Chapter 5: Hidden care(e)rs: supporting informal carers in the workplace

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5.1 Abstract

The UK has an ageing population; people are not only living longer, but doing so with health problems and the government has been investing less in adult social care (Petrie and Kirkup 2018; Grierson 2017; Pickard 2008). This has resulted in an ever-increasing, and unrecognised, reliance on care provided on an informal basis, by friends and family. The highest provision of this care is provided by mid-life women (aged 50 – 64) (ONS 2011). Furthermore, 13.3 per cent of employed women overall combine work and care (ONS 2011). Previous research has demonstrated that carers reduce the number of hours they work, level of responsibility, or even leave their jobs (Carers UK 2018; Waters 2008; Yeandle et al 2007). This chapter offers an examination of existing legislation and literature on supporting working carers. It reviews findings from interviews conducted in 2016 with 30 women aged 45 – 65 across Leicestershire who combined work and care, with reference to their careers, organisational and line manager support. This is particularly significant given the large quantities of mid-life women caring, alongside careers commentary seeing women of this age at their professional peak, and the government keen to encourage older workers to remain active in the labour market (Kirton and Greene 2016). The chapter is relevant to both academic and practitioner audiences and concludes that current practices provide insufficient support and contribute to the ongoing factor of caring being a 'hidden' inequality in workplaces. As a result, it closes with recommendations for employers and policy makers.

5.2 Introduction

The United Kingdom (UK) has an ageing population; people are not only living longer, but with health problems and increasing rates of disability (Grierson 2017; White 2013; Pickard 2008; Heitmueller 2007). At the same time, the government has been investing less in adult social care services and we await an updated national carers strategy following consultation which closed in 2016 (Carers UK 2018; Petrie and Kirkup 2018; Green 2017). As a result, we have seen an ever-increasing, and unrecognised, reliance on care provided on an informal basis by friends and family with decreasing formal support, leading to a widely reported 'social care crisis' often detailed in the media (White 2013; BBC 2017; Grierson 2017; Slawson 2017). Successive governments adopting neoliberal ideologies have emphasised the importance of family as a mechanism of care and have continued to rely on them as a policy initiative, only stepping in when there is a failure in care provision (Gilbert and Powell 2005). This is alongside policies to increase the employment rates of older

workers to meet the needs of the ageing population (Kirton and Greene 2016) and government objectives to encourage carers to remain in employment (Care Act 2014).

The terms 'unpaid', 'family' and 'informal' carer or caregiver are used interchangeably in literature and caring resources. Carers UK states,

> *'A carer is someone of any age who provides unpaid support to family or friends who could not manage without this help due to illness, disability, mental ill-health or a substance misuse problem' (Grayson 2017, p.5).*

This is the definition used for this chapter to describe notions of 'informal care' and 'informal carers' of adults in particular. Currently 6.5 million people in the UK are reported to provide informal care, saving the state an estimated £132 billion per year (Carers UK 2017a, 2018). Census records show that the highest provision of care is provided by mid-life women (aged 50 – 64), with one in four women of this age self-identifying as a carer (ONS 2011). Yet, not all those providing care are comfortable with the term 'carer', and would not identify as such, seeing the help/care provided as part of their normal familial role or responsibility (O'Connor 2007). As a result, the actual number could be even greater. At the same time, in the UK in 2016, 65.6 per cent of women aged 50 – 64 registered as employed (ONS 2017). One in nine people in the workforce are reported to be carers (Carers UK 2017a), with 13.3 per cent of employed women overall combining work and care (ONS 2011). Employers for Carers (2015) offer a definition of working carers as,

> *'employees with significant caring responsibilities that have a substantial impact on their working lives. These employees are responsible for the care and support of disabled, elderly or sick partners, relatives or friends who are unable to care for themselves'* (p.5).

Previous research on working carers has tended to focus on their labour market status and includes findings which demonstrate that carers may reduce the number of hours they work, levels of responsibility or even leave their jobs entirely (Carers UK 2018, 2017a; Waters 2008; Yeandle et al. 2007). Few studies have examined mid-life women (age 45-65) in detail or more specifically, the effect of caring on their careers in paid employment and the levels of support received at work. With not all employers being aware of the caring lives of their employees (Employers for Carers 2013), due to the burdens on carers to disclose, this could lead to the existence carers being 'hidden' amongst our workforces. Furthermore, where women have had to make sacrifices to their paid employment in light of this unrecognised caring work, we see their formal careers becoming a 'hidden'

inequality as care responsibilities take priority where inflexible and unsupportive employment practices prevail. With insufficient attention given to the plight of mid-life women working and caring, the career and support inequalities they face in the workplace have been little documented.

This chapter goes on to examine existing literature and legislation surrounding working carers. It reviews findings from interviews conducted in 2016 with 30 women aged 45 – 65 across Leicestershire combining paid employment and informal care, with reference to their careers, organisational and line manager support. This is particularly significant given the large quantities of mid-life women caring, alongside careers commentary- seeing women of this age at their professional peak. Whilst empirical research was conducted with mid-life women the findings and resulting conclusions and recommendations are relevant to all working carers, employers, local and national government offices seeking to address the work inequalities faced due to caring responsibilities. As a result, the chapter closes with recommendations for employers and policy makers.

5.3 Informal care and employment

Carers UK (2014) reported that 45 per cent of carers have had to give up work due to their caring responsibilities (Carers UK ibid). This is despite the 2008 Carers Strategy which noted, 'it is crucial that we place a much higher priority on supporting people of working age with caring responsibilities to remain in work, if they wish to do so' (HM Government 2010). Indeed, a duty is placed upon local authorities to meet the needs of carers when their 'involvement in employment' is at risk (The Law Commission 2011). However, it is not always clear to local authorities when a carer's employment is at risk or their obligations in this respect (The Law Commission 2011).

Carers' strategies (1999, 2008) and the Care Act 2014 recognise that the possible adverse effects of caring include capacity to remain in employment (Carers UK 2016a). The government's position is that carers who remain active in the labour market are protected through employment and pension rights (Gilbert and Powell 2005), which are arguably limited. Furthermore, if carers have no option but to leave employment due to caring, the State fails to offer adequate financial recompense (Carers UK 2016b). This is seen through the earnings limit set on Carer's Allowance and the fact that a carer earning over £120 per week would lose their allowance (HM Government 2018).

Providing informal adult care, which is often unpredictable in nature, could affect an individual's employment in a number of ways: leaving work or taking early retirement; reducing working hours; and not taking up developmental opportunities (Carmichael and Charles 2003; Van Houtven et al. 2013). Indeed, 36 per cent of women surveyed in the recent State of Caring Survey (2018) by Carers UK noted that their work had been negatively impacted by caring. Hutton and Hirst (2000) reported that carers suffer worse working conditions than their colleagues. Additionally, carers have perceptions of the types of roles they believe they would be able to carry out and possible working practices of organisations, particularly in terms of flexibility, which means they may not apply for roles (Arksey and Glendinning 2008; Carmichael et al. 2008). Working carers also demonstrate longer length of service records with the same employer than non-carers indicating a potential lack of mobility, inhibiting career development (Carers UK 2016b). Ensuring working hours are met, despite caring commitments, could lead to long working hours inclusive of caring and employment, and thus have an impact on formal career opportunities (Arber and Ginn 1995). Hence, it is important to understand the levels of support offered to working carers by employers.

5.4 Informal care and organisations

Limited studies have focused on organisations and informal care, with a scarcity of recent work. Nevertheless, it is significant to examine the levels of organisational support and policies in place discovered by existing research as this will undoubtedly affect the careers of those employed by them. A study by Arksey in 2002 demonstrated that both large and small employers offered forms of flexible working practices to their working carers. This could be formally at large organisations, with policies in place to support employees. Only two large employers out of thirteen organisations studied had specific provisions in place for carers. It is notable that they were in the retail sector and employed a high proportion of women over the age of 45. Yet, a small employer in the study also recounted how they could quickly respond to employee needs, avoiding the formal bureaucracy often associated with large organisations. Whilst part-time working hours were on offer in all of the organisations studied, it was highlighted it would be difficult for more senior staff to work part-time hours and in some occupations, such as engineering. Other provisions in place among those organisations studied included flexitime, working from home, and compressed working hours (Arksey 2002).

It is also worth examining the sector that carers are employed in, to see if this makes a difference to support levels provided by organisations. Yeandle et al. (2007) found that two thirds of working carers reported their

employers as being supportive. However, only half of those employed in the private sector said their employer was 'carer friendly', compared with 68 per cent of public sector employees and 78 per cent in the voluntary sector. Furthermore, 527 out of 810 working carers worked in the public sector and felt working practices were more flexible than the private sector. Additionally, in the public and private sector those in more senior positions had been able to adopt informal flexible working practices because their roles were mainly focused on output as opposed to monitoring working hours (Yeandle et al. 2007). A survey by Employers for Carers (2013) found that 88 per cent of 223 employers who responded had awareness of employees with caring responsibilities, mainly by large organisations, the public and voluntary sector. Employers responded that they supported carers through both individual needs and organisational policies. This included flexible working, leave arrangements, remote working and provision of information (Employers for Carers 2013).

The Chartered Institute of Personnel and Development (CIPD) surveyed 554 senior HR professionals in 2016. Only 26 per cent of respondent's employers had formal policies in place to support carers and 20 per cent measured how many of their employees had caring responsibilities (CIPD 2016). The support provisions reported included flexible leave (49 per cent) and work arrangements (48 per cent), use of telephones and private time for calls (32 per cent), counselling and employee assistance programmes (22 per cent). Only 13 per cent of organisations offered training to line managers to assist them managing working carers (CIPD 2016).

Most recently, Sethi et al's (2017) study in Canada referred to the significance of line managers and their approach, in addition to formal organisation policies. Participants noted an overall lack of awareness of carer friendly policies, and that work accommodation was dealt with on a case-by-case basis. As a result, one of the suggested recommendations from the study was for managers to be offered support in dealing with issues associated with working carers. Indeed, the role of line managers has been a focus of wider human resource management literature (for example, Winkelmann-Gleed 2012; Hutchinson 2013). Guidance for organisations employing working carers, such as that by Employers for Carers (2018), also highlights the importance of line managers supporting employees. The case for supporting working carers is outlined in the next section.

5.4.1 Supporting working carers

To support working carers the UK Government has introduced a number of initiatives and legislation. These include the Carers (Recognition and Services) Act 1995, the National Strategies for Carers in 1999 and 2008,

the Carers and Disabled Children Act in 2000, the Health and Social Care Act 2001, the Carers (Equal Opportunities) Act 2004, provisions contained in the Employment Relations Act 1999, the extended Flexible Working provisions from April 2007 (Arksey and Glendinning 2008), and the Care Act 2014. Workplaces are also expected to review possible adjustments which can be made to support those employees with caring responsibilities, enabling them to stay in employment (ACAS 2014). Furthermore, protection against direct discrimination and/or harassment due to caring responsibilities is also prohibited under the Equality Act (2010), due to a carer's 'association' with an individual covered by a protected characteristic, such as age or disability. Yet, to gain access to provisions designed to support carers involves an individual firstly identifying as a carer.

With reduced adult social care funds and the government aims for employment levels, employers are encouraged to support their working carers (Grayson 2017). Research conducted by Employers for Carers (2013) examined what employers felt the benefits of supporting their working carers were. The results demonstrated staff morale and loyalty, improved rates of retention, reduced leave and sickness absence. This was alongside staff engagement, improved people management, effective teamwork, improved service delivery, higher productivity, reduced training and recruitment costs, improved employer branding and cost savings (Employers for Carers 2013).

More recently, Grayson (2017, p.5) has noted that caring is a 'universal human experience', with one in nine employees having care responsibilities. He outlines that it is in the interest of employers to address the social, political and economic challenges of caring. His justifications for doing so include issues with lost productivity, retention and recruitment concerns, to address skills gaps, and respond to an ageing workforce. Overall, though, supporting working carers can lead to greater employee engagement (Grayson 2017). Resources in assisting employers to support carers can be found on websites such as Employers for Carers (2018).

Despite government protestations, policy provisions and employment legislation, support of working carers is limited, notwithstanding the recognition that caring is predicted to have a negative impact on careers. It is clear that whilst some employers studied have the requisite policies in place, actual practices employed vary, due to sector, role/level and line manager approach. This is in spite of those working to publicise the benefits of supporting working carers. Having provided the context of this research and examined existing literature, the chapter now moves to focus on this particular study.

5.5 Methodological considerations

The study undertaken adopted an interpretive approach to understand the experiences of participants in their own words (Berger and Luckmann 1967; Burrell and Morgan 1979). Taking an interpretive approach is said to demand 'insider knowledge' on the part of the researcher to understand data produced (Lacity and Janson 1994). I have always been interested in women's work and career experiences, particularly those factors which influence their development. In 2009 my mother made changes to her patterns of work to accommodate caring for my maternal grandmother. What struck me was that her empathetic employer allowed her to formally work flexibly as well as offering informal support when she had to leave work suddenly, leading to increased loyalty from my mother. Despite this, she recognised that her career would not progress with her employer, and that similarly she was unable to take on the challenges of a new job.

Adopting a life course approach (Giele and Elder 1998), calendar interviews were held with 30 women to review key events, behaviours and emotions over a period of time (Belli and Callegaro 2009). Adding open-ended interview questions provided further explanation of particular events, creating an autobiographical narrative framework (Harris and Parisi 2007; Nelson 2010). Ahead of the interviews, a focus group was held to consult on the proposed calendar and interview schedule to ensure authenticity of the research and that the experiences of the participants remained a focus (Aldridge 2015).

In total, 30 women from Leicester and Leicestershire were interviewed. Purposive, snowball and self-selection sampling methods (Noy 2008) were used to identify the research population to ensure they had experience of combining caring and working, and were between the ages of 45 – 65. The majority of participants were between the ages of 50 to 59. 22 were employed, three were self-employed, two were retired and three participants were unemployed at the time of their research interview. Participants worked across the private, public and third sectors in a range of different positions, with most occupying professional occupations.

Thematic synthesis was used to analyse and organise the data into themes based participant experiences. In exploring the themes in the next sections, quotations from participants are used to provide insight into, and illustrate, their experiences. Whilst a multitude of themes were covered at interview, this chapter focuses on participants' career experiences and support in their workplace taking account of their caring. Participant pseudonyms are used throughout the discussions to preserve the anonymity of those involved.

5.6 Findings and discussion

5.6.1 Careers 'hidden' by caring

Almost all participants of this study spoke about their caring responsibilities having an impact on their employment, and thus the progression of their careers. 26 out of 30 participants demonstrated upwards linear career progression prior to caring, with movement between employers in order to advance their careers. After the point at which they reported they began to identify as carers, they made career decisions in the short term, regarding concerns linked to working hours and needing to be at home, alongside confidence in the levels of work responsibilities they felt they might be able to manage. Such career decisions are reflected in literature advocating the notion that women's careers are relational, and that they make decisions on the basis of those around them, and other responsibilities, not just considering formal career opportunities (Mainiero and Sullivan 2005).

As a result, the careers of participants appear to plateau. An example was Mary who said, *"I haven't really had any"* career development, since caring started. She wished to take a qualification to progress but needed to stay employed as the main 'breadwinner'. Also evident were reductions in working hours, responsibilities, career breaks and terminations of employment in relation to overall caring responsibilities. These findings are in line with existing research, which has focused on the negative impact of caring on careers (Carers UK 2017a; Waters 2008; Yeandle et al. 2007). The findings also support quantitative data which has suggested that caring would negatively impact career progression (Heitmueller and Inglis 2007) and that women cannot be assumed to be able to seek work free from constraints (Arthur 1994).

In making decisions regarding their careers, participants reported considerations of their workplace reputation and worries that the level of empathy and understanding from colleagues and managers may not be replicated in a different role or organisation. In some cases, such worries led to participants staying longer with employers than they would have liked and withdrawal of job applications, or not putting themselves forward for opportunities. For example, at the focus group, Whitney said,

> *"I was offered a job a couple of months ago managing the [name] team … but I decided not take it*
> *and it's gutt[ing] really because I was really excited about it but I thought where I am I've got*
> *credibility. They know me, they know I work hard, they know I do my best and I thought I can't risk*

going somewhere where you're the newbie because you've got, so if I need to go off at the drop of a

hat you know then things might be seen very differently from somewhere where you've worked for

quite a few years…".

Nonetheless, participants spoke of their employment offering a break from caring and in many cases, were keen to continue combining work and care. Employment was seen as being interesting and fulfilling, offering an opportunity for generativity (sharing knowledge with younger workers) and for participants to add value to employing organisations and society. Such reasons support Grayson's (2017) recent publication on employing carers, which argues that employers should consider the mechanisms they can utilise to support their employees. Failure to do so, and where carers have no other option but to leave employment, workplaces face a loss of talent and tacit knowledge (Grayson 2017). Hence, the extent of workplace support was also examined.

5.6.2 Extent of workplace support

Key to enabling working carers to continue to care and work in paid employment are mechanisms of support. Participants spoke of varying degrees of adjustments offered, management and colleague support which led to the enabling, or constraining, of caring. In a single and unique case, Pema's small employer had made a number of significant arrangements designed to help her. They allowed her to go to work as and when it suited her and the care of her husband. They had also bought practical items to help them in their home.

In most participant cases, employers had formal policies in place designed to support carers, irrespective of sector or size. This is despite the CIPD's (2016) research indicating otherwise. Policies included flexible working, care of dependants and emergency leave, long-term carers leave and in some cases 'carers' passports' (a document identifying a carer and setting out their support requirements). As an example, Hannah's employer allowed her to work from home as she was not always required to be present in the office. Whilst Kate's voluntary sector employer was a small organisation, they had in place all of the necessary policies according to legislation. Similarly, employed in the public sector, Sara felt that her organisation wanted to set a good example, and as a result, they were very flexible. Such findings link with existing literature on the significance of support for working carers (Zuba and Schneider 2013; Appannah and Biggs 2015).

Participants noted that it was important to them to know about the existence of supportive workplace policies. When she had been looking for a new job, Tracey said that she had examined the relevant human resource management policies. At the time of the interview, she had been recently appointed, but had since noted that her employer was bringing in a new absence management policy with trigger warnings, which was worrying her.

> "I understand the need to do that, erm, but actually doing it in such a kind of formalised way, means that you end up, erm, discriminating against people who have genuine reasons and it means that erm, as an employee you can feel pressurised that, you know, "oh my God, how many days have I had off?". Erm, so I don't, I don't, think it's particularly helpful for anybody, you know, who's got a disability, or cares for somebody, or has problems in their lives".

Participants employed in the public sector often had access to 'carers' passports'. These were designed such that if a participant moved department or manager, this document would move with them and the support be replicated. At Christine's last place of work she had been the one pushing for carers' passports to be implemented. They were also in place at Wendy's organisation, but she actually found them frustrating. At the focus group she had said,

> "I know they designed this wonderful form ... talking about registering as a carer and I'm bored to death after page 1, trust me, I'm not filling it in. And they were saying HR had designed it all about caring at work and being at work and I can't be bothered, no. Don't ask me all of that".

Whilst Wendy found the nature of carers' passports intrusive, Vanessa had concerns that the documents were in fact a *"tick box exercise"* and that they were *"not worth the paper they were written on"*. She reported a *"complete lack of empathy"* and support in the workplace, which had affected her ability to make internal career moves. Though her employer advertised being *"carer friendly"* she had found that departments operated in silos and that whilst flexible working was available in some departments and roles, it was not universally available.

More significantly, a key finding from most research interviews was that employers had a number of policies in place, but their application, use and value depended heavily on line manager understanding and interpretation. Participants were concerned that policies were not clear in the way they were written and having different managers led to different experiences and interpretations. This finding has ramifications for the ongoing support of working carers, illustrated by Dawn at the focus group, who said:

"... you can have all the policies in the world but it depends on the way your manager interprets it

and how personally sympathetic they are".

In spite of her employer having organisational policies around flexible and mobile working, when Vanessa was exploring internal job vacancies she had found that the approach in operation was not that of the organisation's formal policy, saying,

"Every single interview you have to go, "well are you carer friendly? Do you do flexible working?"

And I just find the whole thing appalling. Appalling. Short of having a tattoo across me forehead, I

have got to ask the question. And I don't... it's degrading. I don't feel that I should have to do that. I

do not. If there's a policy, it should apply to everybody, and everything".

Several of the study's participants reported that their employers had technology in place which would support working from home, but that it was only allowed in some parts of the organisation. Whilst it was recognised that there are of course roles which cannot be carried out from home, Christine reported that some of her team were allowed to work from home because of their caring responsibilities but said,

"... I was never, ever, even with my husband having mental health difficulties, never ever allowed to

work from home. At all. And that's because my boss was a control freak".

Even where flexible working arrangements were in place, two participants reported feeling under pressure to work above their hours or change their previously agreed working patterns. Patricia reported that her manager would repeatedly ask why she could not attend a meeting on a non-working day, when she was caring for her mother. Stephanie's manager had said that she could work compressed hours but then later told her that she could not take a day off every week. She reported that now the first thing she is asked in every performance development review is if she still wants to continue with her compressed hours.

Participants also reported varying approaches of support from line managers. Several of them described being in the same role for some time but having had a number of different managers in this time, each with differing style. Wendy had grown tired of her previous manager who would repeatedly ask her, *"how's the caring going?"* during their one-to-one meetings. Whilst she knew he was trying to be supportive she felt he was not entirely comfortable

with it and did not know how to approach it and wished he would stop asking her. Whereas, at the time of interview, Winnie had just had a new manager,

> *"And she actually nursed her Mum through cancer about a year or 18 months or so ago erm, so she,*
>
> *she's got an understanding of what it's like to juggle work and family and erm caring".*

Additionally, there was also a difference by organisation level, with those working in more senior positions with employers reporting that it was easier to adopt informal flexible working practices, in line with existing research (Yeandle et al, 2007). This included local agreement with line managers whereby their exact location or work undertaken did not need to be known at all times.

Having examined workplace and line manager support in general, this chapter now turns to the support of participants' formal career development.

5.6.3 Extent of support in career development

Study participants recalled the different approaches managers had regarding the development of their careers within the workplace alongside their caring. What was promising to note was that many did report career discussions taking place, in accordance with existing literature (Hutchinson 2013). This was often by way of appraisal, or annual performance development review (PDR). Participants had a variety of responses to such discussions. Sometimes they were valued, such as by Judith, who had enjoyed having the opportunity to talk about training, development and other aspects of her role and what was going on in her life. Alternatively, Wendy said,

> *"We have the, we have annual ones as part of our process anyway, our PDR process. I, mine,*
>
> *usually the answer is the same – I'm not looking for career development, I'm looking at my exit plan*
>
> *rather than anything".*

Similarly, Patricia reported that she had access to career development discussions but that she had "*made it very clear that they weren't appropriate*". She said she did not wish to progress with her employer. Rather, saying, "*My aspirations were about doing the best that I could in the time that I have left to do it*". She felt she was coming towards the end of her career and thus was less ambitious but that also she could not work full time or look for other opportunities because of her caring. Likewise, when asked about career development, Bridget had told her employer, "*actually my personal circumstances don't allow it at the moment*". At the time of the

interview, Winnie had just had an appraisal, but she said that as she was at the top of her salary band she did not perceive any financial benefit in trying to do any more than she was doing.

Stephanie reported the impact that caring could have on performance at work, with her continued employment having been at risk at one stage, saying,

> "I think when you're actually in it, when you['re] doing 'stuff', it can be, it can become all consuming ... and you don't sleep and you're rushing around like a headless chicken and I think.... You start to lose your concentration and your confidence. I certainly lost a lot of my confidence, and I've just started to get it back. Erm... I think you lose your confidence, your ability to concentrate for everything. You know, you can't be everything to all people, but you're trying to. You're trying to juggle all these responsibilities. Erm, you know, I can remember, what, just before my Mum died, this particular manager I talked about wanted to put me on an Action Plan – performance improvement".

She felt her development had been stymied because she perceived that she was seen as inflexible, working four days a week. As a result, she said, "... I'm still in the same position now, on the same salary grade that I've been since 1999".

A number of participants spoke about the impact their managers' actions had had in respect of career development. Recent literature has explored the notion of benign paternalism (Rawat and Lyndon 2016) by line managers. This is where a manager may interfere with an individual's opportunity to choose, perceived to be for a valuable reason, but doing so without the individual's consent. Dawn reported that before her ex-husband was ill she had taken on a number of areas of responsibility at work, but when he fell ill her Department Head said she "wasn't firing on all cylinders", and took a project off her. Whilst she was relieved at the time, at interview Dawn reflected on the negative impact it may have had on her career. Having cared for six individuals over the last 25 years, Christine also spoke of the "perception of other people that they won't give you additional responsibility because they don't want to add to your burden".

Alternatively, Vanessa described how she had been made to attend courses, without discussion. She was frustrated that there was "absolutely no consideration" to her circumstances. She had previously had to attend a course with 10 hours of study associated with it. She had asked her manager when she would be able to fit in

the study, in addition to working and caring, saying, *"And basically he told me to read it on me sunbed and I weren't very happy at all"*. The day after the interview she was due to attend a further course, which she reported her employers were *"enforcing"* on her.

A number of participants reported that they did not have discussions with their line managers about career development. Further, Rachel did not even have a line manager to have a discussion with. Whilst in most cases, career development discussions existed, several participants voiced concern that they were a 'tick box' exercise only, without proper time or attention given to them. Indeed, Tracey said, *"I must confess, when I had my appraisal with my previous line manager, erm, it was very much a kind of tick boxy exercise".* Meanwhile, Mary had received "… *a snippet of 5 minutes here and there",* without a proper meeting time devoted to such discussions. Evidently, working carers' experiences vary but workplace and career development support greatly influence the possibilities of combining work and care. With these findings in mind, there are a possible number of implications for future organisational practice, to which this chapter now turns.

5.7 Conclusion and implications

As previous literature has suggested, this study has shown that adult care responsibilities do inhibit women's career progression. Despite many of the participants of the this study wishing to continue to work, or return to employment, caring impacted working hours, roles and responsibilities. For many participants, their formal careers were shrouded by caring, with limited opportunities for development.

It is clear that whilst organisations of all sizes and sectors can have formal policies and procedures in place with a view to assisting those with caring responsibilities, the most important support element for participants in this study was the role of line managers, and their interpretation and application of such policies, and overall approach. Those participants with supportive line managers, who offered both formal and informal flexible arrangements, found it easier to combine work and care, with some still developing their career. Nonetheless, some experiences of participants of this study support existing work that indicates the negative impact caring can have on workplace experiences and careers, including interactions with line managers who fail to support their employees. Furthermore, most participants were only offered support in line with existing employment legislation, which it is argued does not address the reality, or moral obligations, of supporting working carers and concerns remain over the integrity of development and performance discussions.

The findings point to the importance of engaging with carers as individuals rather than making assumptions about the forms of support they may or may not need, relating to hours, responsibilities, and career development opportunities. It is apparent that lack of engagement with carers and misinterpretation, or minimal awareness of supportive policies and practices, feeds caring responsibilities eclipsing women's careers. This is particularly apparent when faced with paternalistic management styles, and decisions being made without consultation.

As this study was carried out within the context of a growing 'social care crisis' (BBC 2017; Grierson 2017; Slawson 2017) the reliance on informal carers is only set to increase, with greater pressure and less support (Grierson 2017; White 2013; Pickard 2008; Heitmueller 2007). With caring considered to be a 'universal human experience' (Grayson 2017, p5), the reality is that at some point in our lives each of us will have been both cared for and be carers. As one of my participants, Vanessa, said,

> "... I hope it doesn't happen to you, but it is going to happen to you".

At the same time, the Government is keen for carers to remain in employment (Department of Health 2014), which many of the study's participants desired to do. It is apparent that care and employment policies are in opposition with each other. If working carers are not better supported we face a reduction in the number of women in professional occupations, who have no option but to leave the labour market (Petrie and Kirkup 2018).

The UK government has a key role in ensuring that employment legislation addresses the realities of combining work and care, and in publicising the value in supporting carers in the workplace and the moral obligation and significance of doing so (Grayson 2017). The newly created Department of Health and Social Care has set out its plan for the future and the green paper on social care is expected alongside a Carers Action Plan (Carers UK 2017b). In the meantime, Carers UK (2018) has called for rights to paid time off work to care for up to 10 days and tailored support for carers. National and local governments need to provide reliable, quality and affordable care services to enable carers to maintain careers (Carers UK 2018). Furthermore, they need to publicise the value and necessity of supporting working carers, providing the business case illustrated by Grayson (2017) to employers.

In addition to influencing policy, there are implications for human resource management and organisational practice. Currently three million people combine work and care in the UK (Carers UK 2017a), and with neoliberal policy continuing to rely on informal carers (Gilbert and Powell 2005), this number is set to increase. In response, employers should be examining the ways in which they can support and manage working carers effectively, to maintain their commitment and motivation to their organisational roles, and assist them in continuing to work. The potential consequences of not doing so are those carers being forced to leave work, with a loss of talent, tacit knowledge and productivity (Grayson 2017). The argument has been put forward that employers must understand the business and moral case of supporting carers to maintain employment. This includes recognition of how many carers they employ (Petrie and Kirkup 2018), gender equality, diversity and inclusion, creating an engaged workforce and a great place to work (Grayson 2017) where carers feel supported and empowered to respond to their caring needs (CIPD, 2016).

In respect of developing equality and diversity practices in the UK (Kirton and Greene 2016), this research calls for a personalised approach to managing working carers. Each caring situation is unique. Whilst people may be perceived to be in similar situations, what support is required may differ. The key is for engagement and discussion to be held with working carers, rather than assumptions being made on their behalf, to ensure that the sacrifice of formal careers does not continue to generate 'hidden' career and workplace inequalities at the expense of caring.

Organisations face a balancing act here in creating policies, structured enough to offer consistency of support, but flexible enough to be adapted to individual circumstances. At the very least policies should reflect UK legislation, taking account of leave provisions and flexible working practices, for example. Organisations should ensure an inclusive culture, which recognises employee responsibilities outside of the workplace, and one in which employees feel supported. They should also offer coaching and guidance to managers to ensure they are equipped to respond to their employees' needs in line with their obligations, policies and culture. As this research has demonstrated, experiences vary depending on line manager, regardless of organisational policy and established practice. Furthermore, organisations should ensure that time and attention is provided for genuine development conversations to take place, not just as part of an annual appraisal process, seeking to understand the needs and aims of individual employees and their own situations.

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