use of this multi-conceptual framework aligns with criticisms addressed to Kittay’s concept, such as that stated by Hamrouni (2015). Hamrouni points out that a *doulia* right as a financial compensation does not resolve the issue of marginalisation for carers in society. Thanks to Acker’s and Bourdieu’s theories, I am able to bring attention to the conditions of employment for working carers which leave them vulnerable to marginalisation. A ‘*doulia* right’ deployed as an economic support (such as employer-led paid carer’s leave) in the workplace is insufficient to combat this marginalisation of carers. This is due to its sole recognition and acknowledgment of carers’ work, in order to be effective this *doulia* must also acknowledge the way work and care are distributed with power and voice disparities. The use of this multi-conceptual framework enabled me to show how carers can be prevented to benefit from a ‘*doulia* right’ because of their lack of voice and power.

Finally, the work-care reconciliation and care capital concept (Charlap et al., 2019; Chou and Kröger, 2014) provided further exploration of the concrete care experiences of my participants, and the impact of carer’s leave on their experiences. It simultaneously addresses another weakness in Kittay’s ‘*doulia*’ concept, her inattention to the unequal distribution and articulation of care responsibilities within families, as both concepts offered a way of understanding whether access to carer’s leave contributes to any equitable re-distribution of caring responsibilities in family lives of the working carers I studied. It also follows the concern of Hamrouni, who argues that support provided to carers can recreate gendered patterns (Hamrouni, 2015). Again, the use of this multi-conceptual framework helped to inform how that reconciling and articulating work and care necessitates resources, and is not a neutral experience, as this is strongly influenced by factors of culture, gender and social class.

8.3.2 Key findings

(i) Development and implementation of carer’s leave

In this section I focus on my research questions 1-4, and consider why and how carer’s leave was introduced, and specifically at how employers benefitted from carer’s leave and whether collective bargaining or other representative practices influenced its introduction (Chapter 4). I found that the form of care leave differed between the three organisations (Chapter 4). In all three, the carer’s leave policy was complemented by other forms of workplace support, such as a ‘carer’s passport’ and various flexible working options (Chapters 4, 5 and 6). The process

of developing a carer's leave policy was broadly similar in all three organisations, with similar 'institutional mechanisms' being deployed (see Figure 8.1). Key sources of variation were employers' attitude towards employee voice and the organisational resources available, which differed between the three organisations.

Adopting a critical realist perspective, I first developed a configurational and normative power analysis (as explained in Chapter 3) to understand the structures, activities and attitudes towards care of the three organisations. I then deployed this analysis in the three case study organisations (as discussed in Chapter 4). I interviewed HR managers, D&I managers and union representatives and analysed documents such as annual reports, surveys of employees, media articles, and organisational policies to understand the motivations behind carer's leave.

HR participants discussed their motivation in introducing carer's leave within the specific context of their own organisation. For CharityCo, offering carer's leave (and other benefits, such as flexible working options and a carer's passport) was important as the organisation could not offer wages as high as those paid in other sectors. CharityCo also chose to join EfC, and to introduce a carer's leave policy, because a high percentage of its workforce were older female workers. GovOrg, a public sector organisation, wanted to be seen as a family-friendly employer and to shape a 'civil servant identity' (Chapter 4); as it also needed to reduce office costs, it also favoured working-from-home and flexibility. In InsuranceCo, interviewees said there were two key motivations: a concern to reduce sick leave, and the influence of their CEO's personal experience of caring, which had been important in motivating the company's desire to be 'carer-friendly'.

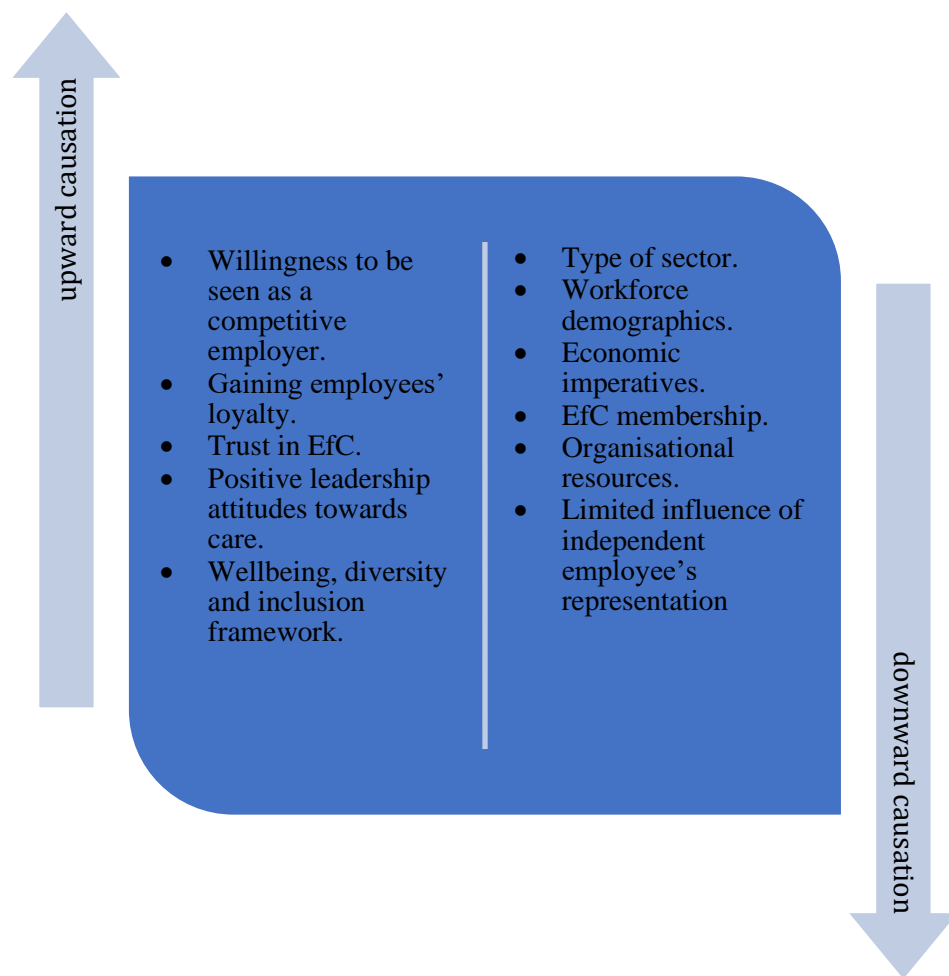
Membership of Employers for Carers was also highlighted as a motivation and as a resource that was used to implement carer's leave. For example, EfC resources helped inform the shape of carer's leave in CharityCo. Evidence EfC had assembled on the benefits of implementing carer's leave (such as decreasing sick rates according to one research participant in Chapter 4) encouraged InsuranceCo to implement carer's leave. As no HR participants in my case studies had closely monitored the uptake of carer's leave, there was no direct 'evidence' of the economic benefits to their organisation of implementing carer's leave. Trust in EfC's expertise was, however, repeatedly highlighted in the three organisations. Membership of Employers for Carers can thus be seen as a resource for these organisations, in a context where the UK government gave little guidance and clarity over the type of carer support which should be implemented³².

In summary, 'configurational powers' (structures and activities of the organisation) were found as follows in Chapter 4: characteristics and influence of the sector; workforce demographics; EfC membership; economic imperatives; resources; and limited influence of independent employee representation (an element explored further below). 'Normative powers' (attitudes

³² The UK government recently (2020) confirmed its intention to introduce a minimum entitlement to unpaid carer's leave from day 1 of employment.

and motivations to offer support for working carer) whereas follows: willingness to be seen as a competitive and inclusive employer; willingness to gain employees' loyalty; trust in EfC expertise; positive leadership attitudes to caring; adoption of a wellbeing, diversity and inclusion framework (also discussed further below). The combination of both form the 'institutional mechanisms' which can explain the introduction of carer's leave in these tree organisations.

Figure 8.1. Institutional mechanisms driving implementation of employer-led carer's leave



Noticeable features (although this varied between the organisations) were use of a management-led D&I framework to introduce carer's leave and the limited influence of employee voice. Both elements were connected, as use of a management-led D&I framework could be explained by the initial lack of influence of employee voice in these organisations, while the use of this framework would simultaneously reduce inputs from employees. Carer's leave was seen as part of a broader D&I agenda relating to employee wellbeing. Carers as an individual group were targeted within this agenda. This however presented carer's leave and

support for carers as a ‘benefit’ offered by the employer, on which employee representatives had little to lead on, other than from a consultative position (the exception being GovOrg). When recognized by their employer (for example in CharityCo), trade unions were limited to a consultative role and collective bargaining extended only to questions regarding pay and working time. Participants in CharityCo and InsuranceCo characterised carer’s leave as a feature offered by ‘extraordinary’ companies, rather than discussed as an essential condition for work-life reconciliation. This left little space to collectively negotiate the terms and conditions of access to carer’s leave.

One of my study findings was that trade union influence was quite weak in all three organisations. Their influence varied in each, and was affected by the sector and characteristics of each workplace. Pluralism was somewhat stronger in the public sector organisation than in the two other organisations. InsuranceCo did not recognise a trade union and adopted a unitarist stance regarding employee voice, while in CharityCo, pluralism was limited as the union agreement there did not cover employees who worked in their shops (a majority of all staff). In CharityCo and InsuranceCo, trade unions were seen primarily as ‘advisors’ for the introduction of carer’s leave, whereas in GovOrg, trade unions actively negotiated on the application of flexible policies for employees. In GovOrg, employees had demanded the introduction of carer’s leave a decade earlier, although this policy was only for one day and was quite a limited response to working carer’s needs. At the time of this research, carers’ issues had been re-appropriated through a D&I framework in GovOrg. This seemed to limit the input from employees’ voices.

My study also found that working carers encountered difficulty when seeking to express their opinion in their organisations. Working carers’ voice at work is a topic that has not been extensively explored in the literature. Little is known, for example, about the role of carers’ networks and carers’ champions. Although many studies have discussed the struggle of working carers to reconcile work and care and the challenges involved in accessing support at work (Bud and Mumford, 2006; Arksey and Moree, 2008; Calvano, 2013; Burr and Colley, 2017), none specifically addressed working carer’s voice at work. My findings address this gap in knowledge.

In my study, I found that the voices of working carers were weak overall. While such weakness could be linked to carers’ difficulties to identify themselves as carers, I see this as linked to the introduction of carer’s leave through a D&I framework, which left little space for employees’ voice. This is linked to the relatively weak position not only of trade union but also of other employee representatives at work. I next consider the role of non-union representatives.

In Chapter 5, I examined how my participants’ ability to influence the development of the policies was linked to their ‘social capital’ in terms of both relationships and organisational resources (staff, time, money). I also examined the ‘social capital’ of carers and how this could shape their experiences of the policies. Social capital, or a lack thereof, could contribute to inequalities amongst working carers, as those without sufficient social capital were left without

the means to voice their concerns. As explained in Chapter 5, a carers' network and carers' champions had the potential to make carers more visible at work and to support them in making use of their organisation's carer's leave policy. They had a role to play in the implementation of carer's leave, but their ability to do so was limited. 'Social capital', as Bourdieu explains, is not a 'natural given', but requires time and investment (Bourdieu, 1986: 22). The chairs of the carers' networks in the three organisations did not get paid time to enact their role in these positions, which had to be undertaken voluntarily. As discussed in Chapter 5, the carers' networks are an important element for working carers' support as they offer information about policies as well as intimate, safe spaces to exchange experiences of care. A lot of this was emotional labour, which was time-consuming for the chairs who also had to juggle the role with their own care responsibilities as well as their day job. Chairs often lacked the time and ability to offer individual carers specific advice on how to access the policies or take up individual cases. Chairs had limited influence over management as their role was typically limited to an advisory function, and they lacked the power to intervene when line managers refused to grant a carer's leave request.

'Social capital' was also fragmented and unequal for working carers themselves. As carers' network events were often held at organisational headquarters (as in CharityCo and GovOrg), this in effect excluded employees in other branches from joining the event. The organisations did not create opportunities for carers' champions to represent employees in lower grade or junior positions (Chapter 5), which limited these employees' visibility to senior management levels. In addition, it could be argued that there were no champions for carers acting independently from management's influence.

Working carers' lack of time, given their paid work and unpaid caring roles, also left them with limited capacity to get involved in the networks (Chapter 5). These findings indicate that, although supportive policies and co-workers contribute to make an organisation more 'caring' and inclusive (Plaisier et al., 2015), more needs to be done to enable working carers' voice and representation.

Thus in the parts of my study that addressed research questions 1-4, I found that employer-led carer's leave was in important respects framed and introduced as a benefit for employers; it enabled them to be seen as an attractive employer, while also reducing absenteeism and gaining loyalty from employees. Their motivations were affected by the configuration of the organisations, and an evident positive attitude towards caring within their leadership teams. The introduction of carer's leave was also developed thanks to their EfC membership, which acted as a support and a pressure for the development of carer's leave. However, introducing carer's leave as part of their D&I frameworks meant employees' voice (and specifically working carers' voice) had limited influence on how carer's leave was implemented. This reflects employees' representative bodies' lack of power in each organisation. My findings thus indicate another important aspect of working carers' experiences of work-care reconciliation, which is their representation and voice at work.

These factors contribute to the second key finding, working carers' experiences of accessing and benefitting from carer's leave and their difficulty in identifying as 'carers' at work.

- (ii) Working carers' experiences of accessing and benefitting from carer's leave and identifying as 'carers'

This second key finding relates to *working carers' experiences of accessing and utilizing carer's leave and identifying as 'carers'* and to research questions 5-7 (Chapter 1, p14). It concerns how working carers benefited from the carer's leave schemes, to what extent they benefitted equally from these, and what impact the schemes had on organisational culture. These experiences can be better understood in the context of finding 1 and the issues discussed in the literature review and conceptual framework outlined in Chapter 2. My participants' experiences of carer's leave differ from those of Arksey and Moree (2008) who reported that carers valued conventional flexible working arrangements above carer's leave because carer's leave could single carers out as being 'different' to their co-workers. My findings illustrate a more complex picture.

In all three case study organisations, there was enthusiasm for carer's leave. Participants in CharityCo and InsuranceCo described their increased confidence in being able to combine work and care. Carer's leave gave them peace of mind, as they no longer had to fear being penalised for not being at work (Chapter 7). It also gave them time to 'articulate' their care responsibilities without having to think about work. The financial element of carer's leave (being compensated financially while on carer's leave) was particularly attractive to carers. It was an element in their greater peace of mind, as they could take time off to care without facing financial repercussions. At GovOrg, many survey respondents identified an extended and more accommodating form of carer's leave as something they needed (Chapters 5 and 6).

Like Arksey and Moree (2008) and Moreau and Robertson (2009), I found that some carers were reluctant to request carer's leave and to disclose their caring responsibilities at work. The reasons for this reluctance included a fear of being discriminated against, but were mainly related to the context of their work.

My findings also differ somewhat from prior research on carers' identities. Arksey (2012) found that carers refuse the label 'carer' because it could subsume their other identities, such as those of a partner, friend or child (Arksey, 2002), while Molyneaux et al (2011) reported that it may not adequately describe their relations with the person receiving care. More than defining a formal identity for 'carers', my findings showed that, in addition to factors related carers' perspectives on their own care responsibilities, the context of work could also hinder working carers' ability to feel comfortable to identify as 'carers.'

By adopting a critical realist perspective, and using the theoretical framework set out in Chapter 2, I brought these factors together to understand working carers' experiences of accessing carer's leave and identifying as working 'carers' (see Table 8.1).

Table 8.1. Accessing carer’s leave and identifying as working carers: causal mechanisms

Empirical	Actual	Real
<ul style="list-style-type: none"> • Reluctance to disclose their care experiences and identify as 'carers' • Unequal access to carer's leave • Experiences of guilt and frustration 	<ul style="list-style-type: none"> • Organisational processes (Management pressures, risk of stigma) • Self-perception as carers 	<ul style="list-style-type: none"> • Insufficient and unequal representation • Self-driven carer's leave

As explained in Chapter 3, the real is constituted by mechanisms and causal powers that produce events and experiences. Two main ‘causal mechanisms’ appeared to explain the reluctance and frustration often experienced by study participants in relation to disclosing their caring responsibilities and accessing carer’s leave: a lack of representation, and a ‘self-driven’ carer’s leave. As shown in finding 1, the limited influence of working carers’ voice and fragmented ‘social capital’ contributes significantly to inequalities of representation of working carers in the workplace. In addition, these mechanisms could ‘actualise’ (Sayer, 2000; Edward and O’Mahoney, 2014) because of some specific situations. For example, risks of discrimination against carers, which could be caused by managerial pressures, were exacerbated due to the lack of representation of carers and the fact that access to carer’s leave was ‘self-driven’. This results in carers’ feeling reluctant to disclose their care experiences.

Having discussed lack of representation in finding 1, I concentrate here on the other causal mechanism, the ‘self-driven’ characteristic of carer’s leave.

A problem associated with the D&I framework used to introduce carer’s leave was the lack of employee input. This contributed to ‘carer’s leave’ being framed as an individual ‘benefit’ rather than a collective right, as discussed in Chapter 6. The right to exercise carer’s leave was subject to specific conditions: for example, in CharityCo, employees had to formally ‘identify’ as ‘carers’ before using carer’s leave and had to set up a ‘carer passport’ with details of their care responsibilities. This put the responsibility on the carer and made the decision to grant carer’s leave dependent upon the quality of the relationship between the carer and the manager.

Carers had to make the case for their situation with their line managers (with an informal conversation, interview or by filling a carer passport with the details of their situation) which disadvantaged less experienced and less confident employees in more junior positions. This disadvantage was exacerbated by the fact that some groups of employees were not adequately represented through employee voice mechanisms, such as shop managers and assistants (in CharityCo). The formalities involved also put additional time pressure on carers who already struggled to balance their work and care responsibilities.

Line managers were the ‘gatekeepers’ to carer’s leave, but in all three organisations suffered from a lack of training; some were also constrained by tight financial targets. This meant carers did not all have the same opportunities and resources to access carer’s leave. This finding directly echoed other research on differences in treatment by employee job role or occupational class (Dex and Smith, 2002; Budd and Mumford, 2006; Minnotte et al., 2010; Ollier-Malaterre and Andrade, 2018; Chung, 2018, 2020).

In Chapter 6, I explored organisational processes through which ‘inequality regimes’ could be used to describe the situation of different groups of working carers in the three organisations. As explained in Chapter 2, Acker’s ‘inequality regimes’ describe gendered, classed and racialized³³ organisational processes through which workplace positions and benefits are distributed. In examining the situation of working carers in the three organisations, I found similarities and differences among their organisational processes.

‘Inequality regimes’ constituted by gender and class were much more apparent in GovOrg and CharityCo, due to the explicit hierarchical regime in GovOrg, and the distinct divide between CharityCo’s administrative and retail areas. Both groups of employees in the retail sector and at the bottom grades of GovOrg faced similar difficulties and frustrations in regard to accessing carer’s leave. Most participants in both groups were women in low-paid positions who also had heavy care responsibilities (such as Sam and Evelyne in CharityCo, and Mary and Phillie in GovOrg). The strength of Acker’s concept is to address the interface between work and care as a crucial point where gender, class and race inequalities are at play. These women found themselves in a disadvantaged position, as in addition of being on a low-paid position in their workplace, they were also the main carer in their families (and in the case of Sam, and Phillie, also the main breadwinner).

In InsuranceCo, similar organisational processes were at play, although less apparent due to InsuranceCo’s ‘flatter’ organisational culture. According to research participants, employees in the InsuranceCo call-centre faced more difficulty in establishing flexible working arrangements with their managers, as call-centre staff had less autonomy than other categories of employee (Chapter 6). Some research participants in InsuranceCo also shared experiences of being discriminated against due to their care responsibilities. The stigma they felt seemed to

³³ As I had few participants from a BME background, this is a limitation to the application of the ‘inequality regimes’ concept, which I discuss in section 8.5.

particularly encompass gender and class biases and was particularly apparent in times of high workload and staff shortages, leading to further management pressures. Some participants recalled having to justify their care responsibilities (Chapter 6) or preferring to avoid sharing details of their life as a way of protecting themselves from colleagues' sarcastic comments. While inequalities faced by carers were particularly evident in the hierarchical divides in CharityCo and GovOrg, inequalities at InsuranceCo seemed more variable and appeared to fluctuate in relation to the economic pressure within the organisation.

The nature of care responsibilities was often felt to be misunderstood, in all three organisations. The demographic make-up of working carers could often be perceived as incongruous with the general perception of 'who' should be providing care. For example, men were said to be less likely to come forward as 'carers' by the chair in GovOrg, suggesting that a gendered perception of caring roles was an obstacle for male carers. This echoes other research on masculinity and care (Björk, S., 2015; Gerstel and Gallagher, 2001). It also indicates that 'inequality regimes' are not only about the way work is structured and divided, but are also constituted through working carers' relationships with their co-workers and the prejudices and stigma these relationships could generate. This would then result in carers being treated differently in comparison to employees without their type of care responsibilities.

As already mentioned, 'inequality regimes' exist at the interface of work and care, meaning that individuals' private experiences and perceptions of their care responsibilities can also contribute to positioning them differently at work. A relevant element observed in my study that may contribute to working carers' reluctance to ask for support is the influence of gender and culture on the decision to undertake caring responsibilities. This finding has echoes in other literature: for example, the term 'carer' was felt by one participant to be irrelevant to her experiences, and experienced as a 'generic' term (Molyneaux, 2010) which did not reflect the cultural dynamics in her family (as a person with an Indian background). The gendered distribution of caring could also prompt some to conceal their identity as a carer, as caring is widely perceived as a fundamental component of the female gender role (Chapter 6). This also contributed to a general reticence amongst working carers, as many were reluctant to demand recognition, due to a shared perception of care as an unexceptional experience and the private responsibility of the carer. My findings show that this mix of discourses, between the emphasis on self-responsibility to identify as 'carer' in the workplace and a perception of 'care' as 'natural', are relevant in explaining why some carers struggled to come forward as 'carers'.

Finally, the most direct experiences (the events caused by management pressures and risk of stigma) I observed among my participants tended to be feelings of guilt and frustration. Guilt was seen by participants as an additional obstacle to requesting carer's leave; they felt guilty or 'bad' for abandoning their co-workers in times of intense work, especially in they had already taken time off for their own health problems. This sensation of guilt seemed also to be a result of carer's leave being 'self-driven' by the individual initiative of employees. In a sense,

guilt also contributed to reinforcing inequalities between working carers and employees without care responsibilities.

Many carers also experienced frustration, as they were unable to spend enough time with the person they cared for, often being absent for crucial moments (Chapter 6, 7). This frustration was more likely to be found among working carers in low paid roles, those who had difficulties to access to carer's support and were living in precarious ways. These participants lacked the social and economic resources to provide what they considered as 'good care' for their relatives, resulting in strong sensations of frustration and moral dilemma.

In summary, my research addressing research questions 5-7 found an enthusiasm for paid carer's leave, which was seen as enabling working carers to reconcile their working and caring time. Access to carer's leave was however unequal and difficult for some research participants. Similarly, working carers' identity is not a straightforward issue. The reluctance of some to ask for support and to self-identify as 'carers' can be understood through concomitant factors. These include the 'self-driven' nature of the carer's leave schemes, and a lack of representation among carers, which, under the influence of certain organisational processes such as management pressures and risk of stigma, could contribute to difficulty in accessing support and self-identifying as a 'carer'.

(iii) Impact of carer's leave on the distribution of care and role of carers within families

A further key finding is that paid carer's leave can have a positive impact on the distribution of caring responsibilities within families. This responds to research questions 5 and 6, covering how working carers benefited from the schemes and whether they benefited from them equally.

As seen in Chapter 7, paid carer's leave could have a positive impact for working carers and their families. Access to carer's leave seemed to facilitate a more equal distribution of caring responsibilities within the families of some carers. For example, two partners who received equal support for their caring responsibilities through their jobs were able to share care, rather than one taking on the majority of the responsibilities alone. Carer's leave had the potential to reduce and redistribute caring responsibilities, while diminishing the strain on carers, enabling them to provide better care. Similarly, for working carers who had migrated to the UK or had family responsibilities abroad, and had limited direct support from other family members (Chapter 7), carer's leave could be especially precious.

Carer's leave thus has the potential to reflect '*doulia*' right (Kittay, 1999), as it enables better work-care reconciliation. If more widely available, carer's leave could also respond to some of the flaws identified by Hamrouni (2015) regarding Kittay's '*doulia*' right, such as the need to reconsider the distribution of care work.

In the absence of carer's leave, care distribution could be more unequal. Chapter 7 revealed two examples of this: Vicky's husband, working as a bus driver, did not benefit from support for caring such as she received at InsuranceCo. As a result, it was mostly Vicky who was in charge of caring responsibilities, for both their children and their grandparents. Another

example was Dannie's brother who was self-employed and could not provide care to their mother to the same extent as Dannie, who received support to manage work and care at CharityCo. If paid carer's leave were available to both partners, across sectors and employment statuses, responsibility would not fall solely on one, and carers like Vicky and Dannie would be better able to balance their work and caring responsibilities.

Although carer's leave encourages a more equal distribution of care responsibilities, my findings also highlight the gendered manner through which care is allocated in families (Chapter 7). In my study, I noted that women were very much aware of this gendered distribution, while men were more likely to frame their roles in terms of familial duty. Women often said they did a third 'shift', for example by cleaning for their own family as well as for the person cared for, as among my study participants, women were more likely to live separately from the person cared for. This 'third shift' had consequences for their health and for their situation at work. For example, Dannie explained how hard it was for her to take care of her own family and her mother and her mother's flat while also working in CharityCo (Chapter 7). While this finding goes beyond my research questions related to carer's leave, it nevertheless highlights that a multi-faceted solution is needed for a better distribution and reevaluation of caring needs.

Chapter 7 also identified forms of support that carers recognised as important for a more sustainable reconciliation of work and care. These included the presence of family nearby able to help physically and financially, in addition to support received from an employer. This forms a type of 'care capital', as proposed by Chou and Kröger (2014), which is specific to the social circumstances of individual working carers. Carers without these forms of family support or 'care capital' reported that reconciling work and care was a daily negotiating process which could result in physical and emotional distress and increase the risk of poverty (Chapter 7). When available, paid carer's leave could provide an opportunity to help level the inequalities of resources between carers.

I found that carer's leave was particularly beneficial for two categories of research participants; ageing working carers and young adult working carers. This suggests that the positive impact of carer's leave as a support for carers needs to be seen through a 'life-course' approach. A life-course perspective recognises that life experiences are organised by social relationships and shaped by social contexts. Rather than look at separate 'life stages', the life-course approach encompasses experiences in the perspective of an entire life (Foster, 2012). This is especially useful in understanding how care work as gendered work is distributed along lives, and how one life transition or stage can impact another.

A key strength of carer's leave was its impact on working carers in precarious work situations, especially young female working carers. The carers had taken responsibility for the care of grandparents and parents because of a lack of social and financial resources in their family, an element also noted by Brimblecombe et al., (2020). Fisher (2021) has questioned the extent to which providing care influences young peoples' subsequent decisions regarding employment.

Carer's leave was attractive to these 'younger' participants in my study as it facilitated their transition to a more stable and secure form of employment, through which they could gain more financial stability. Carer's leave can thus be particularly attractive for young adult carers, whose choice and ability to move into employment may be reduced by the lack of appropriate and well-paid jobs available to them (Maguire, 2018). A life-course perspective thus suggests the hypothesis that young adult carers may benefit from working conditions more adapted to their role as carers, which would also help them financially in the future.

At the other end of the spectrum were ageing working carers, especially women, discussed in the literature as having to 'fit in' their work and care responsibilities (Loretto and Vickerstaff, 2015; Milne et al., 2010). This often restricts them to employment opportunities in part-time and poorly paid positions, which affects the quality of their future pensions (Foster, 2012). Chapter 7 showed experiences of female participants who had been close to retirement age when starting their job at CharityCo and emphasised how the approach taken to support carers by CharityCo had benefited them. CharityCo also provided information about pensions and financial decisions to its employees which was seen as beneficial for carers (Chapter 7). Adopting a life-course perspective would mean older female working carers could benefit from reduced financial hardship due to a higher quality pension.

Overall, the study findings on the impact of carer's leave and working carers' experiences at work contribute to another perspective on what carers need at work. Carer's leave is not a stand-alone solution; it offers a complement to flexible working arrangements that helps in reconciling work and care. A broader distribution of care, however, could be facilitated through legislation on paid (or financially compensated) carer's leave that made it equally available to employed, self-employed carers and carers on agency contracts. As Clements notes (2013:432), under a neoliberal rhetoric, work is often portrayed as the only route out of poverty for carers, yet this fails to address the inequalities between working carers who can benefit from secure and well-paid work, and carers whose work options are limited and often of poor quality. Paid carer's leave has then potential as an essential criterion of decent employment conditions for all.

In sum, this thesis makes important contributions to research on combining informal care and work. This study objectives highlighted in Chapter 1 (shown below in italics) were met as follows:

- ii. *To explore, in selected organisations, the motivations of employers for using carer's leave as a means to support employees with caring responsibilities;* The thesis analysed employers' motivations in implementing paid carer's leave. Their motivations were affected by characteristics of their organisations (e.g. size of organisation, demographics and needs of their workforce). They also included normative tendencies such as positive attitudes towards care and a desire to become a more attractive employer.

- ii. *To examine the organisational and economic context and resources of these organisations and relationships in the workplace, as these factors may influence implementation and uptake of carer's leave;* The thesis examined how carer's leave was introduced and developed in three organisations, and the variations and similarities in the development of the policies between these organisations. This study found that by developing carer's leave primarily through a D&I framework, employee voice was marginalised; this lack of representation was found in all the three organisations.
- iii. *To investigate factors that may affect the ability or willingness of employees to disclose their caring responsibilities at work, and how job role, gender and cultural and socio-economic circumstances may influence employees' experience of accessing and benefitting from workplace support;* The study contributes to the literature on carers' identities (Tomkins and Eatough, 2014; Andreasson et al., 2018; Eifert et al., 2019; Moreau et Robertson, 2019) by providing an improved understanding of the challenges faced by employees with older, disabled or long-term caring responsibilities. It critically situated working carers' ability to 'self-identify' as carers in relation to specific factors, such as their own perspectives on care, and organisational processes. The thesis also highlights how 'self-driven' characteristics of the paid carer's leave schemes connected with inconsistent and insufficient representation of working carers (in all three organisations), resulting in low take-up of the carer's leave policies. These difficulties were at times amplified by financial and management pressures, a lack of managerial training and discrimination by co-workers and managers.
- iv. *To explore how carer's leave affects the working carers who access it, and if it enables them to have more control over their working and caring situations.* The thesis highlighted the positive impact that carer's leave can have on work-care reconciliation when accessed by working carers, giving employees sufficient time to fulfil their care duties. It also emphasised the financial element of carer's leave that makes it particularly valuable for working carers. The thesis demonstrates that carer's leave is a valued complementary policy to pre-existing flexible working policies, as it reduces the potential negative effect of using flexibility, for instance working additional hours to replenish the flexible time used to care. Carer's leave can also enhance work quality for certain working carers in some demographic circumstances, such as ageing workers and young adult carers who may be at greater risk of being trapped in poor quality low-paid work. If carer's leave were offered widely across all organisations, this might lead to a fairer distribution of care responsibilities within families. The study also highlights that persistent gendered views and social and economic factors can inhibit a more equal distribution of care.

8.4 Policy recommendations and implications

This section offers some recommendations and highlights implications of the research findings. The recommendations aim to address the plurality of actors whose voice and experiences were examined in the thesis. The organisations studied operate within the particular British employment framework and system, with actors holding different policy agendas (e.g. carers' associations, trade unions). The recommendations should be understood and interpreted bearing this specific context in mind and in regard to this variety of interests.

As noted by Tourish (2013:187), '*progressive reduction of what is not known is a worthwhile goal for organisation research*', and although '*the goal remains more or less beyond our grasp (...) the effort to make such progress is one that scholars should be eager to embrace*'. The recommendations set out below aim to highlight potential areas to make progress in developing policies and actions that may benefit working carers.

The first policy recommendation aims to address employers, and more specifically HR managers and senior managers. It relates to the benefits organisations can reap from implementing carer's leave policies. The findings show that specific characteristics of carer's leave - its length and the financial compensation of carer's leave - are crucial to support working carers more effectively. Carer's leave also allows employers to retain ageing workers, attract additional workers (such as young working carers) and enhance their reputation as EfC members. Based on these findings, I strongly recommend that employers introduce carer's leave in collaboration with their employees' representatives to support their workforce.

In addition, I recommend that employers provide paid time off for the chairs of carers' networks and for carers' champions. This can only benefit the positive development of carers' voices in the workplace, while also encouraging chairs and champions to be more actively involved in resolving the issues faced by working carers in terms of accessing support.

Belonging to the EfC forum seemed especially important for employers in the UK context, since little support for employers was directly provided by the government. EfC membership has a financial cost for employers; GovOrg reported that it had to quit its EfC membership during a period when it was experiencing severe budgetary constraints. My third policy recommendation is for Employers for Carers. I recommend that EfC put in place a measure through which employers facing financial challenges could be supported, for example, by temporarily reducing the cost of their membership. In addition, EfC should advise their member organisations to set aside a certain amount of their resources (for instance money and staff) to support their employees with care responsibilities.

My fourth recommendation is to reinforce access to carer's leave in the workplace. This recommendation is addressed to Government. The British government launched a consultation to consider the potential implementation of unpaid carer's leave in 2020. My findings indicate the need to implement, as a minimum, an entitlement to statutory paid carer's leave of five days

per annum for all workers (as done by CharityCo and InsuranceCo). In addition, it is also necessary to consider the voices of employees: the terms and conditions for access to carer's leave should be a focus of collective bargaining and consultation.

In addition, I recommend that providing care should be included as part of the protected characteristics stipulated by the Equality Act 2010. The research findings show that being protected by association with the person cared for (for instance an elderly or disabled person) is not sufficient to ensure that all working carers are treated equally to other workers. Moreover, carers may still be reluctant to identify as carers, which means that they should have the right to be protected due to the simple fact that they are providing care.

My sixth recommendation is for employees representatives and more specifically for trade unions. Trade unions should be more proactive towards workers' caring challenges, and when possible should ensure that work-life balance policies are included in their bargaining agendas. They should not consider these policies as 'extra benefits' left to employers' initiatives. They should reinforce the effectiveness of the policies by ensuring they are applied consistently. They should use their carers' networks to facilitate information exchanges, increase awareness of care policies, and offer tailored support in individual cases. The collaboration of both groups would reinforce the visibility of working carers in the workplace, while also challenging the limitations faced by both (carers' networks in terms of their influence at organisational level, and trade unions in terms of their membership rate). Further, after the pandemic more workers will need to find new solutions for their caring situations, which will put care policies at the forefront of workers' needs. Finally, unions could establish groups for members who are carers, these could exist alongside other (such as disability and women's) groups. As noted in Chapter 2, growing membership diversity in trade unions has also increased the need for enhanced representation of different groups in union operations (Parker 2006:423). Being inclusive of members who are carers could strengthen working carers' representation in the workplace, while also contributing to strengthen an impetus for a carers' movement (Clements, 2013).

8.5 Strengths and limitations of the study and suggestions for further research

The study findings originate from three diverse case studies of private, public and third-sector British organisations. Although the findings should be interpreted within these three specific organisational contexts, the similar patterns which emerged from them may reflect broader issues linked to the development of employer led-carer's leave. Mitchell (1983:36) states the following in regard to the validity and significance of findings in case studies:

The single case becomes significant only when set against the accumulated experience and knowledge that the analyst brings to it.

Experience and knowledge can be understood here as knowledge of the context and relevance of a theoretical base. In this thesis, the three case studies are positioned in the British social and employment context, where there is an emphasis on individual responsibility to combine care

and work. This contextual information is further enhanced by the theoretical insights provided by the multi-conceptual framework discussed above. Mobilising Acker's and Bourdieu's insights in particular helped to better understand the experiences of working carers, as the availability of carer's leave was inconsistent between employees, specifically in regard to their job role. Access to carer's leave often appeared to depend upon an individual's position at work, and their relationship with their line manager. Understood through this framework, the experiences of my participants may reflect general inequalities faced by carers in society due to this emphasis on care as the individual's responsibility, and the influence of gender and class on the way care and work are articulated. In addition, employer-led carer's leave, while presenting positive progress for carers, is an example of the problems associated with reliance on a diversity and inclusion framework, which can tend to exclude employees' voice and individualise support.

The study presented in the thesis does however, have limitations related to my often restricted access to participants, and to the characteristics of the organisations selected as case studies. The three organisations were large organisations employing mainly white British and professional workforces. It did not include participants with different cultural backgrounds and different employment statuses, such as working carers who were agency workers. As InsuranceCo declined to circulate the survey of working carers used in CharityCo and GovOrg, my ability to recruit a diverse sample of working carers in InsuranceCo was restricted. Consequently, only three participants with BME backgrounds were recruited in the three organisations, precluding any exploration of culture and ethnicity as factors relevant to working carers' experience of carer's leave in the three organisations. This prevented the adoption of a fully intersectional approach and exploration of organisational processes from Acker's perspective as gendered, classed and racialized processes. A further limitation related to the fact that I investigated these organisations relatively soon after they had joined EfC (Table 1.1, p10). Their policies were relatively new, which may have affected the impact of their practices towards working carers.

These limitations of the study indicate future areas to explore. For example, understanding how cultural aspects influence working carers' experiences in the workplace opens up possibilities for further research. This is also relevant in regard to migrant workers, as there remains a need to develop understanding on how migrant workers negotiate caring responsibilities with members of their family still resident in the country of their birth and how migrant workers seek support in the workplace.

Specific organisational sectors may also be considered for future research on working carers' experiences. For example, the healthcare and social care sectors may be of specific interest. It would be especially important to investigate working carers from these sectors due to the impact of their primary frontline role in the Covid-19 context. An emphasis could be placed on better understanding how they negotiated their work and caring responsibilities during the

pandemic. Sectors with more ‘masculine’ connotations such as the construction sector could also be of interest, (Hanna et al., 2020).

Third, although the study recruited working carers in some front-line, low paid and part-time positions (shop workers, receptionists, etc.) the recruitment of working carers with different types of employment contract (e.g. agency workers) was not possible. This limits understanding of those working carers’ experiences of articulating work and care. A further area of research will be to investigate support for this category of working carers.

It will also be important in future to compare employers’ approaches in different countries and the consequences arising from the implementation of carer’s leave and working carers’ experiences. For example, Charlap et al. (2019) studied working carers and employers’ support in the French context, with findings similar to those found in the British context. These highlight similar difficulties for carers in disclosing their care responsibilities in the workplace, and a lack of awareness and uptake of carer’s leave. One key difference appears to be the divergence of employers’ attitudes within the French context. Belorgey et al., (2016) note that French employers follow a strong ‘legalist’ perspective. They consider that it is the role of the state to support carers (e.g. by providing financial compensation for carer’s leave), which raises questions about their responsibility as employers. Exploring the roles played by the state and social partners in different national contexts can help us understand how working carers’ needs and voices are represented differently in different cultures.

As a final suggestion, further research should investigate employers’ attitudes and the potential changes to employers’ care policies due to the pandemic. It would be especially interesting to examine whether carer’s leave was made more broadly available to all employees, regardless of seniority, grade or position. As the data collection for this study was completed before the pandemic began, it is still unclear whether the pandemic will trigger further changes in the near future. For example, how will employers and employees negotiate the terms of returning to work and will it lead to better support for workers with care responsibilities? Or will there be better measures, such as a legislated right to take carer’s leave to protect working carers?

8.6 Concluding thoughts

The motivation to conduct and write this thesis is rooted in a strong interest in questions of caring and working conditions for carers. This thesis contributes to the aims of the wider Sustainable Care programme by bringing attention to the fact that care is an issue of both resources and rights in the workplace. It argues that encouraging employers to implement better support for their employees with care responsibilities is possible and beneficial for society overall. It further argues that it could be even more beneficial when done in concert with employee voice, robust carer’s leave legislation, and an established model of good practices, such as those disseminated within the EfC forum.

At the time of writing, this argument is reinforced by the ongoing effects of the coronavirus pandemic. As noted by the CIPD (2021) '*now more than ever organisations need to be aware of carers' concerns (...). Employers can, for the first time, gain an understanding of just how many of their employees have caring responsibilities and provide the support they need.*' The pandemic provided an abrupt reminder of the fragility of human lives as well as government's responsibilities regarding the care of their citizens. In concluding the thesis, I want to emphasise that ultimately, caring and being taken care of, is an unavoidable human experience shared by all. Consequently, equal resources for care need to be available to all.

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Appendixes

Appendix 1: Profile of Interviewees

Profile of interviewees in CharityCo (19 participants)

<u>Pseudonym</u>	<u>Job role</u>	<u>Care responsibilities</u>	<u>Age</u>	<u>Gender</u>
Anna	Line Manager	Son	38	F
Barrett	Line Manager	No caring responsibilities	52	M
Clara	Employee	Parents	50-60	F
Dannie	Employee	Mother	58	F
Dina	HR Manager	Parents, husband	48	F
Eleanor	Employee	Grandmother	36	F
Emilia	HR Manager	Mother	40-50	F
Evelyn	Employee (Shop worker)	Mother	50-60	F
George	Union chair	No caring responsibilities	40-50	M
Ian	Employee	Wife, daughter, mother in law	50-60	M
James	HR Manager	Wife, son	40-50	M
Josephine	Employee	Husband	60	F
Luc	Line Manager	No caring responsibilities	40-53	F
Pat	Line Manager	Mother	50-60	F
Emma	Employee	Parents	50-60	F
Rosie	Employee (Shop worker)	Adult daughter	48	F
Roy	Employee	Father	48	M
Sam	Employee (Shop worker)	Mother and son	44	F
Vivian	D&I Manager	Mother	63	F

Profile of interviewees in GovOrg (17 participants)

<u>Pseudonym</u>	<u>Job role</u>	<u>Care responsibilities</u>	<u>Age</u>	<u>Gender</u>
Andrea	Carer champion, Senior Manager	No caring responsibilities	40-50	F
Annie	Employee	Parents, parents in law, children	57	F
Betty	D&I Manager	Parents	40-50	F
Kate	Union officer	No caring responsibilities	40-50	F
Glyn	Chair Carers network	Mother	50	M
Jane	Line Manager	Mother	40-50	
Janice	Line Manager	Mother	40	F
John	Employee	Wife, daughter	61	M

Louis	Carer champion, Senior Manager	Parents	40-50	M
Mary	Employee	Grandmother, mother	33	F
Mike	Employee	Father	46	M
Philippe	Employee	Father	58	M
Phillie	Employee	Mother, brother	47	F
Raoul	Employee	Parents	44	M
Ronald	Union chair	Mother	56	M
Vero	Employee	Parents, parents in law	60	F
Winona	Employee	Mother	57	F

Profile of interviewees in InsuranceCo (24 participants)

<u>Pseudonym</u>	<u>Job role</u>	<u>Care responsibilities</u>	<u>Age</u>	<u>Gender</u>
Angela	Line Manager	Mother, father	42	F
Ella	Line Manager	Daughter	42	F
Ellen	Employee	Mother	48	F
Eva	Employee	Daughter	30-40	F
Jack	Employee	Grandfather	53	M
Jade	Employee	Parents	40-50	F
Julia	HR Manager	No caring responsibilities	30-40	F
Kat	Line manager	Mother	53	F
Laura	Employee	Mother, child	40-50	F
Linda	Employee	Adult daughter	50	F
Louise	Employee	Daughter	53	F
Marian	Employee, ex-chair, carer network	Father	50	F
Niky	Employee	Grandparents	30-40	F
Paul	Employee	Wife	40	M
Carol	Union rep. health & safety	Children	40-50	F
Richard	Employee	Wife, children	40	M
Robert	Union rep.	Mother in law	68	M
Ruth	Employee	Son, parents	50-60	F
Sara	Employee	Parents, grandparents	28	F
Sarah	Union rep. equality	Mother	30-40	F
Sindy	Employee	Mother	40-50	F
Sophie	Employee	Grandmother	26	F
Steve	Employee	Wife	40-50	M
Vicky	Employee	Mother	40-50	F

Profile of Key informants (5 participants)

Job role	Gender	Organisation
Chair Carers network	F	EfC member organisation
D&I Manager	F	EfC member organisation
Policy researcher	F	Government
Secretariat	F	EfC
HR Managers	F	Civil Service

Appendix 2: Survey respondents

I) Information on survey respondents in GovOrg

Characteristics of survey respondents with care responsibilities in GovOrg

Total number of respondents	<i>N*=320</i>
Women³⁴	<i>N=235</i>
Men	<i>N=57</i>
White British/White Other women	<i>N=194</i>
White British/White Other men	<i>N=52</i>
BME women³⁵	<i>N=28</i>
BME men	<i>N=4</i>
Senior managers	<i>N=85</i>
Middle/Line manager	<i>N=74</i>
Non-managerial employees	<i>N=136</i>

**N= Number of participants*

II) Information on survey respondents in CharityCo

Characteristics of survey respondents with care responsibilities in CharityCo

Total number of respondents	<i>N*=41</i>
Women	<i>N=32</i>
Men	<i>N=8</i>
White British/White Other women	<i>N=30</i>
White British/White Other men	<i>N=7</i>
BME women	<i>N=2</i>
BME men	<i>N=1</i>
Senior Managers	<i>N=12</i>
Middle/Line Managers	<i>N=12</i>
Non-managerial employees	<i>N=15</i>

**N= Number of participants*

³⁴ 15 respondents preferred not to say about their gender.

³⁵ 25 respondents preferred not to say about their ethnicity.

Appendix 3: Information and recruitment sheets

Organisation Information Sheet for Case Study recruitment



Sustainable Care: Sustainability and wellbeing in our care systems

The ESRC-funded Sustainable Care programme, based at the University of Sheffield in collaboration with the University of Birmingham, Kings College London and the University of Kent, is investigating how social care arrangements can be made sustainable and is made up of a series of research projects. We would like to invite participants to take part in our project which is part of that programme: *‘Combining work and care: workplace support and its contribution to sustainable care arrangements’*. The questions we’d like to answer include:

- 1. What constitutes good workplace support for carers in employment?**
- 2. How does workplace support help carers to integrate their paid employment and caring roles?**
- 3. What is the impact of this support on sustainable wellbeing for carers, employers, care users and care workers?**
- 4. What are the costs and benefits for employers?**

The aim of this study is to inform policy and practice relating to the support arrangements for people who combine paid work and care for a disabled, elder or frail family member, friend or neighbour. **This is an important opportunity for employers and working carers to have their voices heard and share their ideas with researchers and policy makers.**

We would like to recruit employers who have policies designed to support working carers as a **case study** to explore the development of these policies and their impact on working carers and your organisation. We would like to propose that taking part as a case study would involve:

- a) Individual interviews with managers, including HR managers and line managers (around 3-4).
- b) Focus group and individual interviews with employees who are working carers (around 8-10) and if possible, with an employee/TU representatives.
- c) Short survey of employees, which would ask specific questions about care leave and other forms of support available to carers. We would hope that such a survey would provide the organisation with useful information about the impact of care leave on employees and we would, of course, be very happy to share the anonymised findings with the organisation.

The case study fieldwork phase will begin around February 2019, and the precise timing can be negotiated with the organisations taking part. We also would like to hear from **Key Informants**, individuals (managers, employees) with valuable knowledge and experience regarding policies designed to support working carers and their impact on working carers and their organisation.

If you would like to discuss the programme or the opportunity to take part as a case study, Jason Heyes, 0114 222 32, j.heyas@sheffield.ac.uk, or [Camille Allard, cvmallard1@sheffield.ac.uk](mailto:cvmallard1@sheffield.ac.uk).

Participant Information Sheet (for working carers)



Sustainable Care: Connecting People and Systems

The Sustainable Care Research Programme (2017-2021), based at the University of Sheffield in collaboration with the University of Birmingham, the University of Alberta and Kings College London, is investigating how social care arrangements can be made sustainable. It has been funded by the Economic and Social Research Council and the main objective of the programme is to increase understanding of economically and socially sustainable care – especially how to achieve wellbeing for care users, their families/ carers and paid care workers.

The programme is made up of a series of research projects. You are being invited to take part in the project Combining work and care: workplace support and its contribution to sustainable care arrangements. The aim of this study is to inform policy and practice relating to the support arrangements for people who combine paid work and care for a family member, friend or neighbour. This is an important opportunity for you to have your voice heard and share your ideas with researchers and policy makers.

It is up to you to decide whether or not to take part. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. You can still withdraw at any time without there being any negative consequences and you don't have to give a reason. If you wish to withdraw from the research, please let the researcher know either during your session or afterwards (Camille Allard, cvmallard1@sheffield.ac.uk, or Jason Heyes, 0114 222 3219, j.heyesh@sheffield.ac.uk). If you withdraw or are withdrawn from the study for any reason, the research team will retain the personal data already collected about you until the project ends in 2021, unless you request that all data relating to you are withdrawn from the study within three months of taking part.

What will happen during the research?

We would like you to take part in an interview with members of the research team where we will explore issues related to combining work and care. We will discuss the following topics specifically: your wellbeing, your experiences of work and care, and any available support from your workplace. With your permission, we will audio record the session and a member of the research team will also take notes. If you wish to terminate the session at any point, let the researcher know and the session and recording will stop. The interview will last around one hours and will be held at a place of your convenience, home, workplace, or over the phone or via video-conferencing (depending on your preference).

What will happen to the information you give us?

All the information that we collect about you during the course of the research will be kept strictly confidential. Your personal information (e.g., name, contact details) will only be accessible to members of the research team at the University of Sheffield. Some of our conversations may be recorded, with your consent. The researcher will also take some notes. The audio recordings and transcripts will be securely stored on a computer at the University of Sheffield. In the transcripts any information you provide which could reveal your identity will be removed, and you will be given a pseudonym. Only at this stage will information be shared with our partners at the University of Alberta. The company transcribing the interviews will be subject to a confidentiality agreement and the document which notes which pseudonym you have been given will be stored as a hard copy only in a locked filing cabinet and will be destroyed at the end of the project (2021). Excerpts from the session may be included in the projects outputs, for example in reports, web pages, and other research outputs. You will not be able to be identified in any reports or publications.

Due to the nature of this research it is very likely that other researchers may find the data collected to be useful in answering their research questions. You can decide whether your anonymised data can be archived at the UK Data Archive and used in future research. Only authenticated researchers will have access to this data, only if they agree to preserve the confidentiality of the information on the archive. They may use your words in publications, reports, web pages, and other research outputs but will not include any information that would identify who you are.

How can I find out more?

If you have any questions about the study or just want to talk to someone about it, you can call us, send us an email or a letter:

Camille Allard, PhD researcher,
Department of Sociological Studies
Elmfield Building
Northumberland Road
Sheffield S10 2TU
+44 114 222 6400

Jason Heyes
Professor of Employment Relations
Director of the Work, Organisation and Employment Relations Research Centre (WOERRC)
University of Sheffield
Management School
Conduit Road
Sheffield, S10 1FL
Tel: (+44) 0114 222 3219
Email: j.heyesh@sheffield.ac.uk

Please feel free to contact us at any time. We will be happy to give you further information.

Note: This study has been reviewed and given favourable opinion by the University of Sheffield Research Ethics Committee (approval number: 017860). If you have a complaint or wish to discuss the study with the person responsible for the research, please contact the Sustainable Care Programme leader, Professor Sue Yeandle. Address: CIRCLE (Centre for International Research on Care, Labour and Equalities), Faculty of Social Sciences, The University of Sheffield, ICOSS, 219 Portobello, Sheffield S1 4DP, Tel. 0114 22 22000.

The University of Sheffield will act as the Data Controller for this study. This means that the University of Sheffield is responsible for looking after your information and using it properly. In order to collect and use your personal information as part of this research project, we must have a basis in law to do so. The basis that we are using is that the research is ‘a task in the public interest’. Further information, including details about how and why the University processes your personal information, how we keep your information secure, and your legal rights (including how to complain if you feel that your personal information has not been handled correctly), can be found in the University’s Privacy Notice <https://www.sheffield.ac.uk/govern/data-protection/privacy/general>.

Appendix 4: Participant Consent Form

As noted by Tower (2019), before interview, it is essential to:

- Confirm time, date and location (if face to face) prior to interview.
- Thank participant and ask if they are still happy to be involved with the project.
- Ensure participant has my contact details and reassure them that they are welcome to contact me with any questions or concerns that they may think of.
- Ask about audio recording of the interview –If participants are not comfortable being recorded, then I can take notes instead.
- Discuss about confidentiality and anonymity – All material will be anonymised e.g. pseudonyms given to participants and organisations, locations/dates changed, although specific details may make the participant identifiable to familiar others.

Consent form



Sustainable Care: Sustainability and wellbeing in our care systems Consent Form

<i>Please tick the appropriate boxes</i>	Yes	No
Taking Part in the Project		
I have read and understood the project information sheet dated ../../. or the project has been fully explained to me. (If you will answer No to this question, please do not proceed with this consent form until you are fully aware of what your participation in the project will mean).		
I have been given the opportunity to ask questions about the project.		
I agree to take part in the project. I understand that taking part in the project will include being interviewed and being audio recorded.		
I understand that my taking part is voluntary and that I can withdraw from the study at any time; I do not have to give any reasons for why I no longer want to take part and there will be no negative consequences if I choose to withdraw.		
I understand that my taking part in the Project also implies that I would not share confidential information from other people also taking part the focus group, to people outside the project.		
How my information will be used during and after the project		
I understand my personal details such as name, phone number, address and email address etc. will not be revealed to people outside the project.		
I understand and agree that my words may be quoted in publications, reports, web pages, and other research outputs. I understand that I will not be named.		
I understand and agree that other authorised researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form.		
I understand and agree that other authorised researchers may use my data in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form.		
I agree for the data I provide to be archived within an approved Data Archive		

So that the information you provide can be used legally by the researchers		
I agree to assign the copyright I hold in any materials generated as part of this project to The University of Sheffield.		

Name of participant [printed] Signature Date

Name of Researcher [printed] Signature Date

Project contact details for further information:

cvmallard1@sheffield.ac.uk or j.heyesh@sheffield.ac.uk

If you wish to contact the Data Protection Officer at the University please write to: Anne Cutler, The University of Sheffield, Edgar Allen House, 241 Glossop Road, Sheffield, S10 2GW or e-mail her on a.cutler@sheffield.ac.uk.

Requests to withdraw from/ remove data from the project should be addressed to the researcher in the first instance then to the Data Protection Officer. If you are not satisfied with the response you receive from the University you have the right to lodge a complaint with the Information Commissioner’s Office (ICO): <https://ico.org.uk/concerns/>. Freedom of Information requests should be sent via email to foi@sheffield.ac.uk.

To carers:

If as a carer you are experiencing unbearable burden due to your care duties, and you are seeking for support, advices and information, please do contact **Carers UK** on this number : 020 73 78 4999.

Or go on their website **Carers UK**, section “**contact**”, and contact the information and advice team by filling in the form and choosing the option “ *need advice about caring.*”

Appendix 5: Recruitment emails

Recruitment email for gatekeeper- example of a mail for a D&I manager

Hello,

I am a researcher at the University of Sheffield working on an ESRC-funded project on working carers led by Professor Sue Yeandle. This project is part of the Sustainable Care programme, and we are closely collaborating with Employers for Carers. Your contact details were passed on to me by [Person A] and [Person B] at [Place A].

The purpose of our research is to provide detailed information about the policies and practices of organisations in relation to care leave and other forms of support provided to employees with elder or disabled care duties. I know that CharityCo is a member of Employers for Carers and has leave policies for dependents. I was wondering whether you would be willing to share some insights about your experience and knowledge of leave policies implemented at CharityCo.

Furthermore, I would be interested to know if CharityCo would be available to participate in our case study research. This would consist of a mix of interviews with employees, managers, employees representatives and a short survey. All the data gathered will be strictly anonymised and confidential, and we will share our findings with you at the end of the

study. We want to ensure that organisations benefit from our research, and help to build a better knowledge on good workplace supports for employees with care responsibilities.
I would be very grateful for your help and your support with this project which is important for the wellbeing of employees and the sustainability of organisations.

Thank you for your time and consideration.

Looking forward to hearing from you,

Kind regards,

Camille Allard

Recruitment email for informant on organisational policies- example of a mail for a trade union representative

Hello,

I understand that [Person A] has been in contact with you regarding a research project on working carers that is being led by the University of Sheffield, the Sustainable Care programme. Your contact details were passed on to me by [Person B] who mentioned that you may be willing to be interviewed for our research on carers.

I would be very grateful to learn more about your experience as a union representative, as well as your experience of combining work and care for your relative.

I am pretty flexible with my schedule, so please do let me know whether there would be a convenient date for you at some point in October where we could arrange a phone interview.

Many thanks again for your help, that's really appreciated.

Kind regards,

Camille Allard

Recruitment email for a working carer

Dear [Person C]

I understand that [Person A] has been in contact with you regarding an ESRC-funded project on working carers, that is being led by the University of Sheffield, the Sustainable Care programme. Your contact details were passed on to me by Vivian who mentioned that you may be willing to be interviewed for our research on care policies and carers. I would be very

grateful for an opportunity to interview you about your experience of caring and working at [Organisation],

I will be in [Place] on the 16th (available all afternoon), the 17th (available all morning) and the 24th (available at any time). Please do let me know if any of these dates would be convenient for you to meet and discuss your experiences.

Many thanks again for your help with this research, that's really appreciated.

Kind regards,

Camille

Appendix 6: Interview questionnaires

Interview questionnaire for working carers

Care and work context

- I) For how long have you been working at?
 - a) Can you describe me your role?
 - b) How many hours are you working per week (official, unofficial)?
- II) Can you tell me something about your actual care situation- how did this come about?
 - a) When did you start caring?
 - b) Are you caring alone?
 - c) Do you provide care for anyone else, e.g. children?
 - d) How many hours are you caring per week?
 - e) Where does the person you care for live?
 - f) According to you, what element of the care you provide can be physically or emotionally challenging?
 - g) Do you have time to rest, have leisure activities?
 - h) How do you feel about the care you provide?
- III) How did you manage your work responsibilities when you started caring?
 - a) Did you feel comfortable talking about it?
 - b) Was your line manager/senior manager accessible, understanding your issues?
 - c) Were your colleagues supportive?
 - d) Was information for carer support easily available at your workplace?

(1) Care leave and other supports

- I) Which kind of supports for your care did you have access to at your workplace, e.g. carers' network, flexible working time, reduction of hours, when you started caring?
 - a) What were the criteria to be eligible?
 - b) Was it easy to request?
 - c) Was it easy to get it accepted?

- d) What are the differences between written policies *versus* policies in practice?
- II) Did you take care leave?
 - a) What were the criteria to be eligible?
 - b) Was it easy to request?
 - c) Was it easy to get it accepted?
 - d) Did it help you to manage your care responsibilities?
 - e) Did you get a compensation?
 - f) Was the financial element an important factor in your decision to request it?
 - g) Do you feel that care leave could be undertaken differently? E.g. extended, undertaken at different times, e.g. three days taken in discontinuity?
- III) Have you ever consider giving up either your job or care?
 - a) Does the support available at your workplace has prevented you from making such a decision?
- IV) Would you like to have more supports?
 - a) At home?
 - b) At your workplace?
 - c) With the social care system?

(2) Outcomes and implications

- I) Do you feel that the support you receive from your organisation has a positive impact on your caring responsibilities?
- II) Do you feel it helps you to pursue your career path and prevent you from losing opportunities, e.g. promotion, training?
- III) What do you think could be ameliorated among the supports proposed at your workplace?
 - a) Do you find it easy to express your concerns to your managers/ colleagues?
 - b) Do you feel listened?
 - c) Do you feel you can have an impact on the way the policies are formulated/established?
 - d) Are you part of the union/ carers network?
 - e) Did they help you in your application for support?
- IV) Do you feel confident about the future regarding your care and work responsibilities?
 - a) How would you describe your current wellbeing?
- V) Is there anything I missed, and you think is important to talk about?

Interview questionnaires for HR Managers / Key Informants

- I) *Context*
 - a. What are the policies for working carers? Why were they created?
 - b. What was the influence of EfC on it?
 - c. How long have they been in place?

- d. Was there consultation with Trade Unions/Carers network about the policies?
Are there other policies working carers can use to help them combine work and care?
- e. Why were they created?
- f. How long have they been in place?
- g. Are these policies are available to all employees (in principle? In practice- whether employees in some occupations and types of employment status are more likely to make use of the policies; enabling factors/potential obstacles, such as the organisation of work and the design of jobs?)?
- h. Have there been policies which have been withdrawn? If so, why?
- i. If the organization is a multinational, is there any difficulties in implementing the policies in different branches from different places across the world?
- j. What is the role of line managers? Are they trained to deal with employee requests, are they consistent across the organisation?
- k. What is the role of carers' network (if applicable)?
- l. How staff are informed about their entitlements?
- m. Are you aware of any informal practices (as opposed to formal policies) to support working carers?
- n. Does technology help employees combine work and care (e.g. the ability to work from home/ more flexibly, EfC's Jointly App)?

II) *Impact of working carer policies:*

Do you collect data on:

- a. The number of carers in workforce? If so, how many are there?
- b. The number of carers using policies for working carers? If so, how many are using the policy/ policies?
- c. The impact of the policies on:
 - i. Staff recruitment. If so, what impact?
 - ii. Staff retention. If so, what impact?
 - iii. Productivity. If so, what impact?
 - iv. Sickness/ absence. If so, what impact?
 - v. Staff wellbeing. If so, what impact?
 - vi. Customer satisfaction. If so, what impact?
 - vii. Company profits. If so, what impact?
 - viii. Other areas you feel important.
 1. Care leave specifically: for performance of work, teamwork;
- d. The feedback of carers using policies for working carers? If so, what is their feedback?
- e. The feedback from line managers? If so, what is their feedback?
- f. Staff wellbeing generally?
- g. Do you feel these policies have a beneficial impact?
- h. Do you feel these policies have any drawbacks/ challenges?
- i. How financially sustainable do you feel these policies are?

Interview questionnaires for Line managers

I) *Context*

For how long have you been working at...?

- a) Can you describe me your role?
- b) What is your working pattern?
- c) How many people do you have to manage daily?
- d) What are the challenges of your role?

II) *Policies and training*

Do you receive training and guidance to deal with your employees with elder and disabled care responsibilities?

- a) If yes, what kind of training and guidance?
- b) Did you ever had to experience care responsibilities in the past or do you also have care responsibilities?
- c) How do you recognize employees with care responsibilities? Do employees come to talk to you easily about their care responsibilities or do you need to talk to them if you notice something going on?

Are you well-aware of the policies employees can request regarding their care responsibilities?

- d) How the employee's request is processed?
- e) For example, what are the criteria for requesting care leave?
- f) Is it always possible to accept the request?
- g) What are the factors where the request cannot be accepted?
- h) Can you have any informal agreement with your employees?

III) *Impact*

Is there any challenge in terms of level of staffing, establishing schedules, (e.g. in high-skilled or specialised jobs) which can prevent employees to use these policies?

- a) What if the employee needs to keep her/his phone during the work hours?
- b) Is there any challenge for the other employees when one of their peers is using care leave, for example?
- c) Do you raise these issues to senior managers? Is there any consultation on it?
- d) What do you think could be a potential solution?
- e) What is the impact of these policies in terms of:
 - a) Staff recruitment.
 - b) Productivity.
 - c) Sickness/absence.
 - d) Staff wellbeing.
 - e) Customer satisfaction.

- f) Other areas you feel important.
- g) Do you have any feedback from employees?
- h) Do these policies have a positive impact on relationships between employees and managers?
- i) If yes, what kind of impact? (e.g. performance work, teamwork)
- j) What do you think could be ameliorated?

Interviews for Trade Unions/ Carers network

Context:

- I) For how long have you been working at....?
 - a) Can you describe me your role?
 - b) What is your working pattern?

- II) For how long have you been part of this union/ carers network?
 - a) What are your motivations?
 - b) Can you describe me your role?

- III) If union:
 - a) What is the density of membership?
 - b) Are you recognized by the employer?
 - c) Are carers support covered by collective bargaining?
 - d) If not, do they consult you on care policies?
 - e) Which job roles are you representing?
 - f) What are the business areas the most likely to enrol in the union?

If Carers network:

- a) How has it been developed? How does it work?
- b) Do they consult you on care policies?
- c) How aware of this network are employees?
- d) Which business areas are the more likely to be involved?

Policies:

- I) What policies are available for working carers?
- II) Can you tell me about the history of these policies?
 - a) How long have they been in place?
 - b) How and by whom have they been developed?
 - c) Why?
 - d) Has any policy been withdrawn?
 - e) Why?
 - f) How consistent across business areas is this policy?
- III) Any other challenge in the policy's implementation?

- IV) Are these policies available to all employees (in principle? In practice- whether employees in some occupations and types of employment status are more likely to make use of the policies; enabling factors/potential obstacles, such as the organisation of work and the design of jobs?)?
- a) How employees have access to this information about care policies?
 - b) Can employees easily express their opinion about these policies?
 - c) What kind of action can be undertaken to strengthen and extend the access of these policies to all employees?

Impact and implications:

- V) Do you think these policies have a beneficial impact?
- a) For working carers' recognition
 - b) For employee' s rights and wellbeing
 - c) For staff retention
 - d) For the organisation, e.g. in terms of employee voice and ability to express their concerns, good relationship with line managers, senior managers.

- VI) (if union) Are care issues important for your agenda?

(If union representative with care responsibilities)

- a) How your care responsibilities inform your role as a representative?
- b) How is it to juggle these multiple roles – carer, employee, union representative?

Appendix 7: Survey questionnaire

Employee Survey – Combining work and care for a relative

[Organisation Name] in collaboration with the University of Sheffield's *Sustainable Care* research team (circle.group.shef.ac.uk/sustainable-care/) is conducting a survey to identify the impact of caring on our employees.

We welcome your response **if you are combining your paid work with caring for, or looking after, providing practical support, or worrying about an ill, disabled relative or frail partner or friend.**

The purpose of the survey is to understand the challenges of combining work and care and to help us develop better workplace support for working carers. **This is also an important opportunity for employees to have their voices heard and to share their ideas with researchers and policymakers.**

The survey can be completed in just a few minutes. All information will be treated in absolute confidence and all data produced will be anonymized.

The survey will close on

Thank you for your time, we value your participation in this important survey which will help us to help you.

ABOUT YOUR CARING SITUATION

PLEASE READ THIS BEFORE COMPLETING THIS SECTION:

The questions on the following pages refer to **unpaid caring for**

- **An adult or a child with limiting mental or physical long-term illness**
- **A disabled adult or child**
- **An older person**

Please note that this definition **does not** include other child care responsibilities.

Other survey questions begin on the following page

1) The people I care for include (*tick all that apply*)....

- my spouse / partner
- my parent / parent-in-law
- my grandparent

- my child or grandchild (aged under 20)
- My adult child (aged 20 or over)
-
- Another relative or family member
- my friend / neighbour
- Other:

2) Please tell us about the situation of the people you care for. The people I care for...(*tick all that apply*)

- Have a physical disability
- Have a learning disability
- Have a sensory impairment
- Have a mental health problem
- Are frail and/or has limited mobility
- Have dementia
- Have another neurological condition (e.g. Parkinson's Disease or MS)
- Have a long-term illness, is recovering from illness, or is terminally ill

- Have problems related to substance abuse / addiction
- Have other needs:

3) How long have you been providing support for these people?

- Up to 6 months
- More than 6 months but less than 2 years
- More than 2 but less than 5 years

- More than 5 but less than 10 years
- More than 10 years

4) Does any of these people you care for live with you?

- Yes
- No

5) Does any of the people live alone, with other relatives or in a care home or institution?

- Alone, in the same city/area as me
- With other relatives, in the same city/area as me
- Alone, in another city/region/country
- With other relatives, in another city/region/country
- In a care home/institution, in the same city/area
- In a care home/institution, in another city/region/country
- N/A

6) Please tell us, for a typical week, the total number of hours of care you provide care for these people you mentioned in question 1.

(Tick one only)

- 1 - 9 hours per week
- 10 - 19 hours per week
- 20 - 29 hours per week
- 30 - 39 hours per week
- 40 - 49 hours per week
- 50+ hours per week

7) Please tell us what kind of care you provide: *(Tick ALL that apply)*

- Personal care** (e.g. dressing, bathing, washing, shaving, cutting nails, feeding, using the toilet)

- Physical help** (e.g. with walking, getting up and down stairs, getting into and out of bed)

- Practical help** (e.g. preparing meals, shopping, laundry, housework, household repairs, providing transport/ driving, taking to doctor/hospital)

- Helping with medicines** (e. g. making sure he/she takes pills, giving injections, changing dressings)

- Helping with paperwork / financial matters** (e. g. writing letters, filling in forms, dealing with bills, banking)

- Visiting / keeping him/her company / providing emotional support, motivation or supervision** (e. g. visiting, sitting with, reading to, talking to, listening, giving comfort, advice, playing cards or games)

- Taking him/her out / supporting social and leisure activities** (e.g. taking out for a walk/drive, or to see friends or relatives)

Other help:

8) We would like to form an impression of how your caring situation affect you³⁶. Please indicate which description best fits your current caring situation. (Tick *ONE* box per description: 'no', 'some' or 'a lot'.)

	No	Some	A lot	
I have				of fulfilment from carrying out my care tasks

³⁶ Question taken and adapted from *Careqol Measure Instrument* (Hoefman et al, 2013).

I have				relational problems with the person I care for (e.g. <i>communication problems; he/she is very demanding</i>)
I have				problems with my own mental health (e.g. <i>stress, fear, gloominess, depression, concern about the future</i>)
I have				problems combining my care tasks with my daily activities (e.g., <i>household activities, work, study, family</i>)
I have				financial problems because of my care tasks
I have				support with carrying out my care tasks, when I need it (e.g., <i>from family, friends, neighbours, acquaintances</i>)
I have				problems with my own physical health (e.g., <i>more often sick, tiredness, physical stress</i>)

9) What is your current employment status?
(please tick all that apply)

- I work full-time (35 hours or more per week)
- I work part-time (less than 35 hours per week)

- I have a fixed-term contract
- I have a permanent or open-ended contract

- I am an agency worker

- I have a 'zero hours' contract

- I have more than one paid job

10) What is your job title³⁷?

.....

11) Which of the following best describes your position in [Organisation Name]?
(please tick one only)

.....

12) How long have you been working for [Organisation Name]?

- Up to 6 months
- Over 6 months and up to 5 years
- Over 5 years but less than 10 years
- 10 years or more

13) Are you aware of the following support available to employees with care responsibilities in your organization? (tick all you are aware of)

- Job share
- Compressed hours
- Reduced hours

- Leave for a family or emergency
- Carer passport
- Carer leave

14) Have you ever asked to modify your working arrangements?

- Yes
- No

15) Did it help you to manage your caring responsibilities?

- Yes
- No

16) Altogether, how long have you been working at [Organisation name]?

³⁷ This question was modified in regard to the organisation it was sent to. For example, in GovOrg, participants were asked to indicate their job grades and business areas.

- Up to six months
- Over six months and up to five years
- Over five years and up to ten years
- 10 years or more

17) Are you aware of your legal right to request flexible working after 26 weeks of service with your employer?

- Yes
- No

18) Are you aware of your legal right to request unpaid time off from work for dealing with an emergency involving the people you care for?

- Yes
- No

19) Would you like to comment on your experience as a working carer at [Organisation Name]?

.....

20) Apart from the above – What additional workplace support would you find most useful to help you to combine work and care?

.....

21) Are you part of the [Organisation Name] carer network? If 'Yes', please answer Q21.

- Yes
- No

22) Has the [Organisation Name] carer network made a meaningful difference for you in relation to your care and work situation? (e.g. reaching out information, receiving support from colleagues, etc).

- A lot
- A little
- Not at all

23) If you are a line manager, have you received any training about workplace supports for carers?

- Yes
- No
- I am not a line manager

24) On the scale below, please describe how much you agree with the following statements.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I feel comfortable speaking about my care responsibilities with my colleagues.					
I feel confident enough to discuss my caring situation with my manager and request any help I need.					
It is easy for me to find information about the kind of support provided by my organization that is appropriate for my care situation.					
As a working carer, I feel supported by my team and co-workers.					
I am able to take my annual leave for leisure activities and family time, rather than to provide care or catching up on work.					
My manager is sympathetic to my caring situation and offers appropriate support.					
I am not stigmatized at work because of my caring responsibilities.					
I do not feel at a disadvantage in applying for career or training opportunities at work.					

Overall, I feel confident about my future in regard to both my work and care situations.					
--	--	--	--	--	--

25) During the last year, I have considered giving up my job in order to manage my care responsibilities.

- Yes
- No

26) During the last year, I have considered giving up my caring role in order to concentrate on my work.

- Yes
- No

ABOUT YOU

27) What is your age?

.....

28) Please indicate your gender:

- Female
- Male

Prefer to self-describe:.....

- Prefer not to say

29) Which of the following best describes your ethnicity?

- White (British or other nationality)
- Asian / Asian British
- Black/ African/ Caribbean/ Black British
- Mixed / Multiple ethnic group
- Other ethnic group
- Prefer not to say

30) What is your sexual orientation? ³⁸

³⁸ Questions 30, 31, 32 were added for GovOrg's questionnaire.

- Bisexual Gay or Lesbian
- Heterosexual/Straight
- Prefer not to say
- Other
- Prefer to describe

31) Do you have any long standing physical or mental health condition, illness, impairment or disability?

- Yes
- No
- Prefer not to say

32) Do you have any childcare responsibilities as a primary carer (e.g. parent/guardian)?

- Yes
- No
- Prefer not to say

FOLLOW UP INTERVIEWS/ FOCUSGROUPS
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In the next few weeks some people who have completed this questionnaire will be asked to take part in a face-to-face interview or focus group. This is an important part of the research, designed to explore in depth how workplace support could be improved at [Organisation Name]. Those who take part will be asked about their experiences of combining work and care and what kind of support is most helpful to them. We will also ask if there are other forms of support that might be helpful.

The interview / focus group would take place at your workplace or a location of your choice, at a time convenient to you. Anonymized information collected in the interviews / focus groups will be drawn upon in producing research reports and academic articles, but it will not be possible for readers to identify you or any other interviewee.

If you are willing to take part in a follow up interview / focus group, please enter your contact details below. Your data will be kept strictly confidential to the researchers,

including your email address / phone number which will only be shared with the researchers directly involved in this study.

YOUR CONTACT DETAILS

Name _____

Email address (optional) _____

For further information or enquiries about the *Sustainable Care* programme at the University of Sheffield, please contact Dr Kelly Davidge, Programme Manager: k.s.davidge@sheffield.ac.uk. The Sustainable Care programme is led by Professor Sue Yeandle (Principal Investigator), and receives its main funding from the *Economic and Social Research Council* at the UKRI.

Thank you very much for taking the time to complete this survey

Appendix 8: Policy documents and articles (extracts)

CharityCo – Supporting Carers in the Workplace Policy and Procedure

‘Who are employee carers?’

CharityCo employee carers are people who have caring responsibilities outside their working life. These responsibilities may be constant or fluctuate in the demand and impact their working lives. Employee carers will be responsible, wholly, or in part, for a variety of situations which may include: children with additional support requirement, partners, parents or other relatives or friends, who they care for directly or facilitate, support, and enable to care for themselves. The care and support provided by employee carers may be temporary or long-term in nature.

Our commitment to employee carers

CharityCo is committed to supporting all employees who identify themselves as carers to balance both their caring and working lives (...) CharityCo believes in an approach which enables employees with caring responsibilities to respond as they need to, rather than a hand holding directive approach. We aim to foster an open, inclusive, and caring culture, where employee carers feel supported and empowered and in which we all understand that small changes can make a big difference to people’s live (...) This policy set out the support available to CharityCo employees who have caring policies (...) This key policy provides a framework for the recruitment of employees who have caring responsibilities (...) This policy applies to all temporary or permanent employees in CharityCo.

Who ensures this policy is effective?

CharityCo's senior team management and Board of Trustees are committed to supporting and championing this policy (...) the role of line managers is critical to the development of a genuinely 'carer-friendly' culture in CharityCo (...) all line managers will be strongly encouraged to attend training sessions designed to raise awareness and improve consistent support for CharityCo employees, as part of the 'Enabling Managers' programme. All our employees have a responsibility to be aware of this policy and to provide the necessary information ensuring the right support is provided. All our employees have a responsibility to contribute to a culture of openness and support for those with caring responsibilities.

Identifying our carer employees

CharityCo understands that some employees may not see themselves as carers; for example, those caring from a distance or supporting parents in later life who do not live with them (...) CharityCo asks to be made aware of caring responsibilities which may impact on working life and encourages employee carers to share information with line managers who can ensure appropriate support is provided. Once an employee carer has informed their line manager of their caring responsibilities and has asked for help, line managers will support and encourage employee carers to be aware of, and facilitate access to the range of support available to them at CharityCo, and facilitate access to the range of support available to them at CharityCo and also from other organisations and agencies.

Carer's leave

Eligibility	Entitlements	Pay
All employees	Up to one week per year (pro-rata) for any colleague with a carers passport	Paid

GovOrg- Special leave Policy and guidance

GovOrg is committed to being a good employer, and to developing people and family friendly employment policies. This approach allows employees to balance their personal and working lives, and helps GovOrg to maintain employees' performance, loyalty, and motivation. GovOrg recognises that life is uncertain, and that from time to time, employees' lives outside of work may necessitate the need for some form of support.

Purpose of the Policy

The purpose of this policy is to:

- Support compliance with relevant employment legislation and to make managers and employees aware of what arrangements are available for them to take time off in special circumstances.*
- Highlight where there is a statutory duty to consider requests for specific types of leave, and the consequences of not doing so.*

- *Recognise that effective practices to promote work life balance will have benefits for employees and support GovOrg's commitment to work-life balance. Special leave can be used by employees to strike a balance between their work and outside commitments.*

- *Support GovOrg's commitment to equality and diversity. Managers will ensure equality and diversity practices are upheld in administering this policy, and ensure fairness and objectivity in any decisions.*

Who does it apply to?

This policy applies to all employees with the exception of agency staff, casual workers and employees in other business area.

Special leave can be granted for:

- *Domestic reasons*
- *Personal and family matters*
- *Voluntary/public duties*

Roles and responsibilities

All employees will:

- *Submit a request for paid or unpaid special leave by submitting a Leave of Absence in Employee Self-Service*
- *Be reasonable and, wherever possible, timely in their requests*
- *Give reasons for their request*
- *If an emergency special leave request is made, contact their manager stating the reason for their request*
- *Provide evidence if required*
- *Keep their line manager informed of any developments*

As a manager you must:

- *Be reasonable and consistent when considering requests, obtaining advice from the HR Contact Centre when necessary*
- *Satisfy themselves as to whether the request is justified, requesting evidence if necessary*

Whilst there is no absolute right to special leave, managers will make every effort to accommodate reasonable requests. All requests will be treated sympathetically and in relation to the specific circumstances surrounding the request.

What will I do when I get a request for special leave?

When considering applications for special leave you should take into account the following:

- *The reason for the application and the individual circumstances of the request*

- *The reasonableness of the request*
- *The provisions set out in employment legislation*
- *The length of time required*
- *The operational requirements of the office and the impact of the team member's absence upon the business area/unit*
- *What alternative arrangements can be made*
 - *Whether special leave has been taken on previous occasions*
- *Remaining annual leave entitlements or flexi-leave*
- *The team member's attendance, performance and disciplinary record, where appropriate.*

A team member may request a period of special leave in days or hours. Any requests for unpaid special leave that are less than 1 day should be dealt with through other means such as flexi time leave.

InsuranceCo- Website article

InsuranceCo supports employees by introducing new carers' policy.

The policy provides InsuranceCo employees who are also carers with access to paid leave and the same entitlement as parents taking unpaid leave. The new policy follows a successful pilot at one of the company's sites, where a support network was established earlier this year, to help people with caring commitments.

- Carers will be entitled to greater paid and unpaid time off
- Improved flexibility for employees with caring responsibilities
- Government has pledged to introduce statutory carer's leave

The policy provides InsuranceCo employees who are also carers with access to paid leave and the same entitlement as parents taking unpaid leave. The new policy follows a successful pilot at the company's site, where a support network was established earlier this year, to help people with caring commitments.

It also mirrors a pledge outlined in the Conservative Manifesto to give workers a new statutory entitlement to carer's leave.

The policy will provide employees who have caring duties with a wide range of support and flexibility.

Policy benefits include:

- Up to 35 hours' paid leave per holiday year for time off for a planned event, for example, to attend a hospital appointment with the person who is being cared for.
- Up to 35 hours' paid leave for emergencies per holiday year.

- If circumstances mean employees with carer responsibilities need a longer period of time off, InsuranceCo has extended parental leave (not to be confused with maternity/paternity leave), to include carers. This means that employees who have caring commitments can request unpaid leave up to four weeks per year (18 weeks in total).
- If an employee needs a more permanent change, they may request to adjust their working pattern. For example, they may wish to request part-time hours to help balance long-term carer duties with work.
- In addition, InsuranceCo has increased bereavement leave from 35 to 70 hours.

The launch comes as part of a wider programme being rolled out at InsuranceCo called Wellbeing@InsuranceCo, which provides employees with a range of products, policies and advice to support their overall wellbeing.