

Care(e)rs:

An examination of the care and career
experiences of mid-life women who
combine formal employment and
informal caring of dependent adults

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My interest in this area of research developed through seeing my mother care for my maternal grandmother, her experiences and the impact upon her career. The reality is that at some point in our lives we will be both carers and be cared for. As one of my participants, Vanessa, said,

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

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Abstract

This thesis is based on the care and career experiences of mid-life (ages 45 – 65) women engaging in paid employment alongside informal caring of dependent adults. It was carried out within the context of a growing ‘social care crisis’ in the wake of depleting social and healthcare resources and government policies encouraging people to ‘care for their own’, alongside policies to boost the employment of older workers. Calendar interviews with 30 mid-life women with experience of caring and paid employment in Leicester and Leicestershire were conducted between June and December 2016. This research took place within the interpretive paradigm, with the aim of hearing from women about their experiences in their own voices. The study draws upon three intersecting areas of literature and theory around concepts of work, careers and caring, to make sense of the women’s experiences. As a result, the study reveals key themes: the negative and positive impacts of caring on formal career trajectories; changing perspectives on concepts of work and the notion of care as ‘work’; understandings of career, and the emergence of care as an ‘unexpected career’, which helps in conceptualising women’s careers. The study contributes empirically by generating further knowledge and understanding of caring and career, particularly as there are limited existing qualitative studies in this area. Through analysis of the careers of participants, a typology of women’s formal careers affected by caring and a typology of informal caring careers were developed, providing frameworks for the study of women’s careers. The thesis identifies the notion of women’s *polymorphic careers*, demonstrated through the development of a new model of women’s formal and informal caring careers. It also offers recommendations for both policy and practice. This includes greater support from local and national government, provision of information and training to carers. It is also important for workplaces to understand the moral and business case for supporting working carers, having clear policies which are structured, with consistent support but also flexible enough to be personalised to individual circumstances. Furthermore, line managers should be given training, support and time to engage with their employees and to understand all aspects of their development. Finally, the thesis concludes with areas for possible future research incorporating further longitudinal study, different participant groups, and applying the model to different contexts.

Publications arising from thesis

Oldridge, L. (2019) forthcoming 'Hidden care(e)rs: supporting informal carers in the workplace', in Nachmias, S. and Caven, V. (eds) *Inequality and Organizational Practice: Volume 2, Employment Relations*, Palgrave Macmillan, New York [chapter pages to be confirmed].

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The findings from this PhD study have also contributed to the joint carers strategy 2018 – 2021 'Recognising, Valuing and Supporting Carers in Leicester, Leicestershire and Rutland' developed by Leicester City, Leicestershire County Council, Rutland County Council and the Clinical Commissioning Groups (CCGs) for Leicester City, Leicestershire and Rutland. This is included at Appendix 9.0.

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Chapter 1

Introduction to the study

1.0 Background

I made the decision to study women's care and career experiences for a number of reasons. I have always been interested in patterns of women's careers and their development, having previously studied women's careers in the construction sector. My specific interest in mid-life (aged 45 – 65) women's careers influenced by informal caring responsibilities (see Section 2.1.1 for details on informal care meaning) was informed by seeing the impact that caring for my maternal grandmother had on my mother's paid employment and formal career. At the age of 54, my mother made changes to her working pattern to help her with her caring role. The fact that her empathetic employer allowed to formally work flexibly as well as offering informal support when she had to leave work suddenly, led 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. Moreover, she was concerned that other employers may be less empathetic to her caring role, and that there may be financial/pension implications arising from changes in employment.

Preliminary research revealed that mid-life women, such as my mother, bear the greatest informal caring responsibility (ONS, 2013a) and I wanted to see if the impact of caring on my mother's career was a unique case, or whether this was experienced by other women. This was of particular interest given the UK's growing 'social care crisis', which is often detailed in the media (BBC, 2017; Grierson, 2017; Slawson, 2017). Informal care provision has increased at a rate higher than population growth and the UK care system profoundly relies on care provided by informal carers and with an ageing population and increasing rates of disability, expectations of informal care are set to increase (Grierson, 2017; White, 2013; Pickard, 2008; Heitmueller, 2007). It is clear that there is greater pressure on families and friends to provide the required care with less formal support (Grierson, 2017). Successive governments adopting neoliberal ideologies have emphasised the importance of family as a mechanism of care and have continued to rely on informal care as a policy initiative (Gilbert and Powell, 2005). This is alongside policies to increase employment rates of older workers to meet the needs of an ageing population (Kirton and Greene, 2016) and government objectives to encourage carers to remain

in employment (HM Government, 2010). As a result of these conflicting government policies carers can face pressure to remain active in the labour market until they are older, alongside providing care. The demands of this are recognised and some measures are now being taken, such as the ESRC funded programme (2017 – 2021) Sustainable Care: connecting people and systems, which seeks to find sustainable solutions to the UK's 'crisis of care' (ESRC, 2018).

Research examining the relationship between formal/paid employment and informal care is both varied and limited. Austen and Ong (2010) and Heitmüller and Inglis (2007) used quantitative methods, whilst others (Carers UK, 2017a, 2014; Gysels and Higginson, 2009; Carmichael et al, 2008) chose to use mixed methods. Arksey (2002) utilised a qualitative approach. Existing research has often focused on labour market status, and mostly centred on the negative impact informal care has on employment, although the effects have differed with each study. Impacts include carers reducing the number of hours they work, levels of responsibility or leaving employment (Carers UK, 2017a; Waters, 2008). Few studies have examined mid-life women (the largest affected group) in detail and I was keen to explore the impact on women's careers more widely, not just employment status. Given the aforementioned conflicting government policies, it is important to understand more about the experiences of these women.

In addressing this gap, a qualitative enquiry was carried out exploring the care and career experiences of mid-life women in order to examine the intersections of conceptualisations of work, theories of caring and those of career development and success. This was particularly relevant as literature (O'Neil and Bilimoria, 2005) has identified the need to study women's careers separately from men's with reference to family responsibilities and other concepts of work, not just formal paid employment (Kirchmeyer, 2002, 2006). In so doing, calendar interviews were conducted with 30 mid-life women (aged 45-65) across Leicestershire. At the time of the interview, the participants were, or had been until recently, combining caring and paid employment, or had been until recently.

1.1 This research and aims of the study

The overall aim of this study was to examine how caring for adult dependants affects mid-life women's careers. These aims were further explored through the research questions:

- How has informal caring affected the decisions that mid-life women have made regarding their careers?
- How does informal caring affect mid-life women's career experiences, career development and career success?
 - What perceptions do mid-life women hold regarding their formal career development in light of informal caring responsibilities?
 - How do mid-life women perceive that informal caring has affected their formal career success?
- Do women perceive their informal caring as work?

Given the aims and the research questions outlined, it was important to hear the views of the women themselves, in their own voices. Hence an interpretive approach was adopted. As a result, my qualitative study draws upon 30 semi-structured interviews with women in Leicester/Leicestershire. Of particular interest was the intersection of caring and career, examining the impact of caring on formal careers, and also the development of skills and transfer surrounding caring. Given the extensive literature on women's career experiences in respect of childcare, the focus of this thesis is on mid-life women with experience of providing care for dependent adults alongside paid employment.

My research thus considers current debates, key theories, concepts, and existing literature from the sociology of work, studies of careers and caring. Key to this study is the application of existing theories of careers to these women's experiences specifically in light of their caring responsibilities. Another significant area of enquiry has been the consideration of reconceptualisations of work (Glucksmann, 1995; Taylor, 2004), particularly around caring as 'work'. Thus, through the application of formal career theories, I have been able to chart the development of informal caring careers in light of the experiences of participants.

My study offers empirically derived contributions to help us understand more about the experiences of women combining informal caring and paid employment. Furthermore, this study contributes to literature on the impact of caring on paid employment, applying existing career theory to informal caring. Lastly the thesis contributes to debates regarding concepts of work, supporting reconceptualisations of 'work' to include caring. This takes account of Taylor's

2004 revised definition of 'work' where she states, 'what constitutes an activity as work, as opposed to something else such as leisure, is not whether it is paid but whether it involves the provision of a service to others or the production of goods for the consumption of others', (Taylor, 2004: 38).

The next section of this introductory chapter outlines the structure of the thesis.

1.2 Thesis Outline

The second chapter of this thesis is the literature review for my study. It details the rise of informal care provision in the UK, existing studies of informal care and formal employment and the reported effects of caring on work. It also draws on the three key areas of theory, namely: caring, concepts of work and careers. The chapter reviews relevant theories of caring, which include constructions and meanings of the term 'carer'. I review existing concepts of 'work' and debates surrounding the term. I then move to discuss existing concepts and models of careers, with a particular focus on women's careers. This focus is supported by literature on the development and success of careers. The chapter closes by bringing together the key themes from the literature relevant to my study.

Chapter Three details the qualitative interpretative methodology. It outlines the epistemological underpinning of this research and the methods utilised. I discuss how I carried out the study and the selection of my participants. The chapter details the data analysis and includes my reflexive account of the research conducted.

Chapters Four and Five constitute the findings of my study. Chapter Four outlines the findings on the impact of caring on formal careers and their development, both negative and positive. It presents a new typology of women's formal careers impacted by caring, derived from the empirical data of this study. It then goes on to discuss participants' motivations to combine employment and caring, and the support they have received in doing so. Chapter Five moves to the conceptualisations of work and career, participants' perceptions of care as 'work' and the development of care as the 'unexpected caring career'. Here, a new typology of caring careers is discussed fully.

Chapter Six discusses my findings in relation to existing theory and literature. This includes a discussion of the impact of caring on formal career trajectories and perspectives of 'work'. This

leads to further understandings and conceptualisations of career. In particular, this involves the identification of an original notion of women's 'polymorphic careers', which is presented through the development of a new model of women's formal and informal caring careers, and supported by examples from participants' experiences.

Chapter Seven reviews the contributions and implications of my study. Firstly, I present the key empirical, methodological and theoretical contributions. One of the key theoretical findings is that of the newly developed 'polymorphic career' model presented in the previous chapter. Secondly, I review the implications for both policy and practice, noting that my work has already influenced local policy in Leicester and Leicestershire. Finally, I offer a review of my study and its limitations with considerations for further research, before summarising the conclusions drawn.

Chapter 2

Literature Review

2.0 Introduction

This chapter begins with a context mapping of caring in the UK. It then moves on to consider informal care and paid employment in more detail. Following this is a section on theories of caring and caring skills. Then concepts of work, and the notion of informal caring as work are discussed. The chapter closes with a review of the literature on theories of careers, their development and success.

2.1 Context

2.1.1 *What is informal care?*

The terms ‘informal carer’, ‘unpaid carer’ or ‘family carer’ are used interchangeably in literature. Essentially, they refer to the helping of adults from the same household, or another (Foster and Fender, 2013). The 2001 and 2011 Censuses asked respondents if they ‘provided unpaid care to family members, friends neighbours or others because of long-term physical or mental health or disability, or problems related to old age and for how many hours per week’, (ONS, 2013a). 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: 5).

These are the definitions I take account of in this thesis and amounts of informal care in the UK are explored in Section 2.1.2.

2.1.2 *Informal care in the UK*

Data on informal care is available for the UK overall, and for specific regions of the UK, for example, England and Wales. Information from both sources is referred to here, with the focus of this study being on carers in England, specifically in Leicester/Leicestershire.

Census data shows that the supply of unpaid care in England and Wales has increased since 2001. Between 2000 and 2010 the number of adults in receipt of informal care in the UK remained fairly static at just over 2 million people, forty five per cent of whom were over 70 years of age. However, between 1995 and 2010, the amount of informal care provided to these people increased by 2.4 billion hours (Foster and Fender, 2013). In 2010 the Office for National Statistics valued informal adult care at £61.7 billion, which equates to 4.2 per cent of GDP. This is compared to it being valued at £21.5 billion in 1995 (Foster and Fender, 2013). It is estimated that the provision of informal care now saves the state £132 billion per year (Carers UK, 2017a).

At the time of the last census (2011), there were approximately 5.8 million people providing unpaid care in England and Wales. This equates to just over a tenth of the population and constitutes an increase of 600,000 people since the previous census (2001) (White, 2013). At the last estimate in 2014 that figure stood at 6.5 million people, equating to one in eight adults (Carers UK, 2014). Unpaid care has increased at a rate higher than population growth and the UK's health and social care systems profoundly rely on care provided by informal carers. With an ageing population and increasing rates of disability, expectations of informal care are set to increase (Heitmueller, 2007; Pickard, 2008; White, 2013). Specifically, projections are that the population of those aged 85 or over, will increase to around 3.2 million by 2041. With less people in residential care, the numbers of elderly people owning their own home has increased whilst the supply of care from Social Services has decreased (Heitmueller, 2007). Changes to the composition of families in the UK means that most informal carers are looking after spouses and/or parents (Heitmueller, 2007). Within this, the number of disabled older people receiving informal care from spouses/partners is set to double, whilst care provided by adult children is set to increase by 90 per cent (Wittenberg et al., 2008).

It is useful to note that changes to the supply and demand of care, as a result of demographic, social and economic trends, means that the nature of those providing care has changed (Hirst, 2001). In the 2011 Census, 57.7 per cent of unpaid carers in England and Wales were female, with the highest provision of unpaid care, at 23.5 per cent, being provided by women aged 50 – 64 (ONS, 2013a). It is predicted that almost 90 per cent of those providing intense care in 2041 will be younger than 65 with women making up 60 per cent of those supplying said care (Pickard, 2008). In Britain, the age at which individuals first start caring is most likely to be between 55 and 64 years old and 56 per cent of women will have provided informal care for 20 hours or more per week by the time they reach 65 (Hirst, 2002). Data shows that female informal carers

are more likely to care for longer hours, and are more likely to be the main carer of a dependant, than men (Carmichael and Charles, 2003).

Caring experiences are individual and context specific. The nature of care provision also varies and can be provided co-resident, where the carer resides at the same address, or extra-resident, where they do not. With the distinct types of care usually come different types of assistance. Extra-resident carers often assist with practical things such as paperwork and taking the cared for person out and about. In addition to these, co-resident carers also engage in these activities but additionally they usually also assist with personal care, such as washing, toileting and mobility assistance (Maher and Green, 2002 cited in Arksey et al, 2005:14). The nature of care activities undertaken also depends to some extent on the relationship between the two parties. As such, caring for a parent could be very different to caring for a spouse (Arksey et al, 2005).

Of those providing informal care, 3.7 million people provide 1-19 hours care per week, 775,000 people provide 20-49 hours and 1.4 million people provide 50 hours or more of unpaid care (White, 2013). Furthermore, the length of caring episodes can vary greatly. Using retrospective caring histories, Henz (2004) was able to estimate the probability of care length. Their research suggested that 15 per cent of female carers provide informal care for less than one year; 48 per cent of female carers provide care for more than five years. In other cases, 34 per cent of female carers provide care for at least 10 years and 16 per cent for at least 20 years. Thus, with specific reference to the combination of caring and paid employment in my research study, some female carers provide care for a large proportion of their adult and thus working lives, particularly if care periods overlap where there is more than one dependant (Henz, 2004).

In the UK in 2016, 65.6 per cent of women aged 50 – 64 registered as employed (ONS, 2017). At the same time, census records show that one in four women aged 50 – 64 self-identify as a carer, with 13.3 per cent of employed women overall combining paid employment and care (ONS, 2011). Employers for Carers 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’, (Employers for Carers, 2015 cited in Grayson, 2017: 5).

This section has demonstrated that informal caring is a significant activity in the UK, especially for the demographic make-up of the participant sample in my research study, who bear the greatest care responsibilities, whilst still in paid employment in many cases. It is important to understand the impact that such care responsibilities have on paid employment and thus an individual's career development. The next two sections of this chapter examine informal care and paid employment in more detail.

2.2 Informal care and organisations

2.2.1 *Introduction*

There have been few studies which have looked specifically at organisations and informal care, and there is notably a dearth of recent studies. Nonetheless, it is an important area to examine as the level of organisational support and their institutional policies will undoubtedly have an impact on the careers of those carers working in organisations. This section reviews a number of existing studies, examining the organisation size and sector, as a factor in supporting working carers.

2.2.2 *Existing studies*

Arksey (2002) undertook a small-scale study of 13 different sized/different sector employers in Yorkshire. She found that large and small employers alike were able to offer flexible working practices to those employees combining paid work and care. Within larger organisations this could be done formally through leave policies, however a small employer also spoke positively of how quickly they could respond to requirements of the carer by avoiding formal bureaucracy. In her research 11 out of 13 employers offered leave provisions in addition to leave for emergencies provided under UK to meet the needs of carers. Only two large employers out of thirteen organisations studied had specific provisions in place for carers. Notably, both employers were large retailers with a high proportion of female workers over the age of 45. Whilst part-time hours were on offer in all of the employers examined, it was highlighted that it would be difficult for people in certain occupations (for example, engineering) or in senior positions, to work part-time. Among the organisations studied other provisions in place included flexitime, working from home, and compressed working hours (Arksey, 2002).

It is significant to note that senior managers of the employers in Arksey's (2002) study were also asked if they thought they would be able to maintain their current roles if they became carers for a partner with a progressive disease. For a number of reasons, most of them did not feel that they could. Their reasons included their level of responsibilities, travel within their roles and working hours. These senior managers did feel however that their middle managers would be able to combine care and a flexible approach to work, presumably owing to their having a lower level of responsibility (Arksey, 2002).

Using data from the Carers, Employment and Services study conducted 2006 to 2007, Yeandle et al (2007) found that two thirds of working carers reported an employer that was supportive. However, only half of those working in the private sector said their employer was 'carer-friendly'. This is compared with 68 per cent of public sector employees and 78 per cent of voluntary sector. Indeed, it is interesting to note that 527 out of 810 working carers were employed in the public sector and they certainly felt that working practices in the public sector were more flexible than the private sector. Some carers reported working in smaller companies as being more conducive to combining work and care. The study also examined the level of seniority of those individuals combining work and care. They found that within both the public and the private sector, those in more senior positions had been able to adopt informal flexible working practices. This was because the level of their roles focused more on the outputs of their work as opposed to hours worked (Yeandle et al, 2007).

Employers for Carers (2013) conducted an online survey of UK employers between December 2012 and January 2013. 88 per cent of the 223 employers who responded had awareness of their employees with caring responsibilities. The greatest level of awareness came from large organisations and the public and third sector. Employers advised that they dealt with carers' support needs through both organisational policies and individual needs. Support mechanisms that were on offer included flexible working, leave arrangements and remote working alongside information and support. Understandably, smaller employers described the difficulties of offering flexible and remote working due to the size of their workforce. Larger employers were also able to offer special leave, in-house information and workplace networks. Larger employers were also more likely to have formal organisation wide policies in place regarding supporting carers. However, less than one in five of the medium sized employers (with 100 to 499 employees) had such policies in place. Third and public sector organisations were more likely than private firms to offer flexible and remote working alongside leave arrangements. Almost

nine out of ten public sector bodies offered in-house information and support compared to one in five private employers (Employers for Carers, 2013).

More recently, Sethi et al's (2017) Canadian study pointed to the significance of the role of line managers, not just the existence of formal organisational policies. Experience of participants in the study noted managers' lack of awareness of caregiver-friendly workplace policies and that work accommodation was offered on a case-by-case basis. Here practitioner implications pointed to the importance of offering support to managers dealing with caregiving issues with staff. The role of line managers has long been a focus in wider human resource management literature (Hutchinson, 2013). Meanwhile, in the UK, guidance for organisations employing carers, such as that from Employers for Carers (2018), highlight the significance of line manager support, alongside overall employer guidance.

It would appear that what is missing from current academic research is an examination of the influence of variation between industrial sectors, hierarchical levels and roles undertaken when studying organisational provisions in place. Evidence points to the fact that women dominate the caring, leisure, administrative and sales occupations groups compared with men who dominate managerial, plant and machine and skilled trades occupations (ONS, 2013b). Looking more generally, and taking account of the Fourth Work-life Balance Survey conducted in 2011 (Tipping et al, 2012), flexible working practices were most readily available to employees who worked in the education and health sectors alongside public administration, banking, insurance, professional and support services. In construction and manufacturing flexible working practices were less prevalent. These practices were also reported on more by survey recipients that had higher qualifications, or worked in managerial/professional roles and trade union members. Different types of flexible working were more prevalent amongst organisations with more female workers or an even split between males and females than they were in male-dominated environments (Tipping et al, 2012).

2.2.3 The case for supporting employees with caring responsibilities

Employers are increasingly encouraged to support employees with caring responsibilities (Grayson, 2017). Employers for Carers' (2013) research looked at what employers felt the benefits of supporting carers at work were. Results indicated staff morale and loyalty, increased retention rates, reduced amounts of leave and sickness absence as the greatest benefits. However, they also detailed engagement levels, improvements in people management,

effective team work, improvements in service delivery, increased productivity, a reduction in recruitment and training costs, improved image to attract new joiners and lastly, an increase in cost savings (Employers for Carers, 2013).

More recently, Grayson (2017), who is also on the board of Carers UK, has identified caring as a 'universal human experience' (Grayson, 2017: 5) With one in nine employees having care responsibilities, Grayson (2017) outlines that it is in the interest of employers to address the social, political and economic challenges of caring. His reasons include lost productivity, recruitment and retention issues, addressing skills gaps, and an ageing workforce. One key argument by Grayson (2017) is that supporting carers can lead to greater employee engagement.

In the UK, resources for employers in supporting their employees can be found on websites such as Employers for Carers (2018). Employers for Carers (2018) highlight the significance of formal policies, but also the role of line managers in supporting working carers. The importance of resources to help employers was highlighted by Sethi et al's (2017) recent study in Canada, which recognised a lack of knowledge on the part of line managers with regards to workplace policies designed to support carers. The study highlighted that whilst employers recognised productivity concerns, or potential loss of employees due to caring, work accommodation was (only) offered on a case-by-case basis. Managers were concerned with day-to-day costs and questioned the business case for implementing carer friendly working practices.

2.2.4 Summary

It would seem that both large and small organisations offer support to those with informal care responsibilities. It is recognised that take-up of special arrangements may be limited by organisational level and/or role held. Additionally, research has found that there is more support for informal carers in their paid employment when they are employed within public and voluntary sectors. This section has also detailed the reasons why organisations are encouraged to support working carers. The next section will go on to discuss further the impact of informal caring on paid employment.

2.3 Informal care and work

In the UK in 2016, 65.6 per cent of women aged 50 – 64 were registered as employed (ONS, 2017). At the same time, census records show that one in four women aged 50 – 64 self-identified as a carer, with 13.3 per cent of employed women overall combining paid work and care (ONS, 2011). However, Carers UK (2014) report that 45 per cent of carers have had to give up work due to their caring responsibilities (Carers UK, 2014) and the employment rates of older workers remains low (DWP, 2013). Employment of older workers continues to be on the agenda as a method to respond to ageing populations and of particular interest are mid-life women as they transition into becoming older workers (Organisation for Economic Co-operation and Development, 2006; Austen and Ong, 2010). Thus, it is important to understand the effects of informal care on paid employment, particularly for mid-life women.

Informal care has been high on the social and political agenda for some considerable time. Within the policy narrative of whilst keeping carers actively engaged in the labour market. As Gilbert and Powell (ibid) note, 'Western governments generally assume an organization of society that requires families to perform work of caring for its members', (Gilbert and Powell, 2005: 53). They suggest that neoliberal policies take a minimalist approach to family life and informal family care has become a policy narrative, with the state intervening only if family care ceases.

Whilst recognising the services provided by informal carers, the first National Carers Strategy (1999) sought to formalise the role of the family as the principle source of care and support. Harris (2002) notes how the nature of the language used in the document almost directs carers towards specific roles and identities. In particular, the strategy detailed the government's proposals that carers have a 'break from their duties' and formalised the role of carers to include skill development, whilst at the same time pushing them into 'compulsory altruism' (Harris, 2002: 276). This tenor continued in the next National Carers Strategy (2008). Indeed:

'The traditional source of care and support for those without full independence has historically been, and continues to be, the family. Families and friends value their caring roles and recognise the importance of mutual care and support within family relationships', (HM Government, 2008:36).

The argument follows that worthy citizens in the UK are those who look after their own (Harris, 2002): 'The role of the individual is to recognise that caring for a family member, friend or partner is one of the responsibilities we all potentially face as part of family life', (HM Government, 2008 :39).

At the same time, the Carers' Strategy asserted, '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). 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).

Government documents and Carers' Strategies, such as the National Carers Strategy 2008 and the Care Act 2014, claim to recognise the adverse effects of caring, which are reported to include the impact on health and wellbeing, quality of life, maintenance of social networks, income and 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). Yet, if carers have no option but to leave employment, the State fails to offer adequate financial recompense (Carers UK, 2016b). This can be 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 (Carers UK, 2018b).

There are a number of issues which affect carers and their ability to maintain employment. These range from the length of the caring episode and hours required per week; financial concerns, which include eligibility criteria for Carer's Allowance and other means-tested benefits; individual identity and having a life outside of caring; work opportunities which offer flexibility; social care provision; health of carers; and transport issues (Arksey and Glendinning, 2008: 13; Carmichael et al, 2008). 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).

Provision of informal care could affect employment in a number of ways. These could include: having to leave work or take early retirement; decreasing the amount of hours worked; and not taking up developmental opportunities (Carmichael and Charles, 2003; Van Houtven et al, 2013).

Research has shown that women in their fifties who provide 10 or more hours of informal care are more likely to leave work to provide such care and this, alongside their lower retirement age, results in them leaving the labour market earlier than men (King and Pickard, 2013; ONS, 2013a). Additionally, working carers can suffer worse working conditions than their colleagues (Hutton and Hirst, 2000).

Bearing the greater responsibility for informal care, it is inevitable that women will feel the greatest effects. Caring requirements are fluid and can change suddenly. At any given point they could be caring for a partner in the same household and parents and parents-in-law in the same or additional households. In the middle stages of life, they could also be looking to further their careers no longer burdened by childcare responsibilities (Arber and Ginn, 1993).

It is notable that women carers earn less than non-caring women. It is suggested that this might be due to reduced working hours, but other causes highlighted include taking a role lower than their skill set (to accommodate carer activities) or reduced productivity (potentially due to multiple conflicts of time and concerns for care recipients when they are not there, distracting them) (Carmichael and Charles, 1998; Carmichael et al, 2008). Henz (2004) found that 3.4 per cent of women reported that they had missed out on a promotion, while Heitmueller and Inglis (2007) discovered that carers who are working and caring earned 6 per cent less than non-carers between 1993 and 2002 and state that the provision of informal care whilst working will affect career progression. They proposed that carers may experience lower earnings because their caring responsibilities can be perceived as making them more unreliable and necessitate more flexibility in their working hours which results in a lower likelihood of promotion or career development. However, without further qualitative analysis this cannot be confirmed. They used the British Household Panel Survey results from 1993 and 2002 and found that carers have less qualifications and lower salaries, where they are working, than non-carers. Additionally, carers demonstrate longer length of service records with the same employer than non-carers indicating a potential lack of mobility which could also inhibit career development. Furthermore, carers have lower earnings, which often extend beyond the period of caring, also impacting pensions (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).

Heitmueller (2007) suggests that one of the reasons that carers undertake fewer hours of paid work for lower salaries and are generally less likely to actively participate in the labour market than non-carers is because their labour market features make them more likely to be carers. Carmichael et al (2008) posit that individuals are more prepared to provide informal care when they are unemployed or employed in secondary labour markets where they are already used to lower rates of pay and working hours, have less security in their employment and have fewer development prospects. They suggest that as male employment rates are higher than those of females and with more women working in the secondary sector, this contributes to there being higher numbers of women providing informal care than men. Hutton and Hirst (2000) found that women who were not working were more likely to provide care than those working part-time hours. Similarly, those working part-time were more likely to be informal carers than those women working full time hours. Heitmueller and Inglis (2007) note the propensity of carers to work part-time hours, but question whether this is due to their caring responsibilities or whether they already worked part-time so were in a position to take on caring duties. Similarly women who have retired may have more capacity to provide informal care or may have retired to enable them to devote more time and effort to their caring responsibilities.

2.3.1 Employment after cessation of caring

There is variation in the results of studies looking into what happens after caring. Evidence demonstrates that once caring ceases it is not easy for carers to return to positions of status equivalent to those held prior to caring. Moreover, studies have shown that there is no increase in working hours when caring ceases, and that many people who are not employed struggle to get back into the labour market (Heitmueller, 2007; Pavalko and Artis, 1997 cited in Wakabayashi and Donato, 2005; Evandrou and Glaser, 2003; Spiess and Schneider, 2003; Austen and Ong, 2010). For women in particular, being employed part-time during the provision of informal care is shown to increase the chances of being employed when care responsibilities end and even more so where they were employed on a full-time basis (Hutton and Hirst, 2000). Thus, adding weight to the previous section outlining advantages of combining paid employment and informal care, where possible. However, women in managerial and/or professional positions were more likely to maintain employment than those in other roles (Austen and Ong, 2010).

Age has been another issue considered in the literature. Where the carers were also older, they had perceptions about discrimination on the grounds of age and also expressed concerns over not possessing transferrable skills if they had ceased employment for caring and sought to make a return (Arksey and Glendinning, 2008). Thus, older women may face further difficulties when attempting to return to work due to 'gendered ageism' (Women's Budget Group, 2006:9). Certainly, older women are more likely not to return to the labour market than younger women (Henz, 2004).

Carers also reported concerns that they had lost skills and experience which would make it difficult to operate at the same levels they used to prior to caring (Carmichael et al, 2008; Larkin, 2009). At the conclusion of their study, Carmichael et al (2008) deduced that the provision of informal care and steps taken to combine employment with caring duties 'are likely to lead to an erosion of a care-giver's human capital' (Carmichael et al, 2008: 26) and ultimately limit their employment. However, there was a recognition that they had also increased their skills through their caring responsibilities (Carmichael et al, 2008).

Larkin's 2009 study found that 70 per cent of those in the sample had been carers on more than one occasion. In fact, the study provided evidence of the impact that caring can have in terms of influencing a career change upon return to the labour market. It was identified that many carers attempted to fill the void left when caring ceased by both taking up paid employment and voluntary work, sometimes taking on additional caring responsibilities (Lewis and Meredith, cited in Larkin 2009).

Furthermore, if a carer has not commenced working after the end of a first period of care it may be easier to continue to care for a further dependant (Henz, 2004). On the other hand, Henz's 2004 study reported that 60 per cent of those who stopped working when they first started caring had commenced work again; moreover, 62 per cent of those who had reduced their working hours to accommodate caring had increased them once again. However, those who had reported that they had changed roles or missed out on career opportunities did not find a positive change awaiting them at the end of the caring episode (Henz, 2004). These findings are related to when only one period of caring has ensued. After a second period of 37 caring episodes which had ended before their interview, 16 of those caring had not experienced a change to their working arrangements, nine had started working and nine had increased their working hours. In other words, it does not seem that caring for a second dependant impacts

employment any more than a first caring episode. However, by the third caring episode, 43 per cent of carers were not working (Henz, 2004).

2.3.2 Informal Care and Retirement

As discussed, caring responsibilities incline some people to leave formal employment, or indeed where people are older, this could result in retirement. Taking account of the domestic context, Loretto and Vickerstaff (2012) found that responsibilities at home had an impact on individuals' retirement timing. More typically, women's retirement patterns followed that of their partner's and their circumstances including health and thus caring responsibilities. Women also reported that job satisfaction was a significant consideration when contemplating retirement but that retirement decisions reflect an individual's domestic circumstances.

Taylor (2008) proposed three explanations behind why people retire early: due to a focus on the younger generations, older workers are not as appreciated as younger ones despite the experience that they bring; myths about the capability levels of older workers who themselves self-perpetuate this, believing they will find it difficult to find a new job and take early retirement as opposed to looking for a new job; and government legislation which used to support organisations in disposing of older workers who also sought early retirement as opposed to looking for a new role (Taylor, 2008). However, it must be noted that since Taylor's (2008) publication, the Default Retirement Age was abolished on 1 October 2011 and provisions for age discrimination are in place under the Equality Act (2010) (HM Government, 2011). Furthermore, Taylor makes three stark generalisations based on stereotypes of older workers, their capabilities and organisational appreciation of these.

Examining extant studies of the relationship between informal care and retirement is challenging due to the different data sets involved. A number of studies are also from outside of the UK and thus their retirement processes and pension provisions differ. Similarly, different definitions of retirement, informal care, intensity of care provided and methodologies are utilised. It is noteworthy that there are studies to support the hypotheses that informal carers retire both earlier (Blau and Riphahn, 1999; Zimmerman et al, 2000; Dentinger and Clarkberg, 2002; Mooney et al, 2002; Arksey et al, 2005; Meng, 2011; Van Houtven et al, 2013; Jacobs et al, 2014) and later than non-caregivers (An et al, 2004; Schils, 2008). Significantly, the most recent studies point to caregivers taking earlier retirement than non-caregivers.

2.3.3 *Summary*

This section has reviewed the decisions carers make surrounding paid employment, in light of their caring responsibilities, reviewing the impact of governmental strategies surrounding carers' employment. These include making changes to working hours and responsibilities up to having no option but to leave paid employment. It is apparent that once carers leave the labour market and after caring ceases, they find it more difficult to re-join. Furthermore, caring impacts retirement decisions. Having examined levels of informal care in the UK, interaction with formal employment and organisational support, attention now turns to theories of caring in more detail.

2.4 Theories of caring

2.4.1 *Introduction*

The central tenet of this thesis is to examine the intersections of caring and careers. To do this it is necessary to examine extant theory and literature surrounding care and caring in a complement to going on to examine the literature on work and careers. It is important to understand what these terms mean and to appreciate conceptualisations of the term 'carer', to fully examine these intersections. From this point caring as 'work' can be further examined and reviewed as career informing. Central to my study is understanding *when* an individual takes on a caring role and for some, *when* to identify as a carer, as this has several implications. This section examines these pertinent conceptualisations; the principles and ethics of care before closing with a dialogue on the implications to this study, specifically focusing on the experiences of women and their intersections of caring and paid employment.

2.4.2 *Concepts and principles of care and caring*

As caring is a fundamental part of many human relationships, it can be difficult to distinguish between normal activity and that which goes beyond this (Larkin and Milne, 2014). Formally recognised in the 1980s it was very much a case that the provision of care was that of an activity of "doing care to' another' (Ray et al, 2009: 116 cited in Milne and Larkin, 2015: 4; Barnes, 2006). This was conceptualised by Parker (1981) as 'caring about' (Parker, 1981 cited in Barnes, 2006: 7) and focused on the provision of physical care assistance and also simply being with an individual for a period of time. Here, 'Carer and cared for are familiar with each other and the

care is an integral part of the intimacy of the family, so that 'caring for' is assumed from a relationship of 'caring about' (James, 1992: 490). Conceptually, 'caring about' describes feelings of concern for another and 'caring for' involves the tasks associated with caring in the form of unpaid labour (Ungerson, 1983).

Hilda Ve's (1984) work drew on the altruistic nature of caring in relation to women's activities. She described 'care-giving' work, which is what Finch and Groves (1983) would refer to as 'caring' or 'caring labour'. In this case a woman could be caring for children or an elderly person whom, without her care, 'may suffer or perish' (Ve, 1984 cited in Land and Rose, 1985:90). In such a way, she felt that the term 'tending' did not adequately describe 'the power of this moral claim made on women by the person for whom they are caring', (Land and Rose, 1985: 94).

More recent work has referred to the reciprocal nature of care. Instead of care being an activity 'done' to a passive dependant, it could in fact be considered to be the output of a relationship between two or indeed more people. Fine and Glendinning (2005) argue that care cannot be carried out by one person alone. Furthermore, they purport that it is a social concept which cannot be adequately defined.

Finkelstein (1998) argues that the term 'support' should replace that of 'care', which has become isolated from the community. This is because 'care' has come to be defined by those that supply it, not its recipients. In place of care, Shakespeare (2000) proposes the term 'help', to recognise the varying forms of assistance which include formal and informal care. This is because 'help' has, at its very core, the principle of altruism. He proposes that 'help' is essentially what friends do for one another and care is carried out by family and professionals (Shakespeare, 2000 cited in Williams, 2001:483). Nonetheless, Williams (2001) notes that 'help' is normally provided on a voluntary basis and the giving and receiving of care exists 'whether we like it or not' (Williams, 2001:483).

In addition to the concepts of 'care' and 'caring', literature has focused on principles of care that it is thought carers should subscribe to when providing care. Based on the work on Sims-Gould and Martin-Matthews (2008), Milne and Larkin (2015) point to principles which are key to care-giving as being 'obligation, duty, love and loyalty' (ibid: 5). Fisher and Tronto (1990) maintain that caring permeates every sphere of our lives, and comprises various components. Their work is key in creating a narrative of the development of theories of caring. They assert that caring has four phases: 'caring about', 'taking care of', 'caregiving', and 'care-receiving' and that each

phase acts as a precondition of the next. 'Caring about' is the phase that we pay most attention to our environment. To ensure it meets our basic needs it is often purported to be linked to love or affection, although Fisher and Tronto (1990) consider that 'caring about' extends beyond this. It must be recognised, however, that we often care about more than we have power to influence. 'Taking care of' denotes an element of responsibility and assumes an individual possesses the resources to fulfil the required responsibility, linked to power. Fisher and Tronto (1990) state, 'Where responsibility is great but power is limited, women are expected to compensate for deficiencies in the caring process', (Fisher and Tronto (ibid: 43). 'Caregiving' sees the care responsibility extend to a hands-on role of providing the required care. Lastly, 'care-receiving' is the reaction to caregiving by the individual upon whom the care is directed.

2.4.3 The concept of 'carer'

Fifty years ago the term 'carer' was not widely used, and those carrying out acts of caring would not have seen themselves as belonging to a distinct category of people. Since that time the use of the term 'carer' has been expanded. It is now used extensively in social, healthcare and research settings, sometimes in reference to unpaid/informal carers but sometimes also linked to those who are paid for the care work which they provide (Molyneaux et al, 2011). An informal carer is usually understood to be a family member who supplies unpaid care to someone in their family, or a friend who is dependent on them (Milne and Larkin, 2015), as discussed at Section 2.1.1. The concept of 'carer' is a social construction. According to Bythway and Johnson (1998: 241), it is 'a category created through the interplay between individual experience and various interest groups – policy-makers, researchers and pressure groups'; as such, a carer is defined as 'one individual providing care for another individual'. Graham's (1983) notion is for it to be 'a concept encompassing that range of human experiences which have to do with feeling concern for, and taking charge of, the well-being of others', (ibid:13) and that it requires both labour and love.

It is clear that the emergence of the term 'carer' is a response to the required recognition of the unpaid care work which women have been carrying out for years. However, there are those who question if the term 'carer' continues to meet its original obligations (Molyneaux et al, 2011). In fact, some argue that the term carer has become bureaucratic and in doing so has turned 'what was a normal human experience into an unnecessarily complex phenomenon', (Foster, 2005 cited in Molyneaux et al, 2011: 422). Since the 1970s there has been a shift from

care of people in institutions to supporting individuals to continue to live in their home environment. As a result, services have been developed accordingly and informal care rates have increased (as discussed in Section 2.1.2). Given that care has developed to involve the 'community', Bayley (1973) has coined the terms care *in* and *by* the community to better emphasise the roles of family, friends and neighbours in providing 'informal and voluntary' care (Bayley, 1973 cited in Heaton, 1999: 761). In such a way, the first discourse on informal care emerged and informal carers were seen as first providers of care in the community. This continues with formal carers overseeing and providing relief care where and when necessary (Heaton, 1999).

To support these carers also in paid employment the UK Government has introduced a number of initiatives. These include the Carers (Recognition and Services) Act 1995, the National Strategy for Carers in 1999, 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 and the extended Flexible Working provisions from April 2007 (Arksey and Glendinning, 2008). 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 first of all identifying as a carer. This will now be explored in more detail.

2.4.4 Identification as a carer

Key issues in seeking to theorise care have involved the identification of who is a carer, what care involves and the validity of 'carer' as a concept (Larkin and Milne, 2013). Carers can be confused with those paid workers in the social care field such that informal carers fail to recognise themselves as such (Buse and Wigfield, 2011; Lloyd, 2006). This is something which O'Connor (2007) has examined in detail. Using positioning theory, she proposed that 'caregiving' is a 'position' as opposed to a 'role'. The difference being that whilst caregiving has a sense of purpose and meaning to the activities carried out as part of it, as a 'position' its very nature is dynamic and constantly evolving. O'Connor's (2007) study found that carers did not immediately self-identify as such but it was rather an ongoing transition. For women in particular, caring was seen as part of their normal role. By interacting with others, particularly at support groups or with professionals, they came to see themselves as 'caregivers'. Some

study participants also consciously opposed being labelled as carers as they felt this introduced political disparity into the relationship, destroying the original mutuality of contribution (O'Connor, 2007; Molyneaux, 2011). Yet, at the same time they felt hopeless with the situation as a caregiver with no alternative but to provide the care required. However, there are exceptions, for example, where an older person caring for a partner with dementia may have their own physical illness for which they require support in return. In such a scenario, Molyneaux et al (2011) argue that using the term carer could actually work as a divide between the two parties. Failure of individuals to identify with the term has clear implications for 'carer' support services in the UK (O'Connor, 2007), such as a carers' assessment and financial support (Carers UK, 2018a).

It is clear that just as there are varying concepts of work and career, so attention must also be given to the varying concepts 'care', 'caring', and 'carers'. Individuals may feel that they provide support and help, but not recognise this as a form of caring, or indeed identify themselves as 'carers'. The implications for my study are that individual circumstances and identifications are open to different perceptions and interpretations which I have needed to be mindful of. Furthermore, as noted, identification with the term 'carer' has implications for individuals getting support, both from the state and also in paid employment.

The next section of this chapter explores an ethics of care and the implications for individuals being able to both care and maintain paid employment in society.

2.4.5 Ethics of care

An ethics of care as a normative ethical theory acknowledges the challenges that caring may throw up but also its importance within interpersonal relationships (Milne and Larkin, 2015). Writers on the subject have attempted to move away from care as being a concept naturally carried out by women. Tronto (1993) and Sevenhuijsen (1998) both discard Gilligan's subdivision of a (female) ethics of 'care' and a (masculine) ethics of 'justice' (Fine and Glendinning, 2005). Tronto (1993) sees care as a moral and political concept providing for power being evenly distributed in different ways. Tronto proposes four elements of an ethics of care: attentiveness – caring about; responsibility – taking care of; competence – care-giving and responsiveness – care receiving. Care is intrinsic in all of us, not just women, she argues, and is both an activity and a disposition (Tronto, 1993 cited in Williams, 2001:477). Building on Tronto's (1993) work, Sevenhuijsen (1998) views an ethics of care as a significant part of

citizenship and social justice – caring and being cared for, recognising diversity and interdependence and thus adds the element of trust (Sevenhuijsen, 1998 cited in Williams, 2001:477-478 and Milne and Larkin 2015: 5). Engster (2007) proposes also the element of respect (cited in Milne and Larkin, 2015:5). Thus care is central to society as we know it and is entrenched in familial and personal relationships (Daly and Lewis, 2000).

Williams (2001) proposes an ethics of care which recognises and normalises ‘responsibilities for giving care and support and needs for receiving care and support’ (ibid: 489). As such, she recognises care as part of citizenship. This is characterised by the moral virtues of dignity, diversity, plurality and the qualities of human interactions. This builds on the work of Sevenhuijsen (1998) in that in a democratic society individuals should both be able to care and be cared for (Williams, 2001). Furthermore, we should have the chance to work and care, for,

‘a democratic ethic of care starts from the idea that everybody needs care and is (in principle at least) capable of care giving, and that a democratic society should enable its members to give both these activities a meaningful place in their lives if they so want’ (Sevenhuijsen, 2000: 15).

Thus caring should be assimilated in all aspects of our lives and we should be able to succeed in both paid work and care. Hence, a study of women’s paid employment and caring lives is required to see if this is indeed the case.

2.4.6 Summary

In summary, it is notable that there is wide scope for determining notions of care, caring and carer with no universal definitions. Furthermore, those that the State may feel are carers, may not actually identify as carers themselves. This could be because they do not recognise themselves as such or actively choose not to identify in their efforts to maintain their relationship with the party being cared for. It is clear that over the years, women’s role in caring has expanded beyond the somewhat exploitative nature of earlier years, and the recognition that has now come to appreciate the reciprocity and interdependence of caring relationships. The principles and ethics of care help us to recognise the importance of care within human relationships and thus as citizens the role of both paid employment and care in society. Yet with government policies surrounding paid employment and informal caring in opposition, the impact to the experiences of mid-life women have yet to be fully understood. By deconstructing

the terms 'care', 'caring', and 'carer', women's understanding of caring activities and carer identity can be explored. In light of this, the next section of the chapter examines conceptualisations of work and notions of care as 'work'. This leads into further discussions of the career informing nature of informal caring.

2.5 Concepts of work

2.5.1 *Introducing 'work'*

To examine women's careers and their development, it is essential to identify what is considered to be work, and thus what constitutes a career. This section provides the necessary context to be able to do this, before examining the reconceptualisation of work. Following this is a discussion of concepts of work and informal care and its resulting impact on careers.

In the study of concepts of work, sociological research has traditionally divided work into paid employment within a public domain and unpaid domestic work in the private sphere (Taylor, 2004). Public work was considered a male arena where economically productive industrial labour was carried out, whereas the domestic sphere was where non-economic activities were carried out, primarily by women. These domestic and non-economic activities were not considered to be work and thus were in contrast to industrial labour. Such a dualistic approach gave value, and therefore precedence to revenue generating activities, relegating domestic activities to invisibility from study, severely limiting our understanding of what constitutes work (Glucksmann, 1995; Taylor, 2004).

It cannot, and indeed should not, be assumed that work is only that activity which is carried out in exchange for monetary value within a formal institution. That is not to undervalue the role of paid work within society but it should be recognised that the concept of work is also that which is situated within other domains of life and social relations (Parry et al, 2005). Indeed, this was the challenge raised by second wave feminism in the 1960s within which both areas came to be defined as work. Nonetheless, unpaid labour became signified as women's domestic work (Taylor, 2004).

This resulted in the development of typologies to take account of this, such as Hakim's (1996) 'homemaker career'. Whilst this undoubtedly offers women the opportunity to characterise their activities as a career it is open to criticism. Significantly, it still values paid full time

employment as that which is considered to be work and draws an even starker distinction between work which is economically productive and therefore valued, and work which is not. Thus polarising the positions still further and meaning that time spent outside of paid formal employment is not considered to be work or considered in the discourse on career development (Taylor, 2004; Richardson, 2012).

Recent thinking, shaped by 'third way' politics, sees paid employment programmes valued highly (Hirsch and Millar, 2004). Therefore, according to the State, those who are not in paid employment are regarded as 'not working'. At the same time, the Government has come to rely heavily on informal care to meet the care needs of many in the UK and has resulted in carers leaving paid employment to meet their caring responsibilities (Carmichael and Charles, 2003; Van Houtven et al, 2013). Yet, the government fails to offer adequate financial recompense (Carers UK, 2016b). Arguably, these two elements of government policy (relying on informal care but regarding only those in paid employment as working) are in opposition, creating a clear contradiction between a severely limited understanding of what constitutes work and a reliance on informal carers in place of paid care. As a result, informal care work has come to be considered as a commodity and the organisation of labour cannot simply be categorised into public and private work activities because it undermines the significant work activities undertaken by carers (Parry et al, 2005).

Changes to the organisation of labour and work have thus led to developments in the sociology and study of work. This has included the blurring of boundaries between public and private, paid and unpaid settings. One significant result of this has been the effect on individuals occupying such roles, their experiences and meanings (Parry et al, 2005). Several scholars have argued that further insight is required into the many ways that individuals engage in work in contemporary society, including life-stages (such as retirement) which have not previously been associated with work (Glucksmann, 1995; Parry et al, 2005; Taylor, 2004). This has led to a reconceptualising of work to include activities other than formal paid work. This will now be discussed in more detail.

2.5.2 Reconceptualising work

When reconceptualising work, it is important to examine activities in varying spheres of life and their associated social relations, connected through social structures. Glucksmann's (1995, 2005) 'Total Social Organisation of Labour (TSOL)' highlights 'the manner by which all the labour

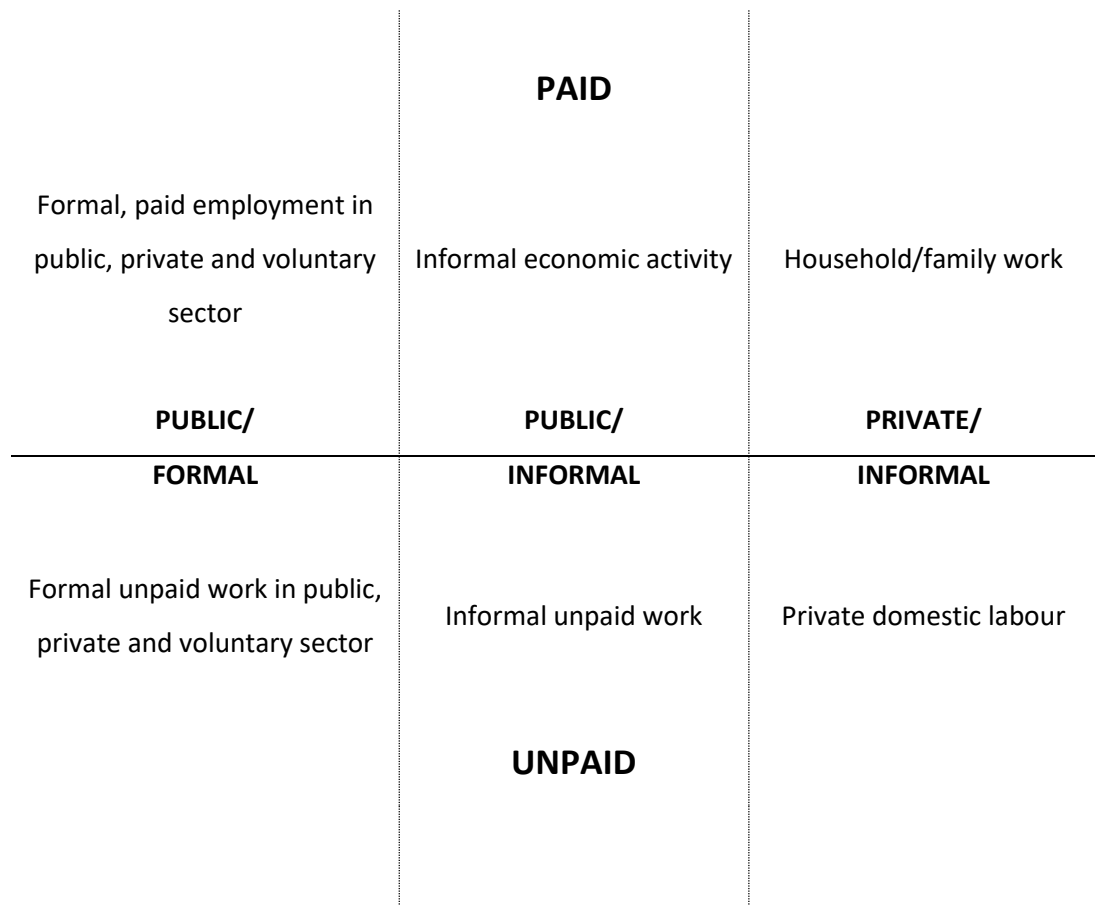
in a particular society is divided up between and allocated to different structures, institutions and activities', (Glucksmann, 1995: 67). In this, paid work is seen as only one mode of work. Thus, she seeks to answer the question of how work and non-work activities can be distinguished. For Glucksmann, work is defined more expansively as 'the organization of activities from the standpoint of their economic constraints and relations', (ibid, 1995: 67). Work is then defined as 'activity necessary for the production and reproduction of economic relations and structures in a particular total social organisation of labour, irrespective of how and where it is carried out', (ibid: 69). In such a way, work could be carried out within a formal institution or the informality of a home, or in other words, within the 'public' economy of the market or 'private' domestic economy (Glucksmann, 1995). Thus, recognising the blurred boundaries between work and non-work, by focusing on labour and how activities interconnect, Glucksmann (1995) overcomes traditional divisions as work is recognised as being undertaken in a variety of socio-economic settings.

Glucksmann (2005) recognises some of the limitations of TSOL and states that the organisation and distribution of work cannot be explained just by examining the concept of 'work'. Indeed, what is understood as 'economic' and 'work' differs in different societies. Hence, it may not be applicable to those economies which sit outside of industrialist western society, for example. As such, Glucksmann proposes an 'instituted economic process' of exchange and consumption to provide the analytical frame to help in explaining the distribution and organisation of labour within and between different sectors (Glucksmann, 2005: 23). She notes that it is more logical to think of the economy as a 'multiplex' combination of modes rather than of just the two forms of market and non-market (ibid, 2005).

Glucksmann (2005) makes an explicit attempt to refine the notion of the interconnection between different forms and types of work. Consequently, she distinguishes between interconnection amid different parts of a process and between work activities. Furthermore, she suggests each process of labour has four phases: of production, distribution, exchange and consumption. However, questions remain. For example, as a consumer, does using a washing machine in a personal household, then become a new form of work, requiring the development of new skills in the earlier part of the twentieth century? Furthermore, is turning a television set on a form of work? (Grint, 2005).

Developing TSOL, Taylor (2004) adds further reconceptualisation of work also drawing on experiences of voluntary work. She states, ‘what constitutes an activity as work, as opposed to something else such as leisure, is not whether it is paid but whether it involves the provision of a service to others or the production of goods for the consumption of others’, (Taylor, 2004: 38). She further extends Glucksmann’s (1995, 2005) notions through a conceptual framework broadening the boundaries of work (see Figure 1).

Figure 1. Taylor’s (2004: 39) conceptual framework showing the organisation of labour



As indicated at Figure 1, Taylor (2004) places private, public, formal and informal aspects of work on a continuum divided by a vertical axis of paid and unpaid work. As such, a series of zones are created taking account of both formal work in the public sphere, informal yet public work and the private sphere. Thus, labour activities can only be conceived within their own context but with visible interconnections between spheres, taking account of both formal employment and unpaid domestic work, with zones in between. Taylor (2004) uses this framework as a lens

through which to examine the organisation of labour. This framework takes account of the social organisation of labour on a structural basis. Individuals' work domains take account of their preferences and individual choices but also how labour is organised in a formal setting dependent on the skills and resources available for use (Evetts, 2000). It also recognises that there is a supply and demand market and systems for exchange of labour in all settings (Taylor, 2004).

In their work in 2005, Parry et al called for a further re-examination of the nature and conceptualisation of work so that scholars did not force 'work' into pre-existing models and theories. In doing so, they argued that recognition needs to be given to the 'complexity of the dynamic and interconnected character of work relations', (Parry et al, 2005: 10). This is because work can be both paid and unpaid, formal and informal; all of which lead to different understandings and social evaluations. It is important to consider that paid/unpaid aspects of work may also be interwoven with other dimensions, such as emotion, for example, within the realms of care. It may also take place in different locations such as a formal public office or one's own home.

As a result, the difference between work and non-work is not necessarily embedded in the activity itself but in the social context that supports that activity, which of itself is open to change. Thus,

'Work tends to be an activity that transforms nature and is usually undertaken in social situations, but what exactly counts as work is dependent on the specific social circumstances under which such activities are undertaken and, critically, how these circumstances and activities are interpreted by those involved'.

(Grint, 2005: 6).

The reconceptualisation of work is an important development within the context of my study of paid work and informal care. This is because it allows for informal care activity to be considered as work. In this way, different components of a woman's life and work areas can be considered to be career-making, challenging the notion that paid work is the only source of career development (Cohen et al, 2004; Kirton, 2006b). These components are covered in more detail in the next section on work and informal care.

2.5.3 *Concepts of Work and Informal Care*

Previous times would have seen care needs met by families, most likely by women, or care being met by formal institutions where the family could not provide the levels of care required. In today's society care can still be shared between formal and informal mechanisms (Fine, 2012). Yet in Europe, most adult care is provided on an informal basis (Kirton and Greene, 2016) and remains predominantly undertaken by women (Antonopoulos, 2009). Over the years sociologists (such as Taylor, 2004) have sought to define concepts of work in relation to informal care and formal market work. These will be examined in more detail in this section.

In recent years both men and women find themselves occupying a variety of economic and social roles, for example, parent, carer, paid worker. Literature has referred to individuals 'balancing' and 'juggling' these multiple life roles, referring to separate public and private life roles. This is based on the conjecture that the relationship between work and care in each life sphere is different without connections being made between the two. However, there is an argument that boundaries between care and work have become indistinguishable as care involves emotional labour (Phillips and Martin-Matthews, 2008). That is, 'the management of feeling to create a publicly observable facial and bodily display... This labour requires one to induce or suppress feeling in order to sustain the outward countenance that produces the proper state of mind in others', as defined by Hochschild (1983: 7).

According to Taylor (2004), individuals who have responsibilities for providing informal care would occupy a work domain in the area of unpaid informal work as previously seen at Figure 1. There is no suggestion here that they are any less committed to this work than if they were also in paid employment within a formal public setting. They may choose to utilise the skills and experience gained through informal care in their paid employment roles, choosing work where they can provide further care for others. Their informal care duties could have provided skills development and challenges. Taylor's (2004) framework provides an opportunity to examine individuals' working lives in depth. In doing so, it takes account of how informal care work can play a pivotal role in an individual's career, if not shape it in some cases.

Utilising a social constructionist perspective, Richardson (2012) proposes that work and career are considered holistically. She constructs market work as that which is work that individuals carry out in exchange for pay in public spheres of life. Alternatively, personal care work

comprises work that is done to care for the self and those who are dependent. Importantly though, both are defined as work for the purposes of my study.

Writing in 2013, Vassilev et al, looked at types of illness 'work' carried out informally within social networks, specifically to support those with chronic illnesses. Illness 'work' is defined as 'the visible and invisible activities that are relevant to the management of long-term conditions', (Vassilev et al, 2013:2).

In deconstructing the notion of illness work, Vassilev et al (ibid) determined three domains of chronic illness work:

- *Illness (specific) work* refers to work related to the taking, and measurement, of medication; understanding symptoms; and making appointments.
- *Everyday work* refers to tasks associated with keeping the house; occupational labour; support and management of diet and exercise, shopping and personal care.
- *Emotional work* refers to work related to providing comfort which includes health, well-being and companionship.

(Vassilev et al, 2013: 2).

In line with the inherent complexity of illness work, it has been argued that women's personal care work is highly complex and poorly understood despite many writings on the subject. Graham (1983) noted that 'caring is 'given' to women: it becomes *the* defining characteristic of their self-identity and their life's work' (emphasis added) (Graham, 1983: 18). Also of significance is the personal development that can also stem from women's caring roles (Abel and Nelson, 1990).

Clearly the literature suggests that both personal care activities and paid employment need to be considered when reviewing an individual's career experiences. The inference from the literature is that both would have an impact on career development. The next section of this chapter moves to examine concepts of careers in more depth.

2.6 Concepts of careers

2.6.1 *Introduction*

This section looks at differing perspectives on careers. These are discussed and situated within the wider debates around gender and career. In so doing I examine the literature on career theories, constructions and models of careers in general followed by specific literature on women's careers.

2.6.2 *Perspectives on careers*

It is important to examine the construction of a career from different academic disciplinary perspectives. Traditionally, approaches towards careers developed from psychological or sociological schools of thought. Accordingly, 'While psychologists say 'people make careers', sociologists claim 'careers make people', and the careers literature shows a dearth of cross referencing between these two frames of reference', (Derr and Laurent, 1989: 454 cited in Cohen and El-Sawad, 2009: 285). Psychologists focused very much around the individual and person-environment 'fit'. In opposition, sociologists saw careers revolving around organisations moving in a planned and linear fashion (Super, 1954 cited in Cohen and El-Sawad, 2009: 286).

An alternative view, from social constructionism argues that the social world is constructed by individuals by way of their social practices. In such a way, the career is formed by the individual actor and their interactions with other actors as an iterative process (Cohen et al, 2004). Necessarily, here it is important to understand the career of an individual by reviewing the whole of their career journey. Here the individual and not the organisation determine what 'career' is and how the individual makes sense of their career.

Critics have noted that such schools of thought focus on individual agency to 'legitimize individual career actors' emancipation from the constraints of 'traditional careers'' (Inkson, 2006: 49), whilst workers continue to value, and indeed, work in traditional careers (Dany, 2006 cited in Rodrigues and Guest, 2010: 1161). Certainly, the concept of 'career' allows researchers to seek to understand the changing nature of the relationship between organisations, individual agents and their resulting behaviour (Inkson et al, 2012). Such a debate is important for a study of this nature, as caring requirements and the limitations placed on individuals' ability to maintain standards of paid employment may make it impossible for them to maintain

traditional, organisationally derived careers. Likewise, from a social constructionist perspective, exploration of how people make sense of their careers today needs to be cognisant of how people historically made sense of their careers, especially prior to the commencement of caring.

2.6.3 *Concepts of career*

A traditional definition of career was detailed by Wilensky in 1961, who stated:

‘Let us define career in structural terms. A career is a succession of related jobs arranged in a hierarchy of prestige, through which persons move in an ordered (more or less predictable) sequence’, (Wilensky, 523 cited in Cohen and El-Sawad, 2009: 279).

Indeed, a career can be seen to stem from paid work within a bureaucratic setting. In this way, careers were considered external to the individual with vertical progression signified by accumulative responsibility, status and rewards from the employing organisation (Hall and Mirvis, 1995). Linking to traditional notions of work, commitment to such an organisational career would be shown through a long-hours culture and continuous formal and paid employment following formal education (Valcour and Ladge, 2008). Cohen and El-Sawad (2009) note that Wilensky (1961) defines a career as acting independently from the individual. Additionally, it could be deemed that any work of an individual could reflect that of a career, regardless of organisational standing and salary, for example, in line with this definition.

Leach and Chakiris (1988) see careers as journeys:

‘Careers flow from jobs ... jobs need not lead anywhere, it is just something a person gets paid for. Careers, on the other hand, are continuous behavioural episodes, leading to a path or ladder that ends, optimally, in some sort of career capstone experience’;

Yet, ‘career’ is still borne of a hierarchical notion and still implicit is an ultimate end goal (Cohen and El-Sawad, 2009).

Consequently, there are further definitions which recognise the role of the individual and the subjective nature of careers: Hall (2002) describes a career as ‘a lifelong process of work-related activities that includes both objective and subjective aspects’ (Hall, 2002 cited in O’Neil and Bilimoria, 2005: 168). Taking this idea further, a career can be a subjective construction ‘that imposes personal meaning on past memories, present experiences and future aspirations by

weaving them into a life theme that patterns the individual's work life', (Savickas, 2005:43), taking account of their social, economic and cultural context (Cohen and El-Sawad, 2009).

There has been much discussion on the changing nature of careers from traditional, hierarchical and linear patterns within organisations to the integration of personal and professional lives focused more on an individual's skills and knowledge (Cohen and El-Sawad, 2009). Indeed, it has been reported that following the Second World War and into the 1950s many individuals started careers with organisations, fully expecting to stay with that organisation for their entire working life. Career progression here was a linear and stage progression through the established hierarchy (Levinson, 1978; Super, 1957 cited in Sullivan, 1999: 457). From the 1950s to the 1980s frequent job changes became the norm, but upward mobility was still expected and desired and the 1980s saw the path of the organisational career, an observable career path. In such a way, career success for an individual came from their employing organisation and was measured through salary and promotions (Hall, 1996 cited in Sullivan, 1999: 457). Notions of stable employment and organisational careers have since faded with dynamic employment calling for new models and theories of careers (Arthur and Rousseau, 1996; Mirvis and Hall, 1996). Indeed, careers have become more internally focused with career goals defined by the individuals themselves (Hall and Mirvis, 1995).

Arthur et al (1989) recognised that the concept of the career does not belong to any one particular discipline or theoretical viewpoint and can therefore be defined in many ways. Indeed, there can be psychological notions of career as a vocation; sociological interpretations and the roles within a career and position of the individual; economic viewpoints on human capital theory as a response to the market; alongside personal constructivism and social constructionism, and notions of representations of reality (Arthur et al, 1989; Savickas, 2005).

Furthermore, as Kirton (2006b: 47) writes,

'Women frequently commit to and actively balance more than one significant life activity – each of which can be conceptualised as a career – in the public and private spheres. These careers can inter-relate and overlap, sometimes complementing each other, sometimes conflicting; thus commitment to, progression in, or setbacks for one mode of career cannot be understood without appreciation of the others'.

Whilst proposed in another context (trade union careers), Kirton's (2006b) alternative or parallel career should be further explored. She illustrates that the use of 'alternative' infers that first and foremost a woman's commitment lies with another life career whilst 'parallel' refers to a woman balancing more than one career, sharing her commitment levels. At times they will come into conflict with each other and at times they will complement each other. Yet it is considered possible for an individual to hold multiple roles, including that of an informal caring career alongside a paid work career. In such a way, women balance multiple work roles and thus multiple career roles which will sometimes be in balance and at other times not, but will more often than not influence each other. Additionally, in this context, the provision of informal care could constitute a parallel career (Kirton, 2006b). Ultimately, parallel careers can each have consequences for each other but the important thing is that different components of a woman's life and work areas are considered to be career making and need to be understood within each context. Only by understanding all areas of life activity could a conclusion of a whole life career be generated (Kirton, 2006b). This builds upon the work of Layder (1993) (cited in Kirton, 2006b: 49) which views 'career' as a multi-layered concept, with women's lives in particular being comprised of overlapping and interconnecting multiple careers.

This idea of overlapping and connecting careers is important for research which seeks to analyse women's career trajectories and development. Sense needs to be made of the many lenses through which careers are viewed and the many theories emerging from those views. Likewise, account needs to be taken of the increasing presence of women in the labour force, and the idea that the development of women's careers may be different from the ways in which men's careers develop (Cohen and El-Sawad, 2009). In line with reconceptualisations of work (Taylor, 2004), and the notion of career as a subjective construction (Savickas, 2005), careers can be built within differing contexts, formal/informal and paid/unpaid. They can take account of women's formal employment, but also their caring, which can be considered to be work, and thus be career informing.

The next section of this chapter examines three well known concepts of careers pertinent to the study of their development. These are protean (Hall, 2004), boundaryless (Arthur, 1994), and portfolio careers (Platman, 2004). As studies have moved away from traditional notions of careers, taking account of societal changes, these concepts theorise how careers are documented today. The chapter then looks at the concepts of careers specifically related to women, namely the life-career model (Pringle and McCulloch Dixon, 2003), phases of a woman's

career (O'Neil and Bilimoria, 2005) and kaleidoscope careers (Mainiero and Sullivan, 2005, 2006). This is significant as academics suggest that women's careers should be studied separately from men's due to their careers following different patterns to that of their male counterparts (O'Neil and Bilimoria, 2005).

2.6.4 *Protean Careers*

The concept of protean careers was originally identified in 1976 by Hall. He went on in 2004 to describe the protean career 'as one in which the person, not the organization, is in charge, the core values are freedom and growth, and the main success criteria are subjective (psychological success) vs. objective (position, salary)', (Hall, 2004: 4). This concept therefore allows individuals at all levels to develop their careers and take control in shaping it, as compared to the organisation managing it.

Mirvis and Hall (1996) suggest that the protean approach allows theorists to expand the boundaries of what defines a career, making important links to wider definitions of work as discussed in the previous section. Instead of focusing only on paid work, the protean career is more of an elastic concept and recognises that the spheres of work and non-working lives do overlap and contribute to an individual's identity:

'In practical terms, an enlarged definition of career space enables people to seriously consider taking time off to spend with their growing children, or to care for aging parents, under the rubric of attaining psychological success', (Mirvis and Hall, 1996: 242).

This ties in with the work of Taylor (2004), discussed in Section 2.5.2, who examined notions of work which can include activities outside of the formal employment relationship. One potential problem here is that it is difficult to define where a career ends and another element of an individual's life begins.

Hall's earlier work (2002) led him to conclude that careers are composed of a multitude of short learning cycles of between three and five years (Hall, 2002 cited in Hall, 2004: 8). For Hall (1996) the 21st century career was measured by continuous learning as opposed to age and life stages. He noted that an individual's values and needs change over time and what may have been suitable some time ago may not still be relevant. Accordingly, my research takes account of an individual's career trajectory over time.

Briscoe and Hall (2002) described the Career Orientation Index, with two main factors: 'values-driven' which describes how much an individual's values influence their career decisions as compared with more extrinsic factors such as salary or development opportunities; and that of 'independence' and how much an individual feels the driving force of their own career (Briscoe and Hall, 2002 cited in Briscoe et al, 2006: 31). This viewpoint is significant for my study and considers the subjective values an individual may subscribe to when assessing their own career. However, it does ignore the objective nature within the concept of a protean career such as those factors influencing the organisation itself (discussed in Section 2.2). These institutional factors may be of considerable significance in accommodating caring activities and therefore in the choices made by individuals with caring responsibilities.

Hall (2004) proposed two career 'metacompetencies' which he suggested would help individuals to be more protean: namely adaptability and identity (or self-awareness). He noted that both were required, for if an individual has high levels of adaptability but low levels of identity then they could merely be reacting to someone else's agenda. Additionally, an individual might settle for what might not actually be a good fit between career and identity. On the other hand, having a high level of self-awareness but a low level of adaptability could lead to something that he termed as 'self-analysis paralysis'.

Key to the protean career is 'freedom and growth, professional commitment, the attainment of psychological success, through the pursuit of meaningful work and the discovery of a 'calling'', (Enache et al, 2011: 238). Those operating within a protean career framework are values-driven in the way that they follow career goals. Thus, they shape their careers around their own values (Briscoe et al, 2006; Hall, 2002). Whilst this individualistic focus is important, it is anticipated that an individual will also still need to subscribe, at least to some extent, to the values of the organisation in which they are employed.

Often linked closely to protean careers is the notion of the boundaryless career, for which Hall (2004) found similarities, indicating that they are closely linked but separate constructs. Given the potential constraints upon formal careers in paid employment posed by caring this will now be examined in more detail.

2.6.5 *Boundaryless Careers*

Arthur (1994) proposed the boundaryless career as the opposite to the 'bounded' or organisational career, which research at the time had focused on. There are a number of meanings of boundaryless including moving between employers, breaking down hierarchical boundaries or a rejection of career opportunities for personal or family reasons; all of which have in common independence from the principles of a 'traditional career', as defined in the earlier section. His point was to recognise the unpredictable nature of the labour market in which careers form (Arthur, 1994). One of the meanings of the boundaryless career is that which sees an individual rebuffing existing career opportunities for personal and family reasons (Enache et al, 2011). This is important to my study as research has recognised that an individual's life outside of work affects their career.

The notion of the boundaryless organisation is one that sees cyclical career development with periods of reskilling and lateral moves as opposed to upward mobility (Arthur and Rousseau, 1996). This is something which Mirvis and Hall (1996) detailed requires a change in expectations of career development and a change of locus to that of the individual to manage their own career. Indeed, new cycles can occur at any time and age. However, this is not without its disadvantages to an individual; starting a new career could lead to less overall earnings in a career than that which a traditional career path would produce. There are costs associated with retraining and redeployment and could also be psychological implications. Indeed, some might find a career change frightening with unfamiliar work and skills, and needing to learn new ones. What this calls for, Hall (2004) argues, is adaptability, to new roles, responsibilities and relationships and personal identity to make sense of their different experiences.

The boundaryless career is not without its critics. Pringle and Mallon (2003) argued that the concept of boundaryless careers does not give enough attention to national context, gender and ethnicity, and the implications they can have on an individual's career. As this study is focused on women's career development it is an area of particular significance. Pringle and Mallon (ibid) also do not agree with the term 'boundaryless' in that this assumes a freedom from constraints in some way. They suggest, instead that a more apt description would be 'to state that the boundaries are changing and shifting and need to be negotiated in an ongoing way', (Pringle and Mallon, 2003: 847). This is because career boundaries have become much more complex in recent years, and to see careers as completely boundaryless is aspirational rather than realistic

as they are still tied to organisations. Rather the literature suggests that careers are simply far more permeable than previously (Sullivan, 1999). Once again, however, the literature assumes that individuals seek to work free from constraints. Some individuals might find such boundaries reassuring in that they offer a transparent career path which may be desired in some cases.

Needless to say, the term boundaryless is open to interpretation and each individual may view it differently (Rodrigues and Guest, 2010), particularly as crossing one type of boundary (such as organisational) may impede the crossing of another (such as hierarchical boundaries) (Inkson, 2006). Moreover, if the term 'boundaryless' is taken to mean crossing organisational boundaries, it would be expected to be depicted amongst labour turnover statistics. However, across research this does not appear to be the case in terms of empirical evidence (Inkson et al, 2012).

Similar to boundaryless careers is the concept of portfolio careers. This is because these careers are very much driven by the individual once again, who has the power to choose when and where they work. The next section covers them in more detail.

2.6.6 Portfolio Careers

The concept of portfolio careers focuses on individuals having the option of doing as much or as little work as they choose. It also enables them to work beyond the boundaries of a formal employment relationship (Platman, 2004). Here, individuals are free to seek personal fulfilment from each role they choose to undertake (Hall and Mirvis, 1996), they take complete ownership for their work (Sullivan, 1999) and work beyond a formal employment relationship, often for themselves. The potential flexibility of portfolio careers could appeal to working carers, constrained by organisational paid employment. For those in later life it has been suggested that the risk of age discrimination is reduced as individuals are judged on their output only (Platman, 2004) and such work can bring overall satisfaction (Fenwick, 2006).

In advance of proposing her theoretical construct, Platman (2004) undertook a longitudinal study of 51 people working freelance in the UK's media industry. She found that individuals needed to be flexible to respond to opportunities that arose which led to an inability to plan ahead for many and at times a sudden loss of work without explanation. However, freelancing offered an income and varied employment, alongside satisfaction for many. It also provided

flexibility for those combining their work with caring responsibilities but at the recognition that any time away from work was unpaid as compared with formal employment.

For those in later life, Platman (2004) found that portfolio working gave them the freedom to work beyond a premature or 'normal' exit from organisations. Such work could enable them to supplement their income, adjust working hours to suit other requirements in their lives, provide job satisfaction and stimulation, and enable them to continue being part of a professional community. However, it should be noted that the paper was written before the removal of the Default Retirement Age from 1 October 2011 and the age provisions under the Equality Act (2010) (HM Government, 2011), thus individuals can no longer be forced by law to retire at 65 in most organisations.

Many will speak of the freedom which the notion of portfolio work offers and that they have made the choice themselves to pursue this line of work, but this may have been of course due to little choice to do much else. For example, Fenwick (2006) found that portfolio work offered chances where there was no opportunity to work the hours they needed or wanted to work, or work conditions were not conducive to their role. Whilst portfolio work is free from bureaucratic restrictions and allows for creative freedom it can also result in isolation (Smeaton, 2003). Additionally, it can lead to indistinct and blurred lines between personal and work lives for those individuals based from home (Mirchandani, 2000 cited in Fenwick, 2006: 69). Likewise it can contribute to confusing vocational identities, where roles are based in varying organisations and occupations (Sullivan, 1999). Furthermore, trying to manage the number of contracts to ensure a consistent workload can be anxiety provoking for many portfolio workers (Fenwick, 2006). It is also unclear from the literature if portfolio working provides adequate time and attention for development activities if a large proportion of time is spent trying to generate work alongside carrying out the work itself.

Together, these three concepts focus on the individual as opposed to the organisation, which has been the focus of traditional careers. Indeed, in protean, boundaryless and portfolio careers, an individual's career is particularly subjective, and dependent on their own context at any given time. This has not escaped the critique of academics, particularly from the field of social constructionism. Additionally, these concepts do not adequately address the nature of women's careers which are often distinct from that of their male counterparts due to unique

challenges and opportunities that they can face. As such, the next section will examine women's careers in more detail.

2.6.7 Concepts of women's careers

I will now focus on the research and literature which has taken the particular circumstances around women's experience of careers into account. I will firstly look at the concept of women's careers before examining three key concepts in more detail: the life-career model (Pringle and McCulloch Dixon, 2003), the three phases of a woman's career (O'Neil and Bilimoria, 2005) and Kaleidoscope careers (Mainiero and Sullivan, 2005, 2006).

Over the years, scholars have criticised studies into careers for focusing on white, middle class and male dominated sectors (Sullivan, 1999 cited in Cohen and El-Sawad, 2009). Models of women's careers need to take account of their complete personal development, not just the career development offered within the formal public paid arena. Research has shown that many women provide care for dependants alongside employment, thus impacting the pattern of their career development, something this research focuses on (Kirchmeyer, 2002; O'Neil and Bilimoria, 2005). Additionally, in organisations, 'institutionalized patriarchy and hegemonic masculinity continue to affect women's abilities to advance and to succeed', which has resulted in few women occupying top corporate roles and different succession paths for men and women in organisations, justifying the need for them to be studied separately to men's (O'Neil and Bilimoria, 2005: 170).

Thus, critics would argue that although Levinson and Levinson (1996) identified two models for women: a traditional homemaker and a career woman; something also suggested by Hakim's (2000) take on 'home centred women', such models assume a linear development pattern and are designed in accordance with male constructs and experiences (Gallos, 1989). In such a way, career development is arguably straightforward and does not take account of the impact of other factors that may cause a deviation from linear development. Thus, it is also important to recognise career development outside of organisations and non-linear patterns. For some, development and progression is not constructed around organisational advancement, but could be the creation of their own business, individual consultancy or the rebalance of personal and professional lives as noted by more recent theorists (O'Neil et al, 2008).

2.6.8 *Life-career model*

A model for women's careers that acknowledges the different influences on women's work in their lives is that by Pringle and McCulloch Dixon (2003). Drawing on earlier career development literature, Pringle and McCulloch Dixon developed a flexible life-career model comprising four facets: 'explore', 'focus', 'rebalance' and 'revive' with time for 'reassessment' between each. It is important to note that these are not linked to, or indeed limited to, age, but activities and stages in life, such as retirement. Movement between each facet depends on both internal and external factors and movements may only be noticed retrospectively. Key here, is that this model takes note of external influences such as personal responsibilities, but does not specify or limit them to certain categories such as childcare (Pringle and McCulloch Dixon, 2003).

In the 'explore' phase, women test the boundaries that are in place, investigating their potential. Some women may stay in this phase for some time, others will move through it quickly. Following 'reassessment', a woman will move into the 'focus' facet, where she will concentrate her energies on a particular aspect of life such as children, studying or work. 'Reassessment' will follow whereupon an individual will likely reflect on what else life has to offer leading to a period of rebalance seeking self-development often linking personal values to activities. This period of 'rebalance' may provide the satisfaction sought but the authors note that many age-related external triggers, such as retirement, may cause a further reassessment. Indeed, they note that increasing life expectancy could lead to another 20 years following retirement. In the 'revive' facet women often look for freedom to explore other areas of their life after a time of accommodating other aspects. The period of 'reassessment' before it can also lead to depression and a sense of loneliness for some women. Recognising that women's careers therefore do not follow in a linear pattern, Pringle and McCulloch Dixon (2003) propose circles and spirals for the pictorial representation of their model with broken lines in between each facet.

Pringle and McCulloch Dixon (2003) recognise the limitations of their model and that it does not distinguish between women from different ethnic, economic and educational backgrounds. Some women may initially enter the 'revive' stage, with more freedom in later life, but then find themselves needing to provide care for someone close to them and thus re-enter a different facet such as 'focus'. Whilst the model is not linked to age but stages in life, there needs to be awareness that different women want and need different things at different times, even when

they appear to be in similar stages. Thus, consideration of an individual's circumstances for research purposes is also important to consider within my research.

O'Neil and Bilimoria (2005) have also proposed a model of women's career development, based on life stages. This will be examined in the next section.

2.6.9 The three phases of a woman's career

O'Neil and Bilimoria (2005) propose a model of women's, as distinct from men's, career development with three phases. The first is that of 'idealistic achievement' between the ages of 24 – 35, whereby women at this stage are driven by a desire for achievement and career success. Second is that of 'pragmatic endurance' of ages 36 – 45 in that women in this stage are driven by being productive and doing what needs to be done. They allege that this is the stage in which women are most likely to be dissatisfied with their careers. Lastly is 'reinventive contribution' for ages 46 – 60. Women at this stage are said to be focussed on their careers, families and wider communities. They see their role as being able to make a difference to the lives of others. For them, career success means being valued and admired. Undeniably, there are opportunities at this stage in a woman's career to furnish others in their organisations with their skills and expertise but also to be given opportunities to continue to develop (O'Neil and Bilimoria, 2005).

The model proposed by O'Neil and Bilimoria (2005) is categorised by age and defines the age of the women focused on this study as being centred on their careers, families and wider communities. In fact, to focus on age alone is limiting and does not take account of other factors which may influence women's careers. Furthermore, it may not be possible to focus on both career and family adequately if one demands more attention than another. Thus, it may not be possible to occupy a role that offers the opportunity to provide a meaningful contribution when they are also taking account of their other responsibilities.

2.6.10 Kaleidoscope Careers

Mainiero and Sullivan's (2005, 2006) Kaleidoscope Career Model provides a theory of career development specifically for women. It postulates that careers must meet three main needs for women, different to those for men: First authenticity and being true to themselves. The second need is balance, to enable women to meet the differing demands of aspects of their lives. Third, challenge, that is to be able to be involved in work that allows them to develop. As the patterns

of a kaleidoscope move and change, so these needs move and come into the fore or slip further into the background at different times. Mainiero and Sullivan (2005, 2006) recognised that women have to manage their own needs with those of others who depend on them. This can lead to some women 'downshifting' into a less demanding role, sometimes at a key point of potential development in their career. This is because women's careers are 'relational' in that they make decisions taking account of the people and all aspects of their lives. However, Mainiero and Sullivan (2005, 2006) stated that there was an element of predictability to women's careers in that they commence with women seeking challenge, a middle career when balance is sought and later focus on authenticity. Nonetheless, this does not take account of other challenges that women may face, particularly in light of an ageing population and the fact that in later life, many women care for elderly parents (Mainiero and Sullivan, 2005 and 2006, cited in August, 2011).

The Kaleidoscope Model (Mainiero and Sullivan, 2005) views careers in light of gender and the context of women's careers with women seeking to find a career to fit the needs and other responsibilities in their lives. Mainiero and Sullivan (2005) found that the women they studied were keen to undertake careers in their own way and this could sometimes mean lateral yet challenging assignments but with flexible work and opportunities to fit their demanding lives. Women were positive about career advancement opportunities but only where there was real value in doing so, not just for the sake of it. It should be noted, however, that not all advancement opportunities presented to women held real value (Mainiero and Sullivan, 2005).

With reference to the Kaleidoscope Career Model, August (2011) conducted a longitudinal study in the USA with women in the late stages of their career and then following retirement, thus it could be assumed, seeking authenticity in line with the model. The women in the study spoke of still trying to achieve balance, however, none of the women had significant caring responsibilities. This allowed them more time to focus on themselves. The women interviewed were still seeking growth and development within their careers in roles beyond retirement in bridge employment, or paid work beyond their retirement date. This is in contrast to Mainiero and Sullivan's (2006) work, which indicated that women do not seek challenge as much in their later careers, where the women here continued to be concerned with it. August (2011) proposes this is because it is the one area most in the women's control. It is also in line with Atchley's (1989) continuity theory, that retirement should be considered as a continuation of vocational

and psychological development. In such a way, individuals may seek to harmonise their lives before and after retirement (Atchley, 1989 cited in August, 2011: 21).

It should be noted that August's (2011) study centred on women in the USA. These women are living in a different political arena to that of the UK, where the care system relies heavily on the promotion of informal care. Additionally, there may well be many cultural differences between such women.

2.6.11 Summary

This section has examined the different sociological, psychological and social constructionist perspectives on careers, with particular reference to careers moving away from traditional forms to being a focus on the individual. These give rise to more or less prescriptive models of careers. Those specific models of women's careers have been developed recognising the different phases and activities of a woman's life. This is particularly significant as women's careers often do not follow traditional patterns, and further issues relate to context, cultural difference and life stages, demonstrating the significance of taking account of their whole career journey.

The next section of the literature review chapter moves on to review career development theory.

2.7 Career and Skill Development

Having reviewed concepts of careers and models which can be applied to the study of women's careers, the next section of this chapter looks at the development of careers and skills in more detail. This will incorporate both organisational and individual perspectives. It is noteworthy that research on career development is also now beginning to incorporate life roles and work in addition to paid work, which is considered in more detail.

2.7.1 Introduction

The concept of career development was first detailed by Ginzberg, Ginsburg, Axelrad and Herma (1951), who proposed that an individual's choice of occupation was developed over a number of years and is essentially a lifelong process (Ginzberg, 1972, 1984 cited in Patton and McMahon, 2014: 7). This idea of career development was elaborated on by Sears (1982) who defined this

as ‘the total constellation of psychological, sociological, educational, physical, economic and chance factors that combine to shape the career of an individual over the life span’, (Sears, 1982: 139 cited in Patton and McMahon, 2014: 7). Research on career development is now undergoing a paradigm shift to incorporate both paid work and other life roles, including, in specific relevance to my study, informal care. As such, a more recent definition, and the one adopted for this thesis, comes from Brown and Lent (2013): ‘Career development ... connotes a continuous stream of career-relevant events that are not necessarily linear or positive in impact and that may or may not be subject to personal agency’, (Brown and Lent, 2013: 10). In this way, the definition does not constrain conceptualisations of career to the historic notion of occupation, but allows for consideration of all life roles as contributing to careers. The literature on career development comes from a variety of backgrounds, including that of sociology, psychology, human development and organisational sciences (Korsakiene and Smaliukiene, 2014). As discussed in Section 2.6.2 concepts of careers tend to bifurcate around organisational and individual perspectives and in the same way, career development can be viewed through both an organisational and individual lens, which will now be examined in more detail.

2.7.2 Individual and Organisational Perspectives

The organisational or traditional career is characterised by job security and linear career development. It came to the fore in the 1970s with the work of Schein (1971, 1978) and Hall (1976). For them, career development stems from continuity and length of service with an organisation (McDonald et al, 2005). Thus, financial rewards and vertical progression are viewed as indicators of success. In essence, the organisation is accountable and an individual’s career development is dependent on its culture, processes and structures (Baruch, 2004; Korsakiene and Smaliukiene, 2014).

Increasingly, competitive markets and dynamic environmental circumstances have provoked a number of changes to the nature of organisations leading to mergers, acquisitions, downsizing and restructuring. As a result, organisations are now less able to provide the career stability once expected of them. Some scholars would argue that this has furthered the development of notions of protean and boundaryless careers (Hall, 1976, 2004; Arthur, 1994) (discussed in Sections 2.6.4 and 2.6.5). More recently, the individual outlook on career places the responsibility of career development on the individual role holder to manage their own career

(Korsakiene and Smaliukiene, 2014). This is the perspective which has gained most attention in developed economies in recent years (Baruch, 2006).

The rise of individual careers and their development over time was recognised by those writing a number of years ago. Derr (1986) wrote on the career logics of 'getting ahead', 'getting secure', 'getting high' and 'getting balanced'. Writing in 1996, Schein recognised that individuals would have to become more self-dependent to understand where their career anchor would fit into the new world of work. Here, a career anchor is an individual's self-concept made up of 1) self-perceived talents and abilities; 2) basic values; and 3) the evolved sense of motives and needs as required by the career. Career anchors develop as careers evolve but essentially consist of an individual's values and motives (Schein, 1996).

Indeed, with the rise in social constructivist approaches and the changing structure of work, individuals are viewed more as agents of their own lives and thus careers. As such, they construct their own reality within the context of work and career (Savickas, 2000). Furthermore, with the demise of the organisational career and the emergence of boundaryless forms of career (as discussed at Section 2.6) authors have reconceptualised careers to take account of movement between jobs, as well as paid and non-paid work-related experiences (Sullivan and Baruch, 2009 cited in Clarke, 2013: 685). Thus, it has been said that careers are now managed by the individual with a focus on their own personal development and employability (Clarke, 2013). As such, the individual's knowledge and skills need to be secure, not the job/organisation that they work in as career development becomes multi-directional and multi-levelled (Patton and McMahon, 2014).

Progressively the literature has moved from an organisational perspective on career development (traditional career domain and objective views of success), to an individual approach where newer models take account of employability rather than just job security (Arthur et al, 2005; King, 2004 cited in Clarke, 2013: 686). Meanwhile there are studies which detail the newer models of more flexible careers, (Mallon and Cohen, 2001; Mainiero and Sullivan, 2005; Arthur et al, 2005) and provide for an option of physical mobility as opposed to actually making the move. In such a way the individual has the option to make a move but chooses not to. Likewise, individuals may maintain organisational careers but not choose to take progressive career advancement opportunities for various reasons (Sullivan and Arthur, 2006 cited in Clarke, 2013: 687).

Despite more recent developments around individual perspectives on career development evidence suggests that the practice of organisational career development is still prospering, with managers retaining their skills and knowledge (Wajcman and Martin, 2001). It would seem that some graduates also look to employing organisation's to direct their career development within a traditional setting. To illustrate, King (2003) looked at graduates who were concerned with progression within their employing organisation and valued the clear structured path that a traditional career could offer them. They neither expected nor wanted to move employers on a frequent basis. Necessarily, the research was limited in the breadth of research participants, many of whom were not employed in 'graduate roles'. King's (2003) results imply that those in the first few years of their career are keener to focus on their future employability and development, whereas those with longer service are more concerned with balancing work and non-work lives.

The shape of organisations today provides opportunities for more development than was previously on offer due to organisations operating with flatter structures with cross-functional knowledge expected and sideways moves on offer. Therefore, it is quite feasible for an individual to adopt a protean approach to their career whilst working for an organisation (Clarke, 2013). Additionally, there is debate about joint responsibility for development, on the part of both the organisation and the employee. Organisations can offer opportunities but individuals create their own career transitions (Clarke, 2013). Indeed, as discussed in the previous section, Mallon and Cohen (2001) examined professional women who had adopted portfolio careers to meet the multiple demands of their lives, given that organisational careers did not offer the flexibility required. Additionally, Mainiero and Sullivan (2005) proposed the concept of kaleidoscope careers to assist women to manage changing roles and different areas of their lives.

As is evident from earlier discussions (Section 2.6), a sociological perspective would see careers revolving around the organisation and traditional career development in a planned and linear sense. Indeed, there is evidence that organisations still exist in stable environments and individuals value the opportunities which a traditional career offers (Clarke, 2013; Korsakiene and Smaliukiene, 2014). Alternatively, a social constructionist view (Section 2.6) still centres on the individual creating their own career, as opposed to the influence of the organisation, which cannot be ignored in the development of careers.

2.7.3 Career development and informal carers

New thinking on career development takes account of all life roles, not just paid work (Richardson, 2012). This highlights how important any element of informal care may be on an individual's career development over the lifespan. As has been detailed elsewhere in this thesis (Section 2.2), organisational support mechanisms for employed informal carers vary, and will have an impact on a person's career development. It would seem logical to assume that those with caring responsibilities are likely to adopt an independent approach to career development, rather than depending on an employing organisation (where relevant) as they seek to meet the multiple demands placed upon their time. This is in light of the work of Mallon and Cohen (2001) and Mainiero and Sullivan (2005) and is particularly prevalent where they have had to leave formal employment relationships due to their caring responsibilities. As individual careers develop, so to do their skill sets informing these careers. This next section looks at the development and transference of skills.

2.7.4 Development and transference of skills

There are a number of ways to define the development of skills and learning, both formal and informal. King and Palmer (2010), define skills development as the,

‘acquisition of practical competencies, know-how, and attitudes to perform a trade or occupation in the labour market, either through formal public or private schools, institutions or centres, informal, traditional apprenticeships, or non-formal semi-structured training’, (King and Palmer, 2010: 136).

In using such a definition, it is apparent that skills can be developed informally outside of formal, classroom-based learning with formal qualifications attached. Learning can take place in unplanned ways and in unstructured contexts (Pilz et al, 2015). Specifically, non-formal learning can take place in the workplace, through groups and organisations (Pilz et al, 2015). Yet, Pilz et al (ibid) supplement the concepts of formal and non-formal learning by developing notions of informal learning:

‘Informal learning is a natural accompaniment to everyday life. Unlike formal and non-formal learning, informal learning is not necessarily intentional learning, and so may well not be recognised even by individuals themselves and contributing to their knowledge and skills’, (Pilz et al, 2015: 194).

Learning generated through individual experiences is noted by Dewey (1938) with knowledge formed by experiences, and reflections on those experiences (Dewey, 1938 cited in Gola, 2009). In this way, however, to gain knowledge an individual must be aware of what is going on and reflect on it (Gola, 2009). Thus, 'informal learning can derive from experience, incidental learning, self-directed learning, reflexive learning and tacit knowledge', (Gola, 2009: 335). It can take account of both learning from others and personal experience (Eraut, 2004), such as informal caring, allowing for reflections.

Research on adult informal learning has been open to critique (1950, cited in Gola, 2009: 335). The key problems are that informal learning is not overtly visible as it is often taken for granted and individuals may not be aware of it; it is considered as tacit or general competence rather than having been learned; and the language of learning can be complex so participants find it difficult to adequately describe their experiences (Eraut, 2004). Schugurensky (2000) offers a taxonomy of informal learning, using the categories of intentionality and awareness of the learning experience. 'Self-directed learning' is generated by individuals without an educator present. Yet it is intentional on the part of the individual and with purpose, with an individual being aware of their learning experience. 'Incidental learning' is where an individual did not intend to learn, but after the experience becomes aware of having done so. Lastly, 'socialisation', also known as tacit learning, 'refers to the internalization of values, attitudes, behaviours or skills etc. that occur during everyday life', (Schugurensky, 2000: 4). Thus, learning is neither intended nor conscious.

Also contributing theoretically, Eraut (2004) proposed a typology of informal learning. Firstly, 'implicit learning' is where development of knowledge is unplanned and often unconscious. Secondly, 'reactive learning' is considered to be intentional but with little time to reflect. Lastly, Eraut (2004) proposes 'deliberative learning', which is characterised by learning goals and planned, specified time in which to do it. The key is to deconstruct learning from experience. When thinking about learning from experience, often we refer to 'an experience' in terms of a single event. Yet when individuals think about learning from 'experience in general', there are usually a number of episodes in mind (Eraut, 2004). Informal learning, therefore, is often experiential and built on a specific context (Gola, 2009) and it is often implicit (Eraut, 2004).

Informal learning and skills development is important within the context of my thesis in light of the development of women's careers. Their formal careers can be considered to be built on

individual experiences and learning (King and Palmer, 2010). Furthermore, in considering care as a type of 'work', (as indicated at Section 2.5.3) caring can inform a woman's career. Hence any learning or skill development in either the formal or informal career arena can inform the other, even if carers are not immediately aware of skills development (Pilz et al, 2015) or in a position to reflect on it (Gola, 2009). Caring can take account of both 'incidental learning' and 'socialisation', in accordance with Schugurensky's (2000) taxonomy and Eraut's (2004) 'implicit learning'.

2.7.5 *Caring Skills*

If we are to consider caring as a type of 'work' then we must also consider learning which takes place in formal, non-formal and informal ways and the resultant development of skills through caring, reflected on by carers themselves. They may attend formal courses, be guided by health professionals, and develop skills by providing care, in an informal and unplanned way. The first national Strategy for Carers (HM Government, 1999) recognised the need for carers to have training and support in their caregiving. Reference to a programme of training was also made in the 2008 Strategy (HM Government, 2008). We await an updated national strategy document following consultation which closed in 2016.

One formal learning programme, 'Caring with Confidence', was designed to provide caring support and training to 37,000 carers in in England. It was in operation from August 2008 to September 2010, finishing early because of financial concerns and a failure to meet targets (Yeandle and Wigfield, 2012). However, of the 10,238 who attended at least one module, carers commented on learning new skills and developing confidence in their caring (Yeandle and Wigfield, 2012). Aside from formal learning, caring skills are also developed on an informal and unplanned basis. A study published in 2012 by Horsfall et al has looked at the informal caring networks of people who die at home in New South Wales, Australia. They found that those caring for someone dying at home were acquiring their skills 'on the job' largely because the hospital system was unsupportive of those choosing to die at home. Networks of friends, neighbours, and the local community shared the knowledge that they had. Carers' learning was experiential, challenging, but overall they reported a sense of satisfaction. Horsfall et al (2012) found that even with no prior knowledge participants were able to care for someone dying at home and 'that they could learn complex physical and emotional caring skills', from their networks (Horsfall et al, 2012: 379). Furthermore, participants in their study reported using

their developed caring skills to inform their formal careers and further study. These roles included advocacy, studying palliative care and paid caring.

2.7.6 Summary

In summary, it would seem that there is still a place for both individual and organisational career development. Organisational careers are a desired option for many, although for some they continue to constrain their personal development. Individuals value the security that comes from an organisational career and the clearly defined career paths and cross-functional opportunities which can be on offer. That being said, for some individuals and particular groups, such as women, an individualistic approach to their career development is arguably more realistic in order to meet their career and other needs. Furthermore, there is a place for consideration of learning and skill development on a formal and informal basis. Caring skills, in particular, are noted to be learnt 'on the job' with little external support (Horsfall et al, 2012). The next section will look at definitions and perceptions of career success, in addition to their development.

2.8 Theories of career success

The previous sections have examined concepts of careers and career development in detail. It is significant that career success is also explored as it is important to understand how individuals talk about their careers and what criteria they use to determine success. I will first look at defining both objective and subjective career success before discussing concepts and models of career success and their influences, including gender. The section closes with a discussion of the impact of career success.

2.8.1 Defining Objective and Subjective Career Success

Ultimately, career success is as an outcome of an individual's career trajectory and can be deemed to be an achievement of work experiences at a given time (Arthur et al, 2005). Objectively, career success has traditionally comprised of tangible, observable and quantifiable criteria verifiable by a third party, such as pay and promotion (Hughes, 1937, 1958 cited by Heslin, 2005: 114; Nicholson, 2000 cited in Dries, 2011: 373). Individuals may also look to other criteria relative to their own career path, for example, a taxi driver without an accident. Objective career success can be affected by circumstances out of an individual's control,

including external environment factors, such as the labour market however. For example, nurses, plumbers and taxi drivers are all affected by occupational pay and labour market conditions which are subject to change without the individual's influence (Heslin, 2005).

Subjective career success is linked to satisfaction with one's career (Heslin, 2005). Mirvis and Hall (1996) defined it as 'the experience of achieving goals that are personally meaningful to the individual, rather than those set by parents, peers, an organization, or society', (Mirvis and Hall, 1996: 366). In such a way, all workers can be deemed as successful. Additionally, an individual who believes they have a successful career may not necessarily consider a different role with less job satisfaction as any less successful or may be dissatisfied with their current role but not with the progression opportunities it offers or vice versa (Heslin, 2005).

The two concepts of objective and subjective success can be linked, with objective success informing subjective notions of success (Dries et al, 2008): 'People experience objective reality, create understandings about what constitutes career success, and then individually act on those understandings, regardless of their predictive accuracy', (Arthur et al, 2005: 180). Within this, an underlying assumption is that satisfaction of objective outcomes is adequate in terms of success (Greenhaus, 2003 cited in Heslin, 2005). Arguably, therefore, the same could be said about subjective career success, with an individual defining their own levels of success.

Trends in the design of organisations, such as delayering, downsizing and outsourcing have reduced opportunities for traditional linear career paths associated with objective career success (Heslin, 2005) and subjective evaluations have come to the forefront of studies of career success (Dries et al, 2008; Cohen et al, 2004). Heslin (2005) suggests alternative methods for conceptualising and measuring subjective career success by looking into what individual employees actually want, how they seek to define their career success and by using more qualitative methods. Needless to say, there is evidence to suggest that in order to define and measure success, individuals will compare themselves to others (Festinger, 1954 cited in Heslin, 2005: 119) and internalise what they think others will believe about their success (Gattiker and Larwood, 1988 cited in Heslin, 2005: 120). In such a way, subjective career success is comprised of reactions to both objective criteria, such as pay, and subjective criteria, such as fulfilment influenced by both self and other referent criteria, such as goals or the pay of colleagues (Heslin, 2005).

It has also been suggested that the motivations behind an individual's work will affect their notions of success. Those who are oriented towards a job, working for financial means, and oriented towards a career, demonstrating personal investment, working towards advancement, have been shown to be concerned with objective outcomes. Alternatively, those who work as a 'calling' seeking personal fulfilment are more concerned with subjective outcomes and are more likely to set their own expectations and standards (Wrzesniewski et al, 1997 cited in Heslin, 2005: 124-5). Such differing considerations of career success are of interest to my study given that the constraints of caring and possible changes to paid employment may lead to limited evidence of objective organisational success. As such, judging career success by traditional organisational metric alone, would offer a partial and partisan view. Considering subjective views in the voices of participants should allow for a holistic view.

2.8.2 Influences on career success

Predictably, demographic characteristics such as age and gender, influence objective career success. Human capital variables such as education and work experience also influence levels of objective career success (Bradley et al, 2009). The relationship between organisational characteristics and an individual's objective career success have been examined at length with varying conclusions of either a positive or negative effect (Ng et al, 2005). Perhaps unsurprisingly, organisational success correlates positively with career success (Judge et al, 1995 cited in Bradley et al, 2009: 107). Demographic characteristics will also influence an individual's levels of subjective career success, for example, increased age appears to lead to decreased satisfaction and quality of education is linked to positive intrinsic success, whilst length of service leads to a negative effect (Judge et al, 1995 cited in Bradley, 2009:109)

There are also differences in gender. It is significant to note that women consider subjective outcomes as being more important, for example feelings of achievement, development, challenging work, their relationships with others and particularly where there are chances to help others (Konrad et al, 2000). Furthermore, women generally have more responsibilities outside of work which can make it difficult to subscribe to more traditional and linear career paths. Research has found that women are less successful than men in terms of objective success but equal with men in terms of subjective success. However, this does not necessarily appear to impact negatively on women because they are reported to compare their levels of

success with other women as opposed to men (Dann, 1995 cited in Bradley et al, 2009: 103; Kirchmeyer, 1998 cited in Bradley et al, 2009: 103).

Having examined concepts of career success and its objective and subjective nature, it is essential to relate these back to career development. Research has indicated that the traditional linear career path will lead to individuals comparing their career success to that of others, using other-reference criteria (Arthur et al, 2005; Heslin, 2005). Whereas non-linear career paths such as boundaryless (DeFillippi and Arthur, 1994) and protean (Hall, 1976) will see individuals setting their own criteria for success (Arthur et al, 2005; Heslin, 2005). Those operating within a protean career model will see success as being internal, based on an individual's own values, with subjective measures considered highly, over and above objective ones.

It is noteworthy that attitudes towards careers of a protean and boundaryless nature are significant in predicting career success of a subjective nature. Research has shown that for those individuals who held self-direction in managing their own career they held a higher perception of their own career success. Additionally, possessing a boundaryless mind-set and cultivating relationships across organisational boundaries can have a positive influence on subjective career success (Enache et al, 2011).

2.8.3 Summary

It is evident that in recent years the definition of career success has expanded to incorporate achievements and career experiences that are both objective and subjective. This is important as objective success can be affected by circumstances outside of an individual's control (such as care responsibilities) and also recognises the input that someone can have on their own career success and ultimately development. Thus theorists have recognised the impact of subjective career success. As Arthur et al (2005) noted, careers have become a succession of unpredictable life events as individuals seek to manage personal and professional lives. As such, career success could mean being able to combine a paid work role with their informal care responsibilities and being Self-Realisers (Sturges, 1999) or changing careers due to the influence of informal care.

Having reviewed theories of careers, it is now important to turn to theories of caring, before bringing the two areas together to close the chapter.

2.9 Work, career and informal care

The term 'career' was originally used by sociologists in the early part of the 20th century to scrutinise interactions between social actors and occupational structures (Barley, 1989 cited in Richardson, 2012: 196). As noted in Section 2.6 in this literature review, traditional careers were seen to progress vertically over time, yet this allowed little room for development for those whose careers did not follow such patterns or provide them with as many opportunities for development (Richardson, 2012). More recently in careers literature, the concept has been expanded upon and challenges the understanding that paid work is the only source of career development. This is significant as if this were the only standpoint considered, it could be concluded that for some individuals they would not see career development (Kirton, 2006).

Women are often balancing several activities at any given point in their lives and Kirton (2006) posits that each of these activities can be conceptualised as a career both in formal and informal, public and private settings. Thus, different components of a woman's life and work areas are considered to be career making and need to be understood both individually and collectively. Only by understanding all areas of life activity, and the relationship between these, could a conclusion of a whole life career be generated (Kirton, 2006).

A relational theory of working, proposed by Blustein (2011), addresses such issues. Building on the social constructionist perspective he sees that relationships and work are interlinked, with each affecting the other. He defines working as 'effort, activity, and human energy in given tasks that contribute to the overall social and economic welfare of a given culture' (Blustein, 2006: 3). This is in support of definitions of work that we have seen elsewhere in this chapter (Glucksmann, 1995; Taylor, 2004) and demonstrates that elements of work outside of formal employment relationships can amount to a career, given that work and relationships cut across all contexts and boundaries. This is important because individuals as a whole make sense of their own lives via their relationships, which should include all aspects of their work when determining their career development (Kirton, 2006; Blustein, 2015).

According to Kirton (2006) women balance multiple work roles and thus multiple career roles. These will sometimes be in parallel and at other times not, but will more often than not influence each other. Thus, in this context, the provision of informal care could act as an alternative career (Kirton, 2006). Likewise, Richardson's (2012) holistic perspective characterises whole person development, rather than seeing development as fragmented, partial and pertaining only to

particular aspects of a person's life. An individual's care work becomes part of their whole person identity and revaluing personal care work helps in strengthening its position in career making. Indeed, Richardson (2012) identifies that when examining women's careers, it is important to pay attention to personal care work which has been carried out and to separate this from their formal market work.

The concept of care as a career was explored by Aneshensel et al (1995). They proposed 'the unexpected caring career', coming directly from their research on experiences of carers' lives. They note, 'As indicated by the very term, the construct of career specifically directs attention to the orderly restructuring of responsibilities and activities that take place across time', Aneshensel et al (ibid: 16). In comparison to what they deem to be the occupational and formal career, or traditional career, which focuses on objective success, they look only to the development of dementia and care requirements increasing as to the development of their 'unexpected caring career'. Within their work (ibid), the career is considered to develop across three stages: preparing for and taking on the role of carer; carrying out caring activities; and extrication from the caring situation, often as a result of bereavement, related to periods of time. Whilst Brody (1985, cited in Aneshensel et al, 1995: 18) associated caregiving careers with serial caring, in a direct link to the traditional notion of careers and advancing achievements (Wilensky, 1961), Aneshensel and colleagues related their concept to the series of transitions undertaken and overall involvement. That being said, they were keen to distance themselves from the consideration of caring as a job. Whilst my study specifically considers caring to be a form of 'work' drawn from wider conceptualisations of 'work' (as discussed in Section 2.5), it develops the notion of Aneshensel et al's (1995) 'unexpected caring careers' because I examine the unexpected nature of adult care, in comparison to childcare, but also the development and transference of skills.

Extending, and transgressing, the perceived conceptual boundaries of work means that the different ways in which individuals construct their working lives can be examined. The implications here are that work is best understood as a fluid concept incorporating many parts and factors of an individual's working life, not just that comprised of formal paid, work but also personal care work. This is significant for my thesis as it means that when examining a woman's career, it is important to take account of all component parts of that career, not just work carried out within a formally paid employment context. If, as the literature suggests (Taylor, 2004; Kirton, 2006; Richardson, 2012), each area of work helps to comprise a woman's career, these

must be taken into consideration when examining her career development as this qualitative study goes on to do.

2.10 Conclusion

This chapter has demonstrated that there are significant numbers of mid-life women in the UK combining formal employment and caring responsibilities, with the numbers of mid-life workers increasing. This is high on the political agenda as a means of responding to the UK's ageing population. There are a range of consequences for women seeking to combine their care responsibilities with paid work which can include number of hours worked, levels or responsibility, lack of developmental opportunities or being forced to leave employment. It is important to recognise that some individuals may not be in a position to return to formal/paid employment once caring ceases and that the exact effects of informal care can vary according to relationship with the person being cared for.

My study seeks to address how caring for adult dependants specifically affects mid-life women's careers. To inform this focus, the literature review has taken account of both contextual information and a number of relevant theories of caring, career and concepts of work. It is important to understand how caring has affected women's career experiences, career development and success, and compare these to existing literature in these areas, not least because the literature suggests that caring may impact the trajectories of formal careers. Indeed, their careers may not follow traditional patterns, and, as a result, supports arguments to consider women's careers separately to men's. Furthermore, if women's careers do not follow such linear paths, it is likely that measures of success will take subjective forms.

It was significant to consider the concepts of 'care', 'caring' and 'carer' in more detail. It is necessary to understand if women conceive of the 'help' they provide to other adults as care and if they identify as carers. With evolving concepts of work, a number of theorists consider informal caring to be a type of 'work' thus informing women's careers, and a number of questions emerge. My study explores if carers themselves conceive of their caring as work and the influence this has had on their careers. Applying formal career theories to caring I seek to understand if these formal and informal caring careers operate in parallel, and support each other's development, or if they are in opposition.

Chapter 3

Methodology

3.0 Introduction

Kuhn (1962) detailed that scientific disciplines and associated research require an explanation of a paradigm which outlines what phenomena is being studied, why it is being studied and which methods are being utilised to do so. As such, this chapter addresses the methodological issues of my research (Kuhn, 1962 cited in della Porta and Keating, 2008: 19). Firstly, the research title and questions are detailed before I move on to discuss the theoretical perspective, methodology and methods that will be used.

3.1 Research Title and Questions

As identified in the literature review, there is a paucity of qualitative research considering careers in relation to informal care. Moreover, much of what is available focuses on childcare. My research will provide a significant qualitative contribution to our knowledge and understanding of female informal carers and the impact of their caring duties on their career experiences, development and success. This qualitative, inductive study focuses on women with informal care responsibilities for an adult dependant, specifically those within the mid-life category, that is 45-65 years of age. The literature review showed that the experiences and stories of these women have not been extensively explored. This study addresses this, and looks to the applicability and relevance of existing theories, models and concepts around informal caring and its intersection with careers and employment.

As a result, the title of this study is:

Care(e)rs: An examination of the care and career experiences of mid-life women who combine formal employment and informal caring of dependent adults

3.1.1 Research Questions

The research questions to be addressed through this research are:

- How has informal caring affected the decisions that mid-life women have made regarding their careers?
- How does informal caring affect mid-life women's career experiences, career development and career success?
 - What perceptions do mid-life women hold regarding their formal career development in light of informal caring responsibilities?
 - How do mid-life women perceive that informal caring has affected their formal career success?
- Do women perceive their informal caring as work?

Having established the research questions, I will now outline my theoretical approach and any methodological assumptions.

3.2 Theoretical approach - Philosophy, Knowledge and Assumptions

Reflection on what constitutes knowledge is a necessary prerequisite to research (della Porta and Keating, 2008). The reality status (ontology) of the subjects of research and the associated 'knowability' (epistemology) demand sufficient attention and discussion when undertaking research (Yanow, 2014). This section discusses some of the assumptions which social science researchers make regarding knowledge. It then outlines the theoretical approach I will adopt and reviews this in detail.

Philosophical approaches in the social sciences vary dependent on their ontological, epistemological and methodological bases. Burrell and Morgan (1979) suggest that social theory can be categorised into four paradigms. Each of these frames a specific world view which explains the nature of society. Given that different world views lead to different understandings, it is important to reflect on one's own view and the assumptions that this is built on (Burrell and Morgan, 1979).

According to Burrell and Morgan's (1979) taxonomy, the functionalist paradigm, mostly used for the study of organisations, involves an objectivist point of view seeking to provide rational explanations and testing hypotheses. The radical humanist paradigm is concerned with freeing individuals from the limiting existing social arrangements from a subjectivist standpoint and can

be used to justify radical change. In this way it is anti-organisational or anti-institutions. The radical structuralist paradigm also looks to radical change but from an objectivist standpoint, concentrating on structural relationships as the basis of political change. The interpretive paradigm seeks to understand the world 'as it is', at a level of subjective experience with the view that the world is socially constructed and can only be understood from the view of the individuals experiencing the activity which is being studied; this is done through interpretation (Berger and Luckmann, 1967; Burrell and Morgan, 1979).

For social scientists, the key concern is to understand how humans make sense of the world they inhabit and what is classed as knowledge within that context (Berger and Luckmann, 1967; della Porta and Keating, 2008). Therefore, the paradigm I have chosen for this research is interpretive for the reasons which I now go on to discuss.

3.2.1 *The Interpretive Paradigm*

Key principles

In this study the reality in question is the perspective of individual women, their understandings and interpretations of their experiences, and is considered to be socially constructed. It follows that both reality and knowledge relate to specific social contexts, which research and analysis need to take account of and understand from the perspective of context (Berger and Luckmann, 1967; Yanow, 2014). On this ontological basis, knowledge is subjectively constructed from individual experience and this paradigm is interested in people's lived experiences (Burrell and Morgan, 1979). It is concerned with the connection between human thought and the social context which it comes from, in this case, mid-life women combining caring and formal employment (Berger and Luckmann, 1967). As a result, accepting multiple views of reality is premised on individual interpretations and subjective sense making (Yanow, 2014).

From an ontological perspective, the world offers a continuous stream of consciousness. Epistemology provides the opportunity to explore and reveal the nature of these experiences, and phenomenology gives us the opportunity to study the relationship between the two – to look into the experiences of individuals and to understand in that context what constitutes knowledge (Burrell and Morgan, 1979). Through *verstehen* (Dilthey, 1976), or understanding, an individual 'is seen as holding membership in a community of meaning, such that his (sic) subjective perceptions and understandings themselves draw on the repertoire of collectively

created and sanctioned meanings particular to that community and shared within it by its members', (Yanow, 2014: 10-11). Thus, an individual's stream of consciousness is set within its own social context, practices and collective presuppositions (Yanow, 2014).

Writing in 1967, Berger and Luckmann recognised that individuals in everyday life do not tend to ask themselves what is 'real' and what they 'know'. Indeed, they take this for granted. Yet sociological researchers cannot do this as the individuals that they study may occupy different realities to each other. Thus, my research is focused on identifying and understanding the ways in which different women interpret the world that they occupy and the rich stories that they have to tell (Burrell and Morgan, 1979; Denscombe, 2010).

Ultimately, in this research context, it is important to investigate, examine and understand the actions and experiences of mid-life women within the context of the subjective interpretive paradigm. Each individual social actor may view and experience the same situation in a different way according to their circumstances. In this way, and from an epistemological perspective, knowledge is subjective and depends on the social actors involved creating multiple realities. Thus, knowledge is produced not discovered. As such, reality only exists as it is perceived by people and it is through their interpretation that we learn more about it (Burrell and Morgan, 1979; Denscombe, 2010). Furthermore, there are those who would argue that all knowledge is interpretive and interpretation of the acts and languages of the human, social world is the only approach that is appropriate when research is concerned with human understanding and meaning making (Yanow, 2014). Yet, this paradigm is not without criticism, which the next section will discuss.

3.2.2 Criticism of the paradigm

Burrell and Morgan (1979) suggest that the boundaries of each paradigm are impermeable and therefore discussion across paradigm boundaries is not possible. Thus critique and evaluation of each paradigm can only come from within it since other forms of criticism are usually aimed at the foundations of the paradigm (Burrell and Morgan, 1979). This is important as there are criticisms of the interpretive approach and they are largely from those who follow methodologically positivist approaches seeking universal constructs (Yanow, 2014). The interpretive paradigm, as coined by Burrell and Morgan (1979), turns against the positivistic notion of humans as research objects and instead recognises the human traits of researchers themselves (Yanow, 2014). It asserts that people cannot be studied through the natural sciences

and generalisations made in conclusion (Burrell and Morgan, 1979). Central to interpretive understanding is how human actors make sense of their world and activities; this is something which positivist epistemological and ontological notions of causality obscure (Yanow, 2014). In this way, explanations are context specific and relate to individuals, not generalised predictive laws and thus should not be compared to positivistic methods and notions of validity and reliability (Yanow, 2014). This does not mean that it is any less systematic than positivist research, rather it is methodical in its own way and has its own standards, as explored below (Yanow, 2014).

3.2.3 Standards for interpretive research

Whilst there are those, such as Burrell and Morgan (1979) who may consider that interpretive research should not be defined by a list of evaluative criteria (Smith and Deemer, 2003, cited by Schwartz-Shea, 2014: 130), guidance on ensuring the quality of interpretive research can still be sought. From analysis of social science methods textbooks Schwartz-Shea (2014) offered seven terms for consideration, which I have reviewed in light of this study:

First order terms

1. Trustworthiness – this was introduced by Lincoln and Guba (1985, cited by Schwartz-Shea, 2014: 131) and refers to the researcher inspiring confidence in their audience and for their research to be purposeful, transparent and ethical (Schwartz-Shea, 2014). Hence in this study I adhered to reputable ethical codes of conduct, explained what I would do with the results (although of course I could not promise policy change to my participants) and demonstrated my contribution to knowledge.
2. Thick Description – which refers to the provision of detailed narrative on the research participants, for example, specific events, and ensures that the context for the research is adequately depicted (Schwartz-Shea, 2014). The methods chosen ensured that each woman's story and experiences were honestly captured.
3. Reflexivity – this relates to a researcher's self-awareness in relation to the whole research process and methods utilised, often detailed in a research journal (Schwartz-Shea, 2014). This is key and a section is dedicated to its consideration and discussion at Section 3.6.

4. Intertextuality – this is a practice taken from literary analysis, examining the repetition of significant words and phrases (Schwartz-Shea, 2014). The importance of this is noted during the analysis stage of this research.

Second order concepts

1. Informant feedback/member checks – this involves asking research participants for feedback to check that data has been interpreted correctly and experiences understood fully (Schwartz-Shea, 2014). All participants were offered the opportunity to review the interview transcripts. Of those who took this opportunity, nobody made amendments.
2. Transparency – researchers need to ensure that they correctly document the processes and practices undertaken, to establish an audit trail. This includes written up research methods, member checks and reflexivity (Schwartz-Shea, 2014). This chapter addresses these concerns fully.
3. Negative case analysis – this stems from the work of Lincoln and Guba (1985, cited by Schwartz-Shea, 2014: 139-140) and asks how a reader or audience could be sure that a researcher did not simply select cases that confirmed their beliefs or their interpretation of the literature. Researchers must ensure that they do not quickly settle on a pattern or theme but that they repeatedly search for all evidence and this is aided by reflexivity practices (Schwartz-Shea, 2014). This is why it was important for me to engage in reflexivity practices and was relevant to identify new themes and code them accordingly as they emerged from the data.

Schwartz-Shea (2014) notes that these are working criteria and should be used a starting point but that ultimately research of any nature comes from the answers being sought from the research questions, which were identified in the opening sections of this chapter.

3.2.4 Personal experience and 'insider knowledge'

Taking an interpretive approach demands an element of 'insider knowledge' on the part of the researcher in order to make sense of the data which is produced as a result of the research (Lacity and Janson, 1994). I have always been interested in women's careers and particularly the factors which influence their development. However, my inquisitive nature was struck most

when my mother had to make changes to her patterns of work in 2009 to accommodate her caring responsibilities for my maternal grandmother, to whom this thesis is dedicated.

To summarise this section, the interpretive paradigm is concerned with understanding the experiences of social actors as individuals. Social reality emerges from making what is unconscious conscious; hence knowledge is socially constructed, making sense of phenomena and the meanings that individuals associate with them. Epistemological and ontological beliefs and concerns affect methodological choices and it is to the research methods adopted which I now turn to.

3.3 Epistemology and Qualitative approaches to Research

Qualitative research helps researchers to gain a greater understanding of the phenomena being examined. Adopting an interpretive approach seeks to understand the perceptions of the women in this study, their experiences and draws upon their subjective knowledge, as opposed to seeking to make universal conclusions (Denscombe, 2010). Methodological discussions allow researchers to decide which instruments are most appropriate to acquire the desired data and thus they need to be linked to the philosophical approach adopted (della Porta and Keating, 2008). In this regard, three approaches to research methods are now discussed, together with the contributions each has made to this study; these are feminist approaches, interpretive phenomenological analysis (IPA) and life course. All three were utilised to help reach deeper understanding of the phenomenon being examined in this study from the participants' perspective (Vaismoradi et al, 2013).

3.3.1 *Feminist approaches*

The first of the three qualitative approaches arises from feminist theory. Feminism has had an important impact on the nature of research over the last 30 years. It is not just as simple as applying a method but has ontological and epistemological implications (Burns and Walker, 2005). Feminist theories look to understand, explain and challenge assumptions between the sexes, and to explore our social constructions of gender. Ultimately, feminist methodologies are compelled to driving forwards gender justice (Burns and Walker, 2005). Smith (1987) contended that it is important to identify the researcher in the same plane as the women of the research and that '... the process of examining these experiences must reflect an ethic of respect, collaboration and caring', (Smith, 1987 cited in Edwards 1990: 478).

Within feminist approaches is feminist standpoint theory which holds the view that women themselves have a greater perspective than others on social reality, from their own standpoint (Harding, 1987 cited in Burns and Walker, 2005: 67). It allows researchers to focus on the experiences of women from a particular cohort, or in this case, affected by the same issues of informal caring, from their own perspective. Harding (1987) considers that feminist standpoint theory has three key methodological features:

- Focus on women's experiences
- Social science for women is transformative
- Places the researcher in the same critical plane as those being researched

(Harding, 1987:9 cited in Burns and Walker, 2005: 67).

Feminist standpoint theory focuses on knowledge which comes from female experiences, particularly domestic work and caregiving, relevant to this study (Wood, 2009). Historically, theorists have claimed that the provision of care gives girls and women the opportunity to build a knowledge of what other people need and how to provide for them. Wood (2009) however, suggests that it is in fact the act of caring and the responsibility it brings, as opposed to being a woman, which develops caring knowledge.

Oakley (1981) commented that a feminist interviewing women was by definition 'inside' the culture. Yet, critics of feminist standpoint theory have commented that women cannot be grouped together in one category but there are other things which divide them, for example, racialised power, heterosexism and ablebodiedism, pointing to the significance of intersectionality (Ramazanoğlu and Holland, 2002). By ignoring these different elements, feminist researchers have experienced problems, relying purely on their gender to link them to female research participants which has inevitably encountered difficulties (Edwards, 1990).

Interpretivism is premised on the idea that there is no one single objective truth but that gender, sexual orientation, race and class all affect how individuals construct and view their own reality (Campbell and Wasco, 2000). Consequently, it is important for feminist standpoint researchers to both reflect and divulge how their own social group status has affected their analysis of any data produced (Campbell and Wasco, 2000). Thus, from both an epistemological and ontological stance I could not be detached from the subjects of my research and this is why I have specifically

included a section in this chapter on researcher reflexivity (Section 3.6). I needed to consider my position in society as a middle class, white, heterosexual woman and also my experiences of care. This is also why I considered it was important that research participants had an input to the research design (see Section 3.4.2) (Campbell and Wasco, 2000). I did not want to be hierarchically separated from the participants of my research and therefore I worked to build authentic and genuine rapport with all of the participants (Maynard, 1994). As such, I shared my personal motivations as well as the nature of the research with each of the participants.

The main reason for adopting both a feminist methodology and epistemology was to relate to women on their own terms in a subjective manner. Nonetheless, this is not the only approach to research which I took on board. I also consider there to be value in both IPA and life course research. In fact, the three complement each other, with IPA studying how individuals reflect on their lives and life-course research allowing us to reflect back on their lives, to identify the point at which they became carers and thus the route their careers have taken since that point. These approaches will be discussed in the next two sections.

3.3.2 Interpretative Phenomenological Analysis

The second of the three qualitative approaches chosen is Interpretative Phenomenological Analysis (IPA). An IPA approach is one which studies how individuals make sense of important life experiences and phenomena, and by doing so making what is unconscious conscious (Smith et al, 2009). On a day to day basis individuals are caught up in daily life yet when they become aware of what is happening they are open to 'an experience' instead of just experiencing phenomena as they go about their lives. When this happens, they may start to reflect on the importance of what is actually happening. IPA research allows us as researchers to engage with such reflections and how they begin to make sense of what is happening, which can then be interpreted (Smith et al, 2009).

As a research approach IPA elicits what individuals feel comfortable in disclosing to researchers. I then had a responsibility in interpreting and retelling their experiences at analysis stage. In this way I needed to make sense of what an individual had told me in the course of them making sense of their experiences (Smith et al, 2009; Soss, 2014).

IPA approaches require in depth examination of particular cases rather than a large scale study. To this end, IPA studies usually have a small number of participants to enable a focus on each

experience in detail. This can involve comparison in terms of similarities and differences in each case but only after each case has itself been scrutinized. As such, data collection is normally through semi-structured interviews and the interview participant has a significant role in determining what is discussed within the realms of an interview schedule or framework. This is one of the reasons why participant consultation is discussed in the following sections. Interview data is then transcribed and qualitatively analysed into a narrative account (Smith et al, 2009).

Utilising IPA allowed me to explore in depth individuals' reflections of their lives, what their experiences have been like and how they have made sense of what has been going on. To do this I needed rich and detailed personal accounts from mid-life women whose careers have been affected by informal caring responsibilities. However, also of significance was the value that can be drawn from life course research as it allows researchers to focus on rich and detailed accounts over a period of time.

3.3.3 Life-Course research approaches

Finally, the third qualitative approach used was life course methods. The life course approach emerged from a convergence of theoretical and empirical streams of thought which connected social change, social structure and action. Of particular interest is looking at social change by studying the life events and transitions of individuals. Indeed, 'Life course refers to a sequence of socially defined events and roles that the individual enacts over time', (Giele and Elder, 1998:22).

Life course research is concerned with social change which is examined through life events and the rates of change between both individuals and groups or cohorts. It has developed significantly since the end of the Second World War and the result is research that is concerned with the comparison of event histories of individuals (Giele and Elder, 1998). It is particularly pertinent in studying how they live in changing contexts (Verd and Lopez, 2011). By engaging with life-course research, researchers need to identify a problem and work out how they are going to organize their data using key events and timing (Colby, 1998).

Giele and Elder (1998) have developed the life course approach and consider that it is made up of four elements: location in time and place (cultural background); linked lives (social integration); human agency (individual goal orientation) and timing of lives (strategic

adaptation). As such, life course research provides an inter-disciplinary framework for research on health, human ageing and development.

Within the field of life course research, life history provides an elaboration on the concept of human agency, an individual's capacity to act, which will influence a person's life course. A longitudinal approach is the method of data collection recommended by Giele and Elder (1998). Methods were adapted to suit the time constraints, which allowed me to use calendar interviews, as they take a life course approach, reviewing key events, behaviours and emotions over a period of time (Belli and Callegaro, 2009).

An individual's life course consists of trajectories and transitions, including key events in different areas of life, for example, work and relationships (Belli, 1998 cited in Harris and Parisi, 2007: 41). Calendar interviewing produces interviews of a reflective and retrospective nature, providing holistic insight into such life events because they explore not only the events, but the behaviours and emotions which emerge. As such they are thought to assist the participants to remember things more clearly (Belli and Callegaro, 2009). As a result, 'event history calendars have generated quality data about: (a) activities, (b) behavior, (c) events, and (d) transitions occurring over extensive time periods' (Martyn and Belli, 2002:272).

Whilst event and life history calendars have been used in large scale quantitative studies, their use as an interview tool can also greatly expedite qualitative life course research (Martyn and Belli, 2002; Harris and Parisi, 2007; Nelson, 2010). As they are so structured the calendars allow for details on temporal events and sequences. Adding open-ended interview questions provides the opportunity for further explanation of particular events, creating an autobiographical narrative framework (Harris and Parisi, 2007; Nelson, 2010). Thus, when supported with interviews, event history or life history calendars as a tool are particularly pertinent to the study of a woman's career history and experiences, as key events can be picked out for discussion across a longitudinal account.

The life history or event history calendar is usually represented in the form of a matrix to help participants recall particular times and events. This is because they are reflective of the structure of autobiographical memory, relating events to improve recall (Belli 1998, cited in Nelson, 2010: 415). Importantly, the inclusion of specific events is common, for example the 'turning point' of when individuals became carers for a dependant, within the research of their life-course (Nelson, 2010). Moreover, use of the calendar allows the interview to be tailored in

response to each participant's significant life events (Harris and Parisi, 2007). Calendars can then be analysed in and of themselves and used to augment the data from the interview (Nelson, 2010).

The 'turning point' is defined as 'a time or event when one took a different direction from that in which one had been travelling', (Clausen, 1998: 202). Often turning points are identified when individuals reflect on their life course. Furthermore, life transitions are different across cultures, social contexts and historical conditions (Hareven and Masaoka, 1988). Indeed, Clausen (1998) proposed a classification scheme to assist in the analysis and coding of turning points described in interviews:

- 'The major role or roles affected or the relationships, activities, aspects of life most affected'.
- 'The source or cause of the turning point'.
- 'The timing of the turning point'.
- 'The ultimate consequences as viewed by the respondent'.

(Clausen, 1998: 204).

Utilising an event history calendar as an interview tool can help to ensure that the narrative from each participant is integrated and allows differing narrative forms which may be employed by different people as they review their careers. Life history interviews aid the collaboration between the interviewer and the interview participants, which is important in line with feminist research approaches.

Semi-structured calendar interviews with mid-life women were considered to meet the requirements of all three qualitative approaches: the feminist standpoint, IPA and life course research, as described above. This is because such an interview collects women's voices and experiences in their own narrative and gave them an opportunity to reflect on the journey their life-course has taken since commencement of informal care responsibilities. This is important as the research seeks to understand participants' own perceptions of how caring has affected their career experiences, development and success, and any decisions they have made surrounding their careers to the present day. They allow for a time-bounded structure on which

to base discussion. This allowed for participants of the study to explore particular events or phenomena deemed important by them to the development and success of their careers. Fully structured interviews utilising pre-defined questions only would not be appropriate as they produce quantitative data (Bryman and Bell, 2015). Additionally, they would not allow for adequate expansion of the women's personal reflections of their own careers, which was key here and was provided with probing and expansion of each of the discussion areas. However, some structure was required to ensure that the research questions were addressed.

Using life course methods and an event history calendar allowed individual women to reflect on their life course, their daily lives in light of IPA and reflect upon their career since the 'turning point' of becoming a carer. As discussed, it was important that this research was carried out from a feminist standpoint, addressing potential issues of power and reflexivity on my part.

The precise research methods utilised will now be discussed in depth.

3.4 Research Design and Methods

3.4.1 *Data Collection*

Qualitative data can emerge from various types of data collection including: observation, focus groups, interviews and written documents. Observations typically produce details on what people do, their behaviours and actions taken. Conducting focus groups and interviews provides details of people's 'experiences, opinions, feelings and knowledge' (Patton, 2002: 4). Analysis of written documents involves the study of mostly organisational documents in part or whole, or personal communication and responses to questionnaires and surveys (Patton, 2002).

Due to the interpretive nature of this research and the need to collect rich accounts of women's lives, I began with a focus group which was followed by three pilot interviews and 27 remaining individual interviews. The participants were women who identified as carers and who at the time of interview, or until recently, had been working also (either in formal/paid or voluntary employment). In line with life-course methods, an event history calendar was completed during interviews, and used as a tool to guide discussions with additional questions.

My chosen qualitative approaches supported these data collection methods: feminist standpoint theory required the examination of women's experiences; IPA in particular benefits from a data collection method which allows research participants to provide an in depth and

personal account of their experiences. Using event history calendar interviews allows an individual to explore their story and any associated thoughts and feelings (Smith et al, 2009). This allowed rapport to be developed between myself and the participants and gave them space to have their voice heard (Smith et al, 2009). It also produced an event history calendar for each participant, illustrating key life events and transitions undertaken.

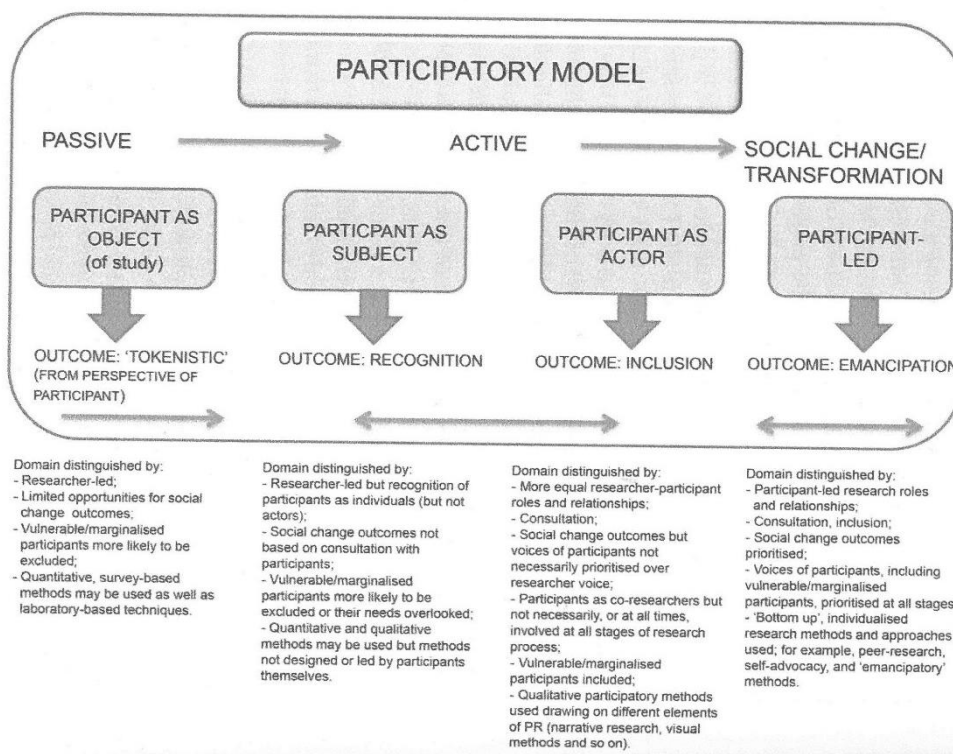
The methods for data collection will now be discussed in more depth in the following sections.

3.4.2 Focus Groups and Authenticity Checks

As previously mentioned, calendar interviews were utilised. In advance of these I organised a focus group with invited research participants. Focus groups generally use convenience or purposive sampling and provide a forum to bring together those with similar sought-after experiences (Bryman and Bell, 2015). The researcher actively engages with the group and participants discuss, formulate and modify their views and make sense of their experiences and construct meaning (Barbour and Schostak, 2005; Bryman and Bell, 2015).

In recent years there has been a shift towards more inclusive participatory research which allows for an equalisation of researcher – participant relationships and ensures the emergence of the participant’s voice (Aldridge, 2015). Such an approach to research ensures that the experiences of the participants remains at the forefront of research being carried out (Aldridge, 2015). There are, of course, different levels of participant involvement in the research, from consultation through to greater involvement (Biggs, 1989 cited in Aldridge, 2015: 20). A new model proposed by Aldridge (2015) (Figure 2) allows researchers to classify the involvement of participants and the resulting dimensions of power.

Figure 2 – Aldridge’s (2015: 156) Participatory Model



In light of Aldridge’s (2015) model, this research involves the participants as actors. The research questions were developed and informed by an extensive literature review but were later refined after consultation with the research participants, to ensure the authenticity of the research being carried out. This stage is informed by co-production but it must be noted that the research is not co-produced itself, in that participants helped with the research questions but not the data collection. Co-production is defined as ‘the transcending of boundaries between and across communities and perspectives to form productive collaborations’ (Antonacopoulou, 2010: 219). Drawing on the intention of co-production to transcend such boundaries, I aimed to ensure input from research participants at the focus group, ahead of interviews, with attention paid to their voice and experiences (Burns et al, 2014; Aldridge, 2015). Such consideration also addresses the requirements of feminist research, that the participants are not just being ‘done to’, but takes a democratic approach to the research and engages with them rather than seeing them simply as subjects (Aldridge, 2015).

To this end, prior to the main interviews being carried out, I conducted three pilot interviews and a focus group with women who were informal carers and were also combining this with formal/paid or voluntary work. This was to review the draft interview framework and event

history calendar and get a sense of what was important to discuss in light of the research questions. Taking an interpretive approach demands an element of 'insider knowledge' on the part of the researcher to understand the data which is produced as a result of the research so it was logical to include research participants at this stage to help me then conduct further interviews.

Ethical issues affecting the involvement of participants are complex in nature, which is why full ethical approval was obtained from the Faculty prior to commencing research (Khanlou and Peter, 2005). Any research project should be designed with the needs of the participants being considered and with attention being given to the mutuality of the research process (Aldridge, 2015). For further details on ethics and University procedures see Section 3.4.11.

The next section will discuss the calendar interviews which followed the focus group.

3.4.3 Calendar Interviewing

Whilst the aim of the individual calendar interviews was to broadly explore the women's experiences, an interview framework or schedule was needed so that I could anticipate what was covered (Smith et al, 2009). As discussed earlier, as an interview tool, event history calendars were used to explore women's formal career histories, the point at which individuals began to identify as carers, and the impact and emotions were explored through supplementary interview questions. Three pilot interviews were held to ensure the inclusion of relevant life events on the calendar, and that the questions asked elicited data to answer the main research questions (Nelson, 2010). As the three pilot calendar interviews went as planned, the format was adopted for the remaining 27 calendar interviews.

In advance of the calendar interview, participants were advised to think about key employment and work history dates and that it might be helpful if they brought a curriculum vitae with them. It was hoped that this would help with accurate recollection as they would have been able to think of pertinent dates prior to the scheduled interview. The interview began with a reiteration of the nature of the research being carried out, gaining informed consent and assuring the women of confidentiality. At this time, and throughout the interview, any questions the participants had were addressed (Harris and Parisi, 2007).

I completed the calendar on Microsoft Office Excel during the interview as prompted and instructed by the participant. The events in question on the calendar were experiences to be

fully explored with substantial detail required in some cases which required further probing (Giele and Elder, 1998). Interviewers are advised to adopt a listener pose and parallel the language participants use (Barbour and Schostak, 2005). That being said, there was flexibility in how each of the significant life events were covered, guided by the participant as Harris and Parisi found when conducting their interviews using life history calendars (2007). Completing the calendar could help participants prepare for follow up questions. Such follow up questions were important as they assisted participants in developing the stories of their lived experiences.

In some cases, completion of the calendar and further interview probing allowed participants to see things they had not been aware of prior to the interview. In other words, making the unconscious conscious and providing connecting links which were not immediately obvious in line with previous IPA research (Harris and Parisi, 2007).

3.4.4 Documents

Whilst not a key method of data collection it was important to note the relevance of any documents which arose from the research being carried out. As identified, an event history calendar was produced during the interview. The key focus of this was to be used as an interview tool to aid the memory recall of the participants (Belli and Callegaro, 2009). The events and behaviours were then discussed, recorded and the transcripts analysed as opposed to solely document analysis of the calendar itself (Martyn and Belli, 2002). That being said, the calendar does allow for a visual representation of key events and life transitions undertaken.

3.4.5 Data Sample and selection of participants

Qualitative research, such as that carried out here, focuses on in depth, relatively small samples. The nature of this qualitative study sought purposeful sampling to select 'information-rich' cases which provided information central to the research (Patton, 2002). The non-probability or non-random sampling strategies of purposive, snowball (where access is gained to further participants from those already taking part (Noy, 2008)) and self-selection sampling were considered the most appropriate methods to use to identify the research population. The nature of the research being undertaken meant that the women interviewed needed to self-identify as carers to be part of the study. Previous research has shown that individuals caring for members of their families do not always identify themselves as carers, but rather 'looking after' their kin (O'Connor, 2007). Thus, there was a risk that possible ideal participants were

missed because they did not identified as such. It is hoped that this was mitigated with the varying methods proposed to seek participants and also the careful wording of the research poster, including 'helping' and to 'look after' another adult, in addition to 'caring'.

The research questions sought to examine the particular experiences of women who were considered to be in the mid-life category, thus the research participants needed to be women, between the ages of 45 – 65. The participants also needed to be working at the time of the interview, or to have recently finished working. Whilst for most this entailed formal paid employment, this also incorporated other concepts of work, such as voluntary roles. Participants also needed to be currently combining this work with informal care responsibilities, or have recently been combining the two.

3.4.6 Regional Location

This research was based on women in Leicester and Leicestershire. There were several reasons for this. First, the region is typical, as 11 per cent of the population in the East Midlands provide informal care for someone who is ill or disabled, which is in line with the average among the regions being 10.6 per cent (White, 2013). Second, the region has some interesting features that make it distinctive. Leicester is the largest city in the East Midlands and is the most ethnically diverse. The ethnic background of carers in Leicester is changing, with an increase in those from Asian/Asian British ethnic backgrounds, and decrease in numbers among White/White British ethnic backgrounds (Leicester City Council, 2013). Additionally, Leicester also holds the lowest employment rate of women in the UK, at 55 per cent (ONS, 2013a). There may be a number of factors that have an impact on this, such as cultural attitudes to women and work and/or caring for dependent adults.

I wanted to understand the role that external variables such as culture and the labour market had on mid-life women's careers where they also have informal care responsibilities. Research has demonstrated that Black Asian and Minority Ethnic (BAME) carers provide more care than White British carers and that the majority of whom doing so are of working age (Carers UK, 2011). Such levels of care could ultimately lead to lower employment levels. Therefore, it was important to select a region where ethnic diversity is a feature. With increasing numbers of BAME carers in Leicester there was an opportunity to explore what impact this caring has had on their career experiences and career development, as opposed to a less diverse part of the UK. This was particularly significant as numbers of BAME older people who require care is

increasing. Moreover, BAME carers also experience cultural barriers, stereotypes, discrimination and language barriers which can result in social exclusion and impact employment and career experiences (Carers UK, 2011). Evidence suggests that BAME carers are less aware of the support services that are on offer to help them and that they often feel a sense of duty linked to cultural and religious beliefs. They often do not identify as carers per se but feel that it is part of their natural role. This is particularly the case for female carers (Ahmed and Rees Jones, 2008; Pharr et al, 2014).

3.4.7 Caring Requirements

It was not deemed appropriate to restrict the nature of the caring relationship or define the number of hours that an individual provided informal care for. This allowed for a variety of participant caring experiences to be discussed. The only requirement for participation was to meet the terms of an informal adult dependant carer (as defined at Section 2.1.1). It is important to note that whilst a number of participants were in receipt of Carers Allowance they were not being directly paid for the care provided, for example through the use of direct payment schemes or commissioned care.

The key focus was to examine the combination of paid work and informal caring. By limiting the number of sample restrictions in place it was hoped that multi-layered and diverse individual stories would emerge, as has been the case.

3.4.8 Access to participants

In research there are a number of different terms used to describe those individuals who provide data. Typical examples include research subjects, participants, interviewees and respondents. The way we describe people has important implications for how they are viewed in the research. For example, to refer to someone as a 'subject' is depersonalising and gives the impression that research is being done 'to' them. Social researchers have an ethical responsibility to those involved in their research, to remember their humanity and dignity. Oliver (2003) considers there to be a universal principle involved, such that the researcher is no more important than the individual who provides the data, it is just that their roles are different. To go a step further, the use of the term participant describes the fact that research is being carried out 'with' people, of their own free will, and offers an equality of treatment. To speak of a participant also offers an assumption that the individual is involved in the process, aligning with my aspiration to have

some elements of co-production. Thus, for my research I refer to participants, because their role is more than providing data. They were also involved in the development of the calendar and interview framework (Oliver, 2003).

The overarching aim was to understand individual women's career journeys and development, hence the research focused on them as individuals, particularly as the literature has identified that women's career perspectives take on more of an individual nature. For this reason, the research did not centre on any organisations in particular, although specific organisations were approached to see if it would be appropriate for any of their employees to take part in the research. Additionally, the size of an organisation that an individual works for were not specified but a range sought.

Access to participants was explored through the University and the special interest group for carer research; carers support networks, such as Employers for Carers and Carers UK; local charities alongside contacting employers directly utilising networks already established in the local area through my career studying and working in the Midlands, particularly in my role as Vice-Chair of Leicestershire's Chartered Institute of Personnel and Development. I also made contact with the Carers' Lead in each local authority and voluntary organisations and they helped to advertise the study. In a number of cases, I also identified participants through the snowball effect with other participants, to reach further women. As a result, I did know two participants prior to the interview through family and friends, although they were not related to me or close friends. Such convenience sampling among friends has been discussed in depth across a number of disciplines, documented by Brewis (2014). One of the reviewers of Brewis' (2014) article noted that data collection 'is enhanced by knowing respondents, especially when you are gathering sensitive data', (Brewis, 2014: 854).

Knowing the individuals who put us in touch may have affected participant willingness to share sensitive information with me, yet they did still do so and did not ask to amend their interview transcripts. They commented that they were keen to 'help' with my research, particularly if it could assist other informal carers. However, I have been mindful to only discuss interview content in my thesis and not anything else that I might have known about them and their lives from outside of the interview. As ethical approval processes at the University had been closely followed and information given before the interview, all participants also knew how I planned to use the data generated (Brewis, 2014).

3.4.9 Research participants – demographics

A total of 30 women participated in this research. Whilst ethnic diversity was sought to reflect the diverse ethnicities of those living in Leicester(shire) 19 women from a White British background took part, with the second largest grouping being seven women of Asian/Asian British background as indicated below. Classifications of ethnicity are in line with those given during census collection (ONS, nd).

Table 1. Ethnicity of research participants

Ethnicity	Number of participants
White	
British	19
Other	1
Mixed/multiple ethnic groups	
White and Black Caribbean	1
Other mixed	2
Asian/Asian British	7

Participants ranged in age from 45 to the eldest being 63. Most participants were between the ages of 50 and 59.

Table 2. Ages of participants

Age group	Number of participants
45 – 49	5
50 – 54	9
55 – 59	10
60 – 64	6

The table below indicates participants' employment status.

Table 3. Employment status of participants

Employment Status	Number of participants
Employed	22
Self-employed	3
Retired	2
Unemployed	3

Participants also worked across different economic sectors as displayed.

Table 4. Employment sector of employed participants

Sector	Number of participants
Private	
Caring	1
Retail	2
Corporate / Industry	2
Education	1
Public	
Government	7
Education	7
NHS	2
Both public and private (multiple paid jobs)	2
Third Sector	1

Those who were working in formal/paid employment at the time of the interview worked in a range of different positions, with most occupying professional occupations. Occupations outlined below are in line with the standard occupational classification structure offered in census data collection (ONS, 2010).

Table 5. Occupation of employed participants

Occupation	Number of participants
Managers, Directors & Senior Officials	4
Professional Occupations	11
Associate Professional & Technical Occupations	3
Caring, leisure & other service occupations	2
Sales & Customer Service Occupations	2
Administrative & Secretarial Occupations	2
Skilled Trades Occupations	1

Participants showed a range of working patterns from one working in excess of 40 hours a week, to standard full time hours (37.5), down to three hours a week.

Table 6. Working pattern of employed participants

Working pattern	Number of participants
Over 40 hours a week	1
Full time – standard working pattern	6
Full time – compressed hours	2
34 hours – compressed in 4 days	1
30 hours per week	5
25.5 hours per week	1
22.5 hours per week	2
18 hours per week	1
16 hours per week	4
15-20 hours a week term time only	1
3 hours a week term time only	1

3.4.10 *Amount of hours caring per week*

During the interview participants were asked how many hours on average they spent caring per week. This is, of course, not an exact figure. As earlier parts of the thesis have shown, the very

nature of caring is unpredictable and they may of course spend more time caring one week than the next. As such, these figures are an average based on participant responses to the question, and not all of them felt they were able to quantify this. However, their responses demonstrated that a third of participants spend 1 – 19 hours, and another third over 50 hours per week. Certainly carers’ responses indicated the amount of hours increasing over time in some instances, or reducing where individuals were now in more formal care settings, but they still provided a level of care.

Table 7. Number of hours caring per week

Hours per week	Number of participants
1 – 19	11
20 – 49	3
50 +	8

There were many differences among the women of this study; that of their backgrounds, work histories and caring situation, to note just a few. Please refer to Appendix 8.0 for pen portraits of each participant.

3.4.11 Gaining informed consent

A significant element in conducting research in the social sciences is that of gaining informed consent from participants. That is, they should be fully informed about the research before it is started. This should include any information that they would need to know before they agree to take part, and that the decision to take part is theirs alone (Oliver, 2003). Participation was voluntary and the nature of the research was explained to participants, alongside the provision of a participant information sheet. Participation consent forms were of course required in line with the University’s ethical procedures (see Appendix 3.0 for ethics approval and 1.0 for participant information sheets and consent form). I also explained to participants why I wanted to record the interviews, how I proposed to do so, what would happen to their recordings, and how they would be stored and destroyed. I also assured them that upon transcription, I would ensure anonymity by using fictional names. In the case of those women who did not identify as White British and the significance behind choosing names I gave them the opportunity to choose their own pseudonym. Most women chose first names only, but one participant wanted to only be known as Mrs Patel.

The nature of the research also respected the privacy of participants and their family/friends, in particular those individuals for whom they provide informal care, and the research did not make undue intrusion into their lives. At all times individual participants were encouraged to only share information on which they felt comfortable.

3.4.12 Conducting the Focus Group

Initially through contacting gatekeepers of appropriate support networks and council leads, I was able to organise a focus group with four participants to discuss my proposed research. Here I introduced myself and my research, its purpose and what I hoped to gain from the research. I also discussed the draft event history calendar and interview framework built from my literature review. With their feedback, I ensured that the calendar was appropriate, the interview framework covered the relevant areas and I had cue suggestions to provide further details.

3.4.13 Conducting the Interviews

Understandably, due to the multiple areas of responsibility, many of the participants had heavy demands on their time. Furthermore, participation in a research interview away from the home, or place of care, could result in separation from the dependant for a period of time. To this end I offered flexibility in where and when the interviews took place. On average, the interviews lasted up to an hour and a half, negotiated around the women's existing commitments. They mostly took place in public spaces such as a library, workplace, cafes, or at a care meeting, for example. On three occasions I visited participants in their homes. In these cases, I ensured safety mechanisms were in place.

With participants' agreements, the interviews were recorded for further analysis purposes, something which I turn to in a later section. This is because taking notes does not ensure the same level of accuracy of what is discussed and would also have distracted from the natural flow of discussion. The most common method is to use a digital recorder to do this, which all participants were comfortable with. I did of course inform them that the recording could be stopped at any point should they wish, which none of them did (Oliver, 2003). I conducted all of the interviews myself, using completion of the event history calendar as a starting point with the addition of further probing questions, alongside the interview framework, ensuring they had adequate space to elaborate on anything they wished to.

Commencing interviews I needed to establish rapport with my participants and for them to recognise that it was a safe and comfortable environment for them to share their personal experiences. There are several stages to building rapport and they generally include: apprehension, exploration, co-operation and lastly participation. During the initial apprehension stage I needed to use interview techniques to generate conversation with the participant. I discovered that women wanted to know why I was doing the research and what the possible outcomes of the research interview were. Whilst I could not promise policy changes, they were pleased that I had built working relationships with members of local government and that I would be passing on my research findings to them. They also really seemed to warm to me when I told them that whilst I had not been a sole carer myself, I had helped my mother care for my maternal grandmother and also spoke of my interest in the project as a result of the impact of caring on my mother's career.

Opening interviews with broad and open-ended questions is recommended following this. As the participants responded so I could begin to probe and garner more information through additional questions. At exploration stage of rapport I hoped that we would be in in-depth discussion which is naturally accompanied by listening skills. At the co-operative phase I had the opportunity to clarify certain points as we began to make sense of the participant's career experiences, so to clarify the 'turning point', for example. The participation stage is the last stage where the participant was almost leading the discussions of what is to be covered and when the greatest degree of rapport is said to be felt (DiCicco Bloom and Crabtree, 2006). Indeed, many participants were telling me of additional significant events to add to their event history calendar and disclosing what could be considered as sensitive personal information, such as relationship issues, or other traumatic events which had also impacted their career and work experiences.

Of course there are additional considerations for researchers, which must be considered; in particular given the nature of this research was the role of emotion, which I explore now.

3.4.14 Additional considerations for the researcher - the role of emotion

The role of emotion is not always considered during the research process and often when it is, it is reflection on the part of the researcher after the research has been carried out (McMurray, 2015). However, I was conscious of showing the role of emotion due care and attention because of the topics being discussed during the interview and the retrospective nature of the event

history calendar which could provoke emotional reactions from the participant (Giele and Elder, 1998). Therefore, I did not press a participant to talk about anything that they did not wish to. The reflective nature of life course research meant that a participant could leave the interview learning more about themselves and their lives than they were aware of beforehand, which some participants did point to being the case. I therefore, offered them 'time out' should they wish and was able to provide basic support myself with the option of seeking further support if necessary. I also provided the contact details of support organisations which I could direct them to (Hubbard et al, 2001). Nonetheless, emotional reactions during interview participation have also been noted to be of benefit to participants and can include catharsis, a sense of purpose, empowerment and opportunity for their voice to be heard (Hutchinson et al, 1994 cited in Hubbard et al, 2001: 124). Again, this was something which participants reflected on and appreciated, having not necessarily given the time and attention to such thoughts previously.

Furthermore, as some participants did become emotional during research, so too I was aware of the emotional impact on me as a researcher. I was aware that I may experience my own emotional reactions during the interview process as I reflected on my own personal experiences of caring and possible feelings of an urge to help the participant with their responsibilities. However, I was also mindful that emotional responses could provide me with further insight into substantive aspects of my research project (Wilkins, 1993). Reflecting on my emotions was a necessary part of the analysis process and key to completion of my research journal to inform my writing. Nonetheless, by the same token, I also felt it necessary to control my emotions during the interview so as not to take away from those of the participants (McMurray, 2015). This is a source of debate as to why I did not feel it appropriate to cry along with a participant or display an emotional reaction. Ward and McMurray (2016) point to emotional neutrality. Indeed, I felt that if I had cried whilst a participant told me about a very traumatic event which had had a significant impact on her life, for example, it would have taken away from her emotions and experience. I was able to show concern and empathy without such a physical emotional reaction. This was something I then took time to process by myself once the interview had concluded.

Whilst social science is typically considered to be about thinking as opposed to feeling, feminist scholars have challenged this belief (Johnson, 2009; Campbell and Wasco, 2000; Maynard, 1994). They have argued that feelings must be explored as they shape the research being undertaken and count as knowledge generating. Indeed, such emotions may provide valuable

insight to the researchers themselves (Johnson, 2009; Campbell and Wasco, 2000; Maynard, 1994). Hubbard et al (2001) discussed the concept of 'emotionally-sensed knowledge' which emerges during the research process:

'The researcher uses their emotion in the field, in discussions with colleagues, during personal reflections and when analyzing the data, to gain insight and give meaning to their interpretations of the subject that they are investigating', (Hubbard et al, 2001: 121).

Game (1997) argues for the epistemological importance from emotion beyond simple cognition or intellect. Moreover, interacting with another individual through the interview process is an emotional relation in itself and assists us to make sense of the world, particularly when the research is interested in women's feelings and experiences. Indeed from a phenomenological point of view, assumptions are made about the nature of emotion, which require discussion and reflection of experiences (Game, 1997). It is important to recognize that the act of establishing rapport is an aspect of emotional labour (Hoschchild, 1983) and may affect the interpretive process of data analysis (Hubbard et al, 2001). Indeed, high levels of disclosure from participants can be indicative of a high level of rapport having been built (Dickson-Swift et al, 2007).

The emotional connections made and emotional labour of interviewing meant it was important for me to be able to share my research experiences in my research journal and also with my supervisory team as I recognised there were both physical and psychological risks to me as a researcher conducting fieldwork. Furthermore, McMurray (2015) points to the fact that as researchers we must take care of ourselves to better relate to others; something which goes beyond health and safety concerns to encompass the whole of a researcher's wellbeing. I had a responsibility both to myself as the researcher and to others in respect of my participants. Coffey (1999) notes the importance of this as, 'All too often, research methods texts remain relatively silent on the ways in which fieldwork affects us, and we affect the field', (Coffey, 1999: 1). It is for this reason, a section of reflexivity is included at the end of this chapter (Section 3.6).

I now turn to consideration of data analysis procedures in more detail to establish how I analysed the data produced and its findings.

3.5 Data analysis procedures

Whilst interpretive studies do not prescribe analysis mechanisms, it does not mean that as a result there are no standards to adhere to. This section details how the research collected was analysed.

3.5.1 *Transcription of Interviews*

I transcribed all of the interviews for analysis. This was important because the act of transcribing itself allowed me to generate further insight from the data and should be considered as part of the analysis process. This is because key themes and concepts emerged during this time (Stelma, 2009). This study was more concerned with the content of the interviews and making sense of their experiences so did not require detail of the prosodic aspects such as length of any pauses when transcribed (Smith et al, 2009). However, notes on physical emotional reactions, such as crying, were made.

Upon completion, transcripts were available for review by research participants. Whilst this is not commonplace, researchers are increasingly asking participants to review their interview transcripts. In doing so participants can check for errors and also clarify any points if necessary. Nonetheless, it must be recognised that there is a risk that participants may feel they wish to modify the transcript and request that some sections be removed, as has happened in previous research conducted by Saldana (1998) (cited by Mero-Jaffe, 2011: 235). Researchers have also done this to empower participants in light of what is printed (Mero-Jaffe, *ibid*). However, if respondents decide to make changes, it could be suggested that the balance of power has shifted, with the participants then having a direct impact on the data analysis and interpretation. Mero-Jaffe (*ibid*) sent the interviewees a copy of their transcripts a year after the interview and found that in some instances the interviewees' circumstances had changed. In some cases, they also experienced anxiety and embarrassment upon reviewing what they had said during the interview and amended their spoken word into written language which they felt was more coherent (Mero-Jaffe, 2011). Furthermore, not all researchers have been able to identify the impact that sharing transcripts with interviewees actually had on the research (Hagens et al, 2009 cited in Mero-Jaffe, 2011: 235).

Whilst there can be concerns regarding the changing of interview data, asking participants to review their interview transcripts can also ensure that ethical practice is upheld. Given that an

interview is based on a power relationship, it would appear logical and ethical therefore to ask them if they would like to review their own interview data. To this end, all participants were given the option to receive and review a copy of their interview transcripts. Not everyone wished to, but where they did, no participant came back to ask for anything to be changed or removed.

3.5.2 Interview Analysis

3.5.2.1 Thematic Analysis and Coding

Thematic analysis is a qualitative approach which allows researchers to identify, analyse and report themes within data presented through coding, following transcription and initial reading of the transcription (Braun and Clarke, 2006 cited in Vaismoradi et al, 2013: 400). Codes are then organised into potential themes and reviewed in light of the whole data set. Themes are defined as capturing important information and meaning from the data set, with respect to research questions being asked. Analysis then continues, refining the themes generated which can then be produced in a story format (Braun and Clarke, 2006 cited in Vaismoradi et al, 2013: 402).

To assist the analysis process there are various computer software packages which enable researchers to code effectively. The package supported by De Montfort University is NVivo. It is a tool which has been developed to assist in the analysis of qualitative data. It helps to manage and sort large quantities of data and ideas; to visualise and query data and then to ultimately report and write up from the data (Bazeley and Jackson, 2013).

3.5.3 Document Analysis

As described, the calendars were primarily used to as an interview tool to inform the discussion within the interview with participants and not as a document to be analysed as such. However, their completion allowed for a visual display of timings and transitions, such as identifying the 'turning point' of becoming a carer and length of time in formal career roles. The only additional documents received during the interview process were women's curriculum vitae or notes on significant dates, which they brought to interview to aid the completion of the event history calendar. Given that these documents were only used to inform the calendar and the interview, they were not independently analysed.

3.5.4 Development of Narratives and Storytelling Techniques

Using calendar interviews produced detailed accounts of women's lives, experiences and career stories. The idea of women's stories and personal narratives is that it offers windows into both social and cultural meanings (Patton, 2002). Stories are a method of communication which allow us to both interact and communicate with other people (Blythe et al, 2013; Yoder-wise and Kowalski, 2003). Stories hold meaning and can result in emotional reactions and can assist in memory recollection and recounting experiences (Brown et al, 2009). This is particularly pertinent in the information overload society in which we live (Gabriel and Connell, 2010).

Once documented, stories themselves are subject to analysis. When discussing narrative analysis, Patton (2002) refers to Barone's (2000) use of metaphors (Barone, 2000 cited in Patton, 2002: 116). As we have seen, career theory and literature on careers refers to metaphors, for example, the extensive work by Inkson (for example, 2006). It is through using metaphors in narratives and stories that individuals can make sense of their experiences and by collecting multiple stories, shared meaning can emerge (Cunliffe and Coupland, 2011; Maynard-Moody and Musheno, 2014).

3.5.5 Interpretative Repertoires

Within the interpretive paradigm we understand that the actions of individuals are as a result of their internal thought processes and the language they use to describe such actions is the medium between themselves and the social world. Therefore, as researchers, we consider their accounts to be transparent of both their thought processes and events which have occurred. By its very nature, interpretivism allows for individuals to create their own version of events using language to construct them.

Potter and Wetherall (1987) developed the idea of interpretative repertoires for use within discourse analysis. This is a means by which the analysis of participants' narrative accounts draws on similarities of words and processes to create rich interpretive insights (McKenzie, 2005). Such repertoires can help us to analyse events and phenomena, often described using metaphors. The contingent repertoire, in particular, demonstrates that an individual's actions and beliefs are 'a product of manifold extraneous influences' and thus dependent on their insight, personal characteristics and traits (Potter and Wetherell, 1987: 149). In such a way, each individual woman's story is a representation of the events which led to its telling, and similarities

can then be drawn between stories. Interpretive repertoire analysis would then take account of the transcriptions themselves as the object of research, paying particular attention to the language used and any patterns and variations which emerge (McKenzie, 2005).

Also of significance during the analysis process was consideration of my role as the researcher, any influence I had over how the research was conducted and resulting findings. This will now be discussed in more detail.

3.6 Role of the researcher and reflexivity

Interpretivism as an epistemology determines that it is necessary for the researcher to understand the roles of humans as 'social actors'. As such, the researcher takes an empathetic stance, seeking to fully understand the world from the point of view of participants in the research, and recognising that I am part of the world which I am studying (Denscombe, 2010). Yet it also acknowledges that as the researcher I have a part to play regarding the context of the findings. Here, there is a danger that I could potentially introduce bias to the research (Patton, 2002). In this way it is necessary to recognise that interpretation on the part of the researcher is influenced by their own values and concerns, shaping the knowledge which is generated (della Porta and Keating, 2008; Yanow, 2014).

Such critical reflexivity is also an important part of adopting feminist standpoint theory (Section 3.2.1) as one of my research approaches. Fieldwork and findings are co-constructed both by the researcher and the participants (England, 1994). Whilst recognised as significant, reflexivity itself is not clearly defined (Wilkinson, 1988), although it is largely to do with 'explicit self aware meta-analysis', (Finlay, 2002: 209). Indeed:

'the functions of reflexivity shift from employing it to offer an account of the research to situating the researcher and voicing difference; from using reflexivity to interpret and understand in terms of data analysis to attending to broader political dimensions when presenting material', (Finlay, 2002: 224).

Alongside the gathering of primary data, it was important that I completed a research journal. I completed an entry into the research journal following the interviews, identifying any key themes and potential areas which had been uncovered during the interview. The journal helped following the interviews as it helped me to re-visit and confirm any decisions made during the

data collection and coding process. I also needed to ask myself what influence I had over the research and the assumptions that I may have been making. Keeping a reflective diary can also offer new perspectives on the research which may not be obvious from the interviews carried out (Kelliher, 2005).

Various approaches exist in relation to reflexivity, and as a feminist researcher, both experiential and critical dimensions are significant (Finlay, 2002). A number of scholars have proposed different frameworks to assist researchers in pursuit of reflexivity. Here I take specific influence from Wilkinson (1988) and Finlay (2002). Wilkinson (1988) proposes 'personal', 'functional' and 'disciplinary' reflexivity, yet sees them as being impossible to separate, related to reflections of both the researcher and the research itself. Finlay (2002) offers 'maps' of variants of reflexivity which include: 'introspection', 'intersubjective reflection', 'mutual collaboration', 'social critique' and 'discursive deconstruction'. This study focuses on 'introspection', 'intersubjective reflection' and 'social critique'.

A key point to note is that I cannot make claim in this study that I am presenting only my participants' voices (England, 1994). Researchers interpret the subjective realities of their participants, through reflection and the process of writing. Their views are then subject to further interpretation by the reader. Reflexivity here looks to my position, perspective and presence as a researcher; to promote rich insight and open up unconscious motivations and biases (Finlay, 2002). It involves reflecting on what I know and how I have come to know it, and making a conscious evaluation of this along with any assumptions made. This is because as a researcher I have a responsibility to communicate as authentically as I can the voices and the stories of the women in my study (Patton, 2002). Epistemologically, I am also creating claims of knowledge across a range of women's differences and have responsibility for interpreting their stories. Ultimately, I am in a position to interpret what differences exist and how they are represented (Ramazanoğlu and Holland, 2002). Nonetheless, as I took an interpretivist approach it must be recognised that another researcher may have produced different outcomes from the same data and so the reasons behind my analytical decisions must be made clear (Finlay, 2002).

This is something which the existing literature has not ignored. Writing in 1996, Edwards identified herself as a single mother and former mature student when she carried out research on single mothers who were also mature students. However, she encountered difficulties in her

research when it came to interviewing black women, some of whom did not wish to be interviewed and complained about being approached for an interview. What she came to realise was that these women identified her as 'an untrustworthy white institutional figure' (Edwards, 1996: 85).

Reflexivity as 'personal' (Wilkinson 1988) or 'social critique' examines power imbalances between the participants and researcher on the basis of occupying different social positions, such as class, gender and race (Finlay, 2002). As identified earlier, as gender, sexual orientation, race and class impact how individuals consider their own reality I considered my position as a heterosexual, White, middle-class woman in my aim to ensure that my research does not hold a racial or social class bias. Utilising a feminist standpoint approach (Harding, 1987; Wood, 2009), I am a woman researching the experiences of other women. Yet, I am also over 10 years younger than my participants, have not been a carer directly myself and in some cases, of a different ethnicity to my participants. Having an awareness of differences helps to expose the partiality of my perspective (England, 1994). As England noted, as a straight woman, 'all the sympathy in the world is not going to enable me to truly understand what it is like for another woman to live her life as a lesbian', (England, 1994: 86).

I considered my position as a woman interviewing women and the influence that this potentially had over my data and results. Feminist researchers often look to reciprocal relationships with their study participants based on empathy and mutual respect and do share their knowledge with participants (England, 1994). This is one of the reasons that calendars and the interview framework were discussed at a focus group with participants as I attempted to remove any perceived hierarchical boundaries and to address issues of power. It could be considered that my participants held the balance of power as they were the holders of the knowledge that I was seeking to extricate (England, 1994). Akin to England's (1994) account of textual appropriation, during interviews I would listen intently and sympathetically, whilst at the same time thinking that what they were saying was pivotal to my research and would be a great quote to include in my write up. This was for me an unusual and uncomfortable feeling because I really felt for the participants and some of the constant struggles they faced, but selfishly recognised what they were saying would help the pursuance of my PhD and academic career. Yet at the same time I genuinely do want the findings and recommendations of this study to help them. This is recognised by others reflecting on qualitative research such as Johnson (2009) who commented on researchers experiencing 'a kaleidoscope of feelings', (Johnson, 2009: 195). I am happy I

have conducted what I feel, and my participants have commented, is a worthwhile study which is relevant to contemporary society and which I hope will drive change. Yet, frustrated at some of their experiences, I could offer empathy, a promise to tell their stories and take it to policy makers. Reflecting 'functionally' (Wilkinson, 1988), as a feminist researcher I wanted to engender change, but I could not promise a change for them, which was one thing I was very conscious to make clear. I remain frustrated and upset by some of their experiences.

Reflexivity as 'introspection' calls to a researcher's own experiences and their interest in the subject (Finlay, 2002). My personal motivations for the project were always explained to participants. Whilst conducting interviews I could relate to frustrations about women's careers in general, but otherwise I could only show a certain amount of empathy and understanding, having not lived through many of the experiences participants recounted myself. I recognised that participants may have been interested in my own limited experiences of caring, my career journey so far and may have questions for me. Having helped my mother care for my grandmother and having explained a little about her own care and career experiences I was not perceived as an outsider (Johnson, 2009). Unlike previous recommendations on interviewers giving personal information I was comfortable sharing limited personal information with them relating to the topics we were discussing as I believed this would assist in the building of rapport. Furthermore, I was expecting them to open up and trust me so it only felt fair to share back, a move endorsed by other researchers (for example, Johnson, 2009).

After all, I recognised that I may get to know these women quite well through the initial focus group and interviews (Oakley, 1981). Indeed, I have kept in touch with all of my participants since my data collection phase in 2016. Several of them have sent me email updates on their lives and caring responsibilities. I have met with one participant for coffee following the interview. She told me that she had found the interview process very cathartic and it had made her question what she was doing with her career and she had since chosen to start up her own consultancy. In the future she would like to work with organisations to support working carers, and to help individual carers return to employment. This is a possibility which we have discussed working on together, combining our joint knowledge.

Furthermore, whilst sharing my own experiences of caring helped to build rapport it also demonstrated my genuine interest in the experiences of participants. On occasion I was surprised by what participants chose to tell me, to confide in me and how much they wanted

me to know. One participant brought photographs of her parents with her, for whom she cared, so that I could see with my own eyes who she cared for.

Reflexivity as 'introspection' and 'intersubjective reflection' also called for consideration of my role during the focus group and interviews. This led to me reflection on my work-experience prior to this research as a Human Resources Practitioner. As a researcher I was interested in women's experiences and stories, but on occasion I found myself advising participants taking account of my previous work experience. For example, giving advice on flexible working requests to take account of caring. I also offered advice and guidance to one participant on future job interviews who had had a significant traumatic experience in a workplace setting. This is something Finlay (2002) also experienced, feeling a need to be involved and not just observe during research. It could be argued that I overstepped a boundary (Mitchell, 2011) and that as a researcher maybe I should have just listened and asked questions. Yet, as a qualified and chartered Human Resources Practitioner I felt a need to offer practical advice to participants in several cases, which was appreciated and felt fair on the basis that they were giving up their precious time and being so open about their experiences. As Finlay (2002) questions herself, so did I as I wondered if it was problematic that I utilised my Human Resource Management practitioner background to advise participants. Actually, in my case, it helped with the building of rapport and showing of genuine interest. I had explained my Human Resources background and also my research role at the outset of the interview. Furthermore, when I did offer practical advice, such as the law surrounding flexible working requests, I did state again that it came from a place of being a Human Resources professional.

Ballinger and Payne (2000) (cited in Finlay, 2002, 216) recognised how researchers can be viewed as authority figures with influence. Certainly, the motivations for participants being involved in my research was to have their experiences listened to and hopes that it might inform future policy leading to greater support in their care and career experiences. Furthermore, the process of reading information sheets and signing consent forms, whilst necessary, can seem part of a formal process for participants (Finlay, 2002). When interviews were conducted in cafés, or similar, I bought participants drinks and snacks. I felt this was the least I could do as they were giving over precious time to be interviewed. In one case where a participant told me that she was struggling financially due to not working and her benefits had been cut, I reimbursed her bus fare to attend the interview. Again, whilst I was trying to be helpful, I

wonder now whether through doing so I reinforced power distance between us and my role as an authority figure.

Additional aspects of reflexivity as 'introspection' and 'intersubjective reflection', exploring mutual meanings in the research relationship are significant (Finlay, 2002). Whilst the balance of power can shift between interviewer and participant, it rests more with the researcher, as they are the ones who eventually walk away, no matter how much rapport is established (Cotterill, 1992). Reflexivity as a process can make researchers more aware of power imbalances and exploitative relationships, but it will not remove them (England, 1994). Consequently, researchers hold power over how they choose to interpret the data obtained through enquiry, in light of their own values and ideals, and epistemology. Thus, the process through which data is analysed and interpreted is key (Ramazanoğlu and Holland, 2002). This is important when it comes to conflicting information. Ramazanoğlu and Holland (ibid) consider 'acknowledging disagreement, inconsistencies and contradictions in terms of data helps to show the situatedness of the researcher's own position, and the specificity of her approach connecting ideas, experience and reality' (p. 117). Indeed, I recognised that the stories which the women in my research may present could indeed vary, as they did. As a consequence many feminist researchers have embarked on processes of critical reflection to manage such differences (Ramazanoğlu and Holland, ibid). There is an awareness that any reflection will be influenced by researchers' own knowledge, culture and experiences and empathy but reflexive efforts are still recognized as valuable activities (Ramazanoğlu and Holland, ibid).

I consistently sought to question and address issues of my power and authority during participant interviews. I did not want to be the one in control of when and how the interview came to a close or was paused, rather I was trying to empower participants. This is why, even when they became upset, I asked them if they wanted to continue the interview or pause it. Researchers in the past have automatically stopped interview recording when a participant has become tearful, but I asked mine if they wanted to take a break or stop, being guided by them, and taking account of the role of emotions. In the extreme this led to one participant crying for the entire interview, despite me asking several times if she wanted a break but she insisted we continue. If I had stopped recording I would have silenced her, which would also go against participant and researcher imbalances of power.

Due to the nature of caring and the extent to which the person cared for depended on the carer it was not always possible to interview participants without their dependant being present, or located nearby. One pertinent example was when a participant arrived with her adult son to the interview. As he had a cold he was not well enough to attend his usual school arrangements and she had no option but to bring him with her. Whilst her son was non-verbal and she explained the nature of his disability I did not know how much of the interview and my questions he may or may not understand. I explained to the participant the nature of my questions and topics and asked her if she would like to rearrange to another time when she could attend alone. I had concerns over her talking about her son and caring for him whilst he was present, which I voiced, but she insisted we continue with the interview as planned. I thought about this before, during and after the interview and talked to my first supervisor about this. Indeed, whilst I had concerns, it was her son and her relationship and if we had not proceeded with the interview I would have effectively been silencing her.

Discussions of a reflective nature 'highlight the value of exploring the research relationship as well as the challenges', (Finlay, 2002: 218). Nonetheless, reflexivity is not a perfect process and has faced criticism. Reflection of this nature turns attention to the researcher over the participants, and in so doing the question has been asked as to if it does indeed produce a better account. Concerns could be raised that the process loses focus on what is actually being studied. Nonetheless, we must take account of underlying power issues, and how they shift (Finlay, 2002).

3.7 Conclusion

This section of my thesis has outlined the philosophical and methodological approaches I have taken. The epistemological position is that of interpretivism and this was informed by feminist, IPA and life course approaches. The research methods adopted were that of a focus group and calendar interviews producing a life history calendar; the guide and template for which were reviewed and checked for authenticity with participants. These participants were found through purposive sampling and their data was transcribed and analysed before being presented in narrative form in the following findings chapters. Additional considerations of emotion and reflexivity as a researcher have also been explored.

Chapter 4

Findings: combining career and care

4.0 Introduction

This chapter outlines the key findings from the research interviews and the event history calendars. It commences with a discussion of the formal career trajectories of the participants which led to a development of two typologies of their career progression, both formal and informal caring careers. The chapter goes on to examine the reasons why the participants seek to combine both paid work and care, and the support which enables them to do so, or is lacking in a number of cases.

4.1 Formal career trajectories

Almost all of the participants spoke of their caring responsibilities having some form of impact on their employment and as a result, on the progression of their careers. This section examines the formal career trajectories of participants in detail.

Completion of the event history calendars during the interview allowed for discussion of significant life events and their impact on the careers of participants. This included the 'turning point' (see Section 3.2.3), whereby if possible, individuals could pinpoint when in their life they felt they became a carer. It is important to incorporate the 'turning point' within the calendar, because it offers a helpful visual representation and assists the analysis of changes to women's careers as a result of caring. This is demonstrated in Figures 3 - 22 below.

4.1.1 *Careers prior to the 'turning point'*

Several participants spoke about their careers being unplanned and haphazard prior to caring. For them, opportunities had arisen unexpectedly and contrary to expectations. In some cases, they had not originally sought promotion; they had perceived that they could do a better job than those in higher posts than themselves, which in turn had driven them to seek new opportunities. For example, Vanessa said,

"You just see some muppet doing a job higher than you, and you think 'I could do higher than that with my eyes shut'". So basically, that's what's driven me

and I've thought, well you know, I'll have a go for this. And I've had a go for that. And oh lo and behold...".

Vanessa then went on to describe being successful in gaining promotion opportunities and how she was able to carry out the activities and responsibilities associated with the post. However importantly, this was only after an initial period of self-doubt upon being offered the post. This last point links to the fact that in a number of cases there was almost a sense of disbelief from participants that they had progressed as far as they had. A prime example of this was Brenda who was a senior manager in a public sector organisation.

"... I've never been ambitious. I never in my life did I think I'd be doing what I'm doing now. And it's probably taken me the last 3 or 4 years to actually think, 'you know what? I can do this and I'm pretty good at it'. But, I always lack a belief in myself to be able to do this, cos' erm, because you just think, 'God it's, at this level, it all, the buck stops with you'. Whether that's just experience, or because I've been doing it for so long, and then, the shit hasn't really hit the fan and I haven't really cocked anything up big time".

Another consistent finding from the analysis of the event history calendars is that 26 participants show upwards linear career progression over their career trajectory prior to caring commencing. Often their calendars also showed evidence of mobility between employers and different organisations in order to advance their careers, before their caring responsibilities started. A prime example of this can be seen on Hannah's calendar at Figure 9; this shows that there was more freedom in movement and career choices prior to caring, alongside a lack of clarity of career choice immediately following graduation.

4.1.2 Careers following the 'turning point'

After the point at which participants identified themselves as carers, they often made decisions in the short term or thinking of the immediate future. This was due to the unpredictable nature of care requirements. This is frequently for pragmatic reasons, linked to working hours and needing to be at home, but also confidence around levels of responsibility which they felt they would be able to manage. Their calendars indicate a plateau occurring in their career trajectory following the 'turning point'.

An example is Wendy, whose calendar is displayed at Figure 3. She returned to a head of department role compared to her larger regional role because of caring for her husband. As

indicated on the event history calendar, she had occupied a regional role at the 'turning point'. She was now working at the same hierarchical level as the previous regional role but had reduced her hours and could no longer travel as much due to her caring. Restricting the amount of travel she could do had limited her formal career development because there were then only two roles available to her. She said,

"Somebody rang me the other day and asked if I'd want a promotion and it just, the thought of it, the travel, the having to be constantly responsible for things outside of... I just couldn't do it now".

Wendy also described how she had less time to work at home, because of the combination of all of her responsibilities and caring for her husband. The morning of the interview she had got up at 5am to do some work because she was behind, but she said she could not really work in the evening because it would be hard to concentrate "... if he was in one of his sort of questioning moods". She went on to say,

"If I'm trying to work at home and he wants something he can get quite angry then – "you're always working", so. So you just think, 'no I can't take work home'".

Wendy is not an exception. Following her 'turning point', Christine reported that she had "downshifted" to a role in the public sector, which she felt offered more security than fixed term contracts and also previous employment in the private sector. She did not put herself forward for opportunities because she did not want the extra responsibility, saying, "because I've got the responsibility out of work. I felt like I'd got two jobs". In a similar vein, influenced by her caring responsibilities, Carol (Figure 6) had left permanent employment for self-employment, which she says had given her "... the time and resource and energy to do the caring work as well".

In other cases it was more complex; rather than focusing on the ability to do the job there were concerns around both reputation and that the level of understanding of their care requirements in their existing roles may not be replicated elsewhere. In relation to their existing roles, participants spoke about key organisational stakeholders knowing they could get the job done, even if they were not always in the office. These worries had resulted in the withdrawal of job applications by participants. For example, Whitney said at the focus group,

"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 and people just say..."

For several participants there was also an element of self-protection where they worried they would not be able to cope with the stress of for example, a more senior role, on top of their caring responsibilities. Similar to Whitney, after Winnie's mother had a stroke, she withdrew her application for a role she had applied for, for these reasons. At the time of interview, she had just narrowly missed a promotion opportunity saying,

"...but looking at it in hindsight, I don't think I would have coped with it. Because it was full time, which, erm, and I think the stresses of the actual promotion I think would have made me struggle"

Another career constraint was reported to be working hours. Post 'turning point' nearly all of the women were working less hours than the average 37.5 full time hours (ONS, 2017). In many cases they reported careers being hindered by having to work less hours or only on particular days because of their caring. For example, working four days a week Stephanie reported,

"... because you're not seen to be flexible because you have that particular day off every week, you get passed over. And I, and I think it's a big thing. I really do think it's a big thing, for lots of women"

As a result, she said, *"... I'm still in the same position now, on the same salary grade that I've been since 1999"*.

Many participants reported longer tenure in their existing roles than they would have liked because of their working pattern and ability to manage their caring alongside employment. This can be demonstrated by Hannah's calendar in Figure 9. At 10 years, her current position was the longest she had been with any employer in her career. She continued in the role because they offered her much needed flexibility over the hours and times she worked, to manage the care her mother needed. However, she was unable to progress with her current employer without completing a further qualification, which she felt she did not have time to do.

An exception to this was Riha. At the time of interview she was working in excess of the UK's maximum of 48 hours per week clocking up at least 55 hours per week, and also not taking one day off a week, as per the Working Time Regulations (1998). Riha had taken on secondary employment working weekends when her mother moved in with the family. This had required them to move to a larger property, for which she needed increased earnings to pay the larger mortgage.

A number of participants had also had career breaks due to their caring, often commencing at the 'turning point', before they were able to find different roles to accommodate their responsibilities. Indeed, Judith (Figure 12) reported that at the 'turning point', she had a nervous breakdown and had a period of long-term sickness absence. She attributes this to being unable to manage a challenging role at work and simultaneously care for her mother. She was subsequently made redundant and did not return to the workplace. Following this she was unemployed, and did not think she would be able to find work to accommodate her caring. This led to the Job Centre suggesting she claim Carer's Allowance. She had since commenced work with a care agency, but was limited to working a maximum of 16 hours per week in line with the working restrictions of Carer's Allowance payments.

It should be noted that where four participants cared for disabled adult children, the impact of caring can be seen much earlier on in their career trajectories than those caring for partners and/or parents, as the 'turning point' has come sooner in their working lives. This is both in the form of career breaks when their children were younger, and in informing further career choices and directing their career aspirations. Interestingly, both Fiona (Figure 16) and Noreen (Figure 19) had chosen occupations related to their children's health conditions. Fiona had taken various short-term contracts, and now was a self-employed Tutor to help university students with conditions similar to her son's. Similarly, Noreen reported,

"I think that being a carer and a Mum to Ava has absolutely driven what I do now because I'm kind of quite passionate about disability issues and learning and people knowing what makes people tick. So, it's been the ideal career for me, within my circumstances".

As can be seen from their event history calendars, Fiona and Noreen have had breaks in their formal career trajectories due to childcare, and complications following the birth of their

children. They have then both undertaken a number of short-term contracts with the aim of accommodating their care requirements.

Tracking participants' formal career trajectories provides an opportunity to review the development of their careers, with particular reference to the impact of caring. Analysis of these findings has led to the development of a typology of formal careers affected by caring, which is explored in the next section in more detail.

Figure 5. Wendy's event history calendar 1989 - 2016

Year	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016				
Quarter	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Education																																
School	O-Levels																															
College	A-Levels																															
Undergraduate Study	Nursing degree																															
Postgraduate Study																																
Formal Employment																																
Employer 1	Residential Social Worker																															
Employer 2	Nurse																															
Employer 3	Residential Home Manager																															
Role 2	Operational Department Manager																															
Role 3	Strategic Development																															
Employer 4	Head of Strategic Department																															
Secondment	Regional strategic roles x 2																															
Employer 5	Head of Strategic Department																															
Life Events																																
Turning point (start of caring)																									X							

Figure 6. Carol's event history calendar

Year	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016				
Quarter	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	
Education																																													
School	X																																												
Undergraduate Study	X																																												
Postgraduate Study	Postgraduate Diploma																																												
Formal Employment																																													
Employer 1	Management Development Programme - Retail Manager																																												
Employer 2	HR Manager																																												
Employer 3	HR Manager																																												
Employer 4	HR Manager																																												
Employer 5	HR Business Partner																																												
Employer 6	Self employed HR Consultant																																												
Voluntary work	Admin - Sports Club																																												
Voluntary work	Mentoring																																												
Voluntary work	Committee member for local branch of professional body																																												
Life Events																																													
Child																					X																								
Child																					X																								
Child																					X																								
Turning point (start of caring)																																	X												
Other significant events																																													

Figure 7. Carol's event history calendar 1970 - 1992

Year	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	
Quarter	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Education	Notes																							
School	X																							
Undergraduate Study														X										
Postgraduate Study																								
Formal Employment																								
Employer 1																								
Employer 2																								
Employer 3																								
Employer 4																								
Employer 5																								
Employer 6																								
Voluntary work																								
Voluntary work																								
Voluntary work																								
Life Events																								
Child																								
Child																								
Child																								
Turning point (start of caring)																								
Other significant events																								

Figure 8. Carol's event history calendar 1993 – 2016

Year	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Quarter	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Education	Notes																							
School																								
Undergraduate Study																								
Postgraduate Study	Postgraduate Diploma																							
Formal Employment																								
Employer 1	Management Development Programme - Retail Manager																							
Employer 2	HR Manager																							
Employer 3	HR Manager																							
Employer 4	HR Manager																							
Employer 5	HR Business Partner																							
Employer 6	Self employed HR Consultant																							
Voluntary work	Admin - Sports Club																							
Voluntary work	Mentoring																							
Voluntary work	Committee member for local branch of professional body																							
Life Events																								
Child																								
Child																								
Child																								
Turning point (start of caring)																								
Other significant events																								

Figure 9. Hannah's event history calendar

Year	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016				
Quarter	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4
Education	Notes																																														
School	X																																														
College	A-Levels																																														
Undergraduate Study	Degree																																														
Postgraduate Study	Masters degree																																														
Formal Employment																																															
Employer 1	Actor																																														
Employer 2	Variety of roles up to Treatment Supervisor																																														
Employer 3	Assistant Warden in Probation Hostel																																														
Employer 4	Probation Officer																																														
Employer 5	Lecturer																																														
Employer 6	Senior Lecturer																																														
Life Events																																															
Mum moved in																																															
Turning point (start of caring)																																															
Other significant events																																															

Figure 12. Judith's event history calendar

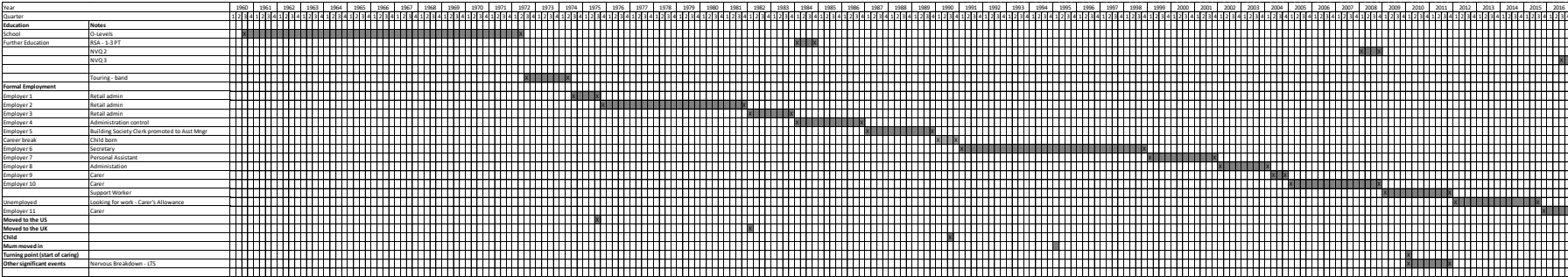


Figure 13. Judith's event history calendar 1960 - 1981

Year	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981																																																		
Quarter	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Education	Notes																																																																							
School	O-Levels																																																																							
Further Education	RSA - 1-3 PT																																																																							
	NVQ 2																																																																							
	NVQ 3																																																																							
	Touring - band																																																																							
Formal Employment																																																																								
Employer 1	Retail admin																																																																							
Employer 2	Retail admin																																																																							
Employer 3	Retail admin																																																																							
Employer 4	Administration control																																																																							
Employer 5	Building Society Clerk promoted to Asst Mngr																																																																							
Career break	Child born																																																																							
Employer 6	Secretary																																																																							
Employer 7	Personal Assistant																																																																							
Employer 8	Administration																																																																							
Employer 9	Carer																																																																							
Employer 10	Carer																																																																							
	Support Worker																																																																							
Unemployed	Looking for work - Carer's Allowance																																																																							
Employer 11	Carer																																																																							
Moved to the US																																																																								
Moved to the UK																																																																								
Child																																																																								
Mum moved in																																																																								
Turning point (start of caring)																																																																								
Other significant events	Nervous Breakdown - LTS																																																																							

Figure 14. Judith's event history calendar 1982 - 2004

Year	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	
Quarter	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Education	Notes																							
School	O-Levels																							
Further Education	RSA - 1-3 PT																							
	NVQ 2																							
	NVQ 3																							
	Touring - band																							
Formal Employment																								
Employer 1	Retail admin																							
Employer 2	Retail admin																							
Employer 3	Retail admin																							
Employer 4	Administration control																							
Employer 5	Building Society Clerk promoted to Asst Mngr																							
Career break	Child born																							
Employer 6	Secretary																							
Employer 7	Personal Assistant																							
Employer 8	Administration																							
Employer 9	Carer																							
Employer 10	Carer																							
	Support Worker																							
Unemployed	Looking for work - Carer's Allowance																							
Employer 11	Carer																							
Moved to the US																								
Moved to the UK																								
Child																								
Mum moved in																								
Turning point (start of caring)																								
Other significant events	Nervous Breakdown - LTS																							

Figure 15. Judith's event history calendar 2005 - 2016

Year	2005				2006				2007				2008				2009				2010				2011				2012				2013				2014				2015				2016			
Quarter	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4				
Education	Notes																																															
School	O-Levels																																															
Further Education	RSA - 1-3 PT																																															
	NVQ 2																																															
	NVQ 3																																															
	Touring - band																																															
Formal Employment																																																
Employer 1	Retail admin																																															
Employer 2	Retail admin																																															
Employer 3	Retail admin																																															
Employer 4	Administration control																																															
Employer 5	Building Society Clerk promoted to Asst Mngr																																															
Career break	Child born																																															
Employer 6	Secretary																																															
Employer 7	Personal Assistant																																															
Employer 8	Administation																																															
Employer 9	Carer																																															
Employer 10	Carer																																															
	Support Worker																																															
Unemployed	Looking for work - Carer's Allowance																																															
Employer 11	Carer																																															
Moved to the US																																																
Moved to the UK																																																
Child																																																
Mum moved in																																																
Turning point (start of caring)																																																
Other significant events	Nervous Breakdown - LTS																																															

Figure 16. Fiona's event history calendar

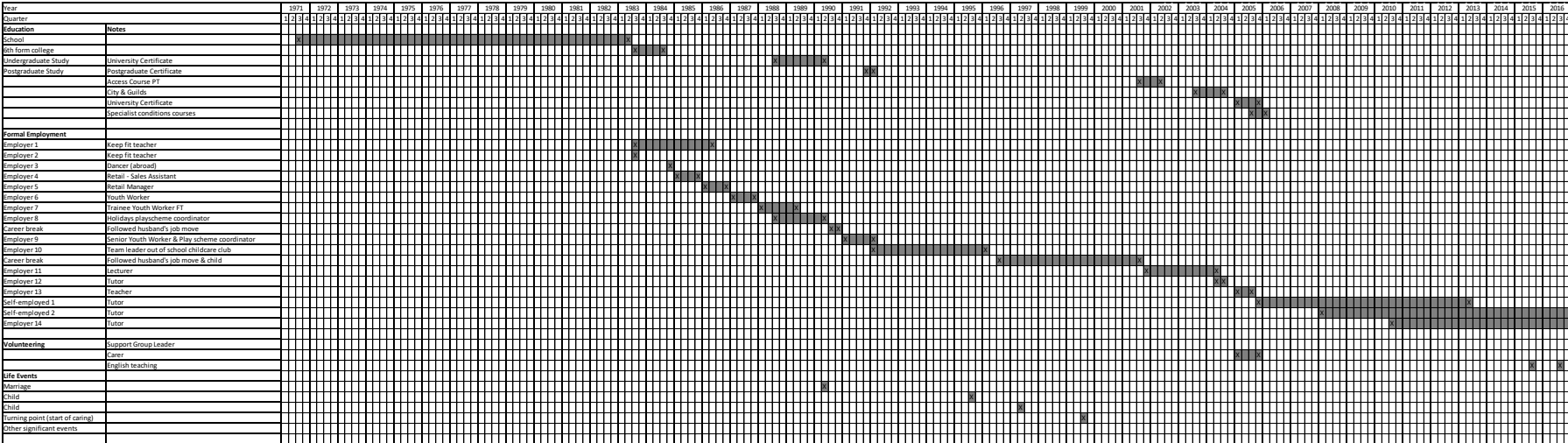


Figure 17. Fiona's event history calendar 1971 - 1995

Year	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995			
Quarter	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Education	Notes																											
School	X																											
6th form college													X		X													
Undergraduate Study																			X									
Postgraduate Study																					X							
																						X	X					
Formal Employment																												
Employer 1														X				X										
Employer 2													X															
Employer 3															X													
Employer 4																X												
Employer 5																X												
Employer 6																	X											
Employer 7																		X										
Employer 8																			X									
Career break																				X								
Employer 9																					X							
Employer 10																						X						
Career break																							X					
Employer 11																							X					
Employer 12																								X				
Employer 13																									X			
Self-employed 1																										X		
Self-employed 2																											X	
Employer 14																											X	
Volunteering																												
Life Events																												
Marriage																												
Child																												
Child																												
Turning point (start of caring)																												
Other significant events																												

Figure 18. Fiona's event history calendar 1996 – 2016

Year	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016			
Quarter	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Education	Notes																							
School	6th form college																							
Undergraduate Study	University Certificate																							
Postgraduate Study	Postgraduate Certificate																							
	Access Course PT																							
	City & Guilds																							
	University Certificate																							
	Specialist conditions courses																							
Formal Employment																								
Employer 1	Keep fit teacher																							
Employer 2	Keep fit teacher																							
Employer 3	Dancer (abroad)																							
Employer 4	Retail - Sales Assistant																							
Employer 5	Retail Manager																							
Employer 6	Youth Worker																							
Employer 7	Trainee Youth Worker FT																							
Employer 8	Holidays playscheme coordinator																							
Career break	Followed husband's job move																							
Employer 9	Senior Youth Worker & Play scheme coordinator																							
Employer 10	Team leader out of school childcare club																							
Career break	Followed husband's job move & child																							
Employer 11	Lecturer																							
Employer 12	Tutor																							
Employer 13	Teacher																							
Self-employed 1	Tutor																							
Self-employed 2	Tutor																							
Employer 14	Tutor																							
Volunteering																								
	Support Group Leader																							
	Carer																							
	English teaching																							
Life Events																								
Marriage																								
Child																								
Child																								
Turning point (start of caring)																								
Other significant events																								

Figure 19. Noreen’s event history calendar

Year	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016				
Quarter	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Education	Notes																																																															
School	Access course																																																															
Undergraduate Study	Nursing																																																															
Postgraduate Study	Teaching qualification																																																															
Formal Employment																																																																
Employer 1	Factory work																																																															
Employer 2	Nurse																																																															
Employer 3	Social care																																																															
Employer 4	Nurse																																																															
Career break	Child																																																															
Employer 5	Day care social care																																																															
Employer 6	Day care social care																																																															
Role 2	Senior day care post																																																															
Role 3	Day care project post																																																															
Role 4	L&D Advisor																																																															
Life Events																																																																
Child																																																																
Child																																																																
Turning point (start of caring)																																																																
Other significant events	Husband died																																																															
Maternity leave																																																																

Figure 20. Noreen’s event history calendar 1957 – 1975

Year	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975					
Quarter	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Education	Notes																							
School	X																							
	Access course																							
Undergraduate Study	Nursing																							
Postgraduate Study	Teaching qualification																							
Formal Employment																								
Employer 1	Factory work																							
Employer 2	Nurse																							
Employer 3	Social care																							
Employer 4	Nurse																							
Career break	Child																							
Employer 5	Day care social care																							
Employer 6	Day care social care																							
Role 2	Senior day care post																							
Role 3	Day care project post																							
Role 4	L&D Advisor																							
Life Events																								
Child																								
Child																								
Turning point (start of caring)																								
Other significant events	Husband died																							
Maternity leave																								

Figure 21. Noreen's event history calendar 1976 – 1998

Year	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	
Quarter	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Education	Notes																							
School																								
Undergraduate Study																								
Postgraduate Study																								
Formal Employment																								
Employer 1																								
Employer 2		X																						
Employer 3		X						X																
Employer 4							X		X															
Career break																								
Employer 5											X									X				
Employer 6																			X					X
Role 2																								
Role 3																								
Role 4																								
Life Events																								
Child						X																		
Child									X															
Turning point (start of caring)																		X						
Other significant events																								
Maternity leave						X	X															X		

Figure 22. Noreen's event history calendar 1999 – 2016

Year	1999				2000				2001				2002				2003				2004				2005				2006				2007				2008				2009				2010				2011				2012				2013				2014				2015				2016			
Quarter	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4				
Education	Notes																																																																							
School	Access course																																																																							
Undergraduate Study	Nursing																																																																							
Postgraduate Study	Teaching qualification																																																																							
Formal Employment																																																																								
Employer 1	Factory work																																																																							
Employer 2	Nurse																																																																							
Employer 3	Social care																																																																							
Employer 4	Nurse																																																																							
Career break	Child																																																																							
Employer 5	Day care social care																																																																							
Employer 6	Day care social care																																																																							
Role 2	Senior day care post																																																																							
Role 3	Day care project post																																																																							
Role 4	L&D Advisor																																																																							
Life Events																																																																								
Child																																																																								
Child																																																																								
Turning point (start of caring)																																																																								
Other significant events	Husband died																																																																							
Maternity leave																																																																								

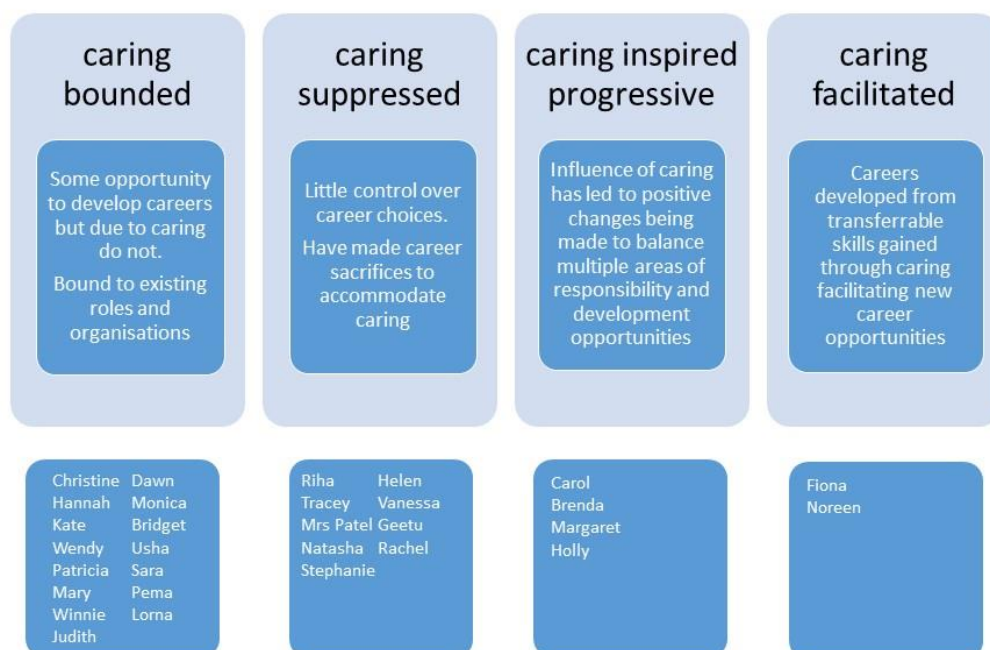
4.2 A typology of formal careers affected by caring

The formal career trajectories identified through analysis and discussion of event history calendars at interviews enables a review of women's career decisions. It allowed for categorisation of women's careers where they are also caring, leading to the development of a typology; a key contribution of this thesis. Four types of careers affected by caring emerge from the analysis of findings in this study – 'caring bounded' careers, 'caring suppressed' careers, 'caring inspired progressive' careers and 'caring facilitated' careers, as displayed in Figure 23.

The first two types of career can be seen to be negatively shaped by the impact of caring. The notion of 'caring bounded' careers refers to those women who potentially have opportunities to further develop their careers, but due to their caring do not. In fact, caring binds them to their existing roles and organisations longer than they report they would do otherwise. However, they still have the personal agency to make changes to their careers. Whereas, those women in the 'caring suppressed' category do not demonstrate as much control over their career choices. Often working in less supportive workplaces, these women have had to make sacrifices within their formal career development to accommodate caring. This includes not being able to change roles or paid employment.

The next two categories in this typology are positively informed by women's caring responsibilities. 'Caring inspired progressive careers' refers to those women who, due to caring, have made positive changes to balance the responsibilities of work and home in a manageable way. In so doing they had taken new developmental opportunities in their careers. 'Caring facilitated' careers refers to careers being developed specifically from the transferrable skills gained in caring thus facilitating formal career opportunities. These categories will now be explored in turn.

Figure 23. A typology of women’s formal careers affected by caring



4.2.1 ‘Caring bounded’ careers

The largest category into which participants’ trajectory patterns fitted was that of ‘caring bounded’ careers, containing exactly half of the women interviewed. In this category, women stayed in roles and operating at the same level for longer than they originally desired or anticipated. In some cases they felt that they were qualified, and would be able, to work at a more senior level but the working patterns and responsibilities of their current roles suited the addition of their caring role and time restraints. As discussed, many women in this group did not put themselves forward for promotion because they worried that they would not be able to cope with additional responsibilities or working hours; had a reputation in their current roles, and understanding employers. This is something Bridget described as being in a “*fur lined rut*”, whereby she could see there were lots of opportunities outside of her employer of 24 years, but she felt she had so much support where she was that she was reluctant to move.

Several participants spoke of not pursuing qualifications, or of leaving them unfinished because of their caring. For example, Hannah needed to complete a further qualification to progress but did not feel that she had the time to do it, of which caring was a contributory factor. However, she admitted that she did sometimes use this as an excuse. She had stayed longer at her current

employer because, despite frustrations and at times looking for new roles, she did not feel she would get the flexibility elsewhere. Similarly, Mary said, *"I haven't really had any"* career development, since her caring started. She wanted to complete a further qualification but without her husband earning she was not sure she would be able to do it. Dawn had reduced her working hours and ceased studying for two additional qualifications, yet she felt that she had reorganised her priorities and recognised that having a work-life balance was important and that before she was too focused on linear career progression.

The bounded nature of a carer's formal career was amplified where participants had both child and adult care responsibilities. Three women still had dependent children, and six had adult children. At the age of 45 Sara had only ever worked for one employer. Having had lengthy career breaks for maternity/parental leave she had returned to the same role and despite encouragement from line managers had not applied for higher positions because she did not think she would *"be able to cope with the stress"*, having three children and up until recently caring for both elderly parents (who had not long died).

4.2.2 *'Caring suppressed' careers*

Nine participants in this study described the significant impact that caring had had on their career trajectory, and thus can be categorised as having 'caring suppressed' careers. Carers here demonstrate less personal agency and control over their careers, than 'caring bounded' careers. Women reported being unable to change roles or secure promotion, despite a desire to (as different from personal choice). Several participants were also impacted by reportedly less supportive employers than in the previous category (as explored further in this chapter), and a lack of support in seeking other opportunities. In some cases caring had also led to women giving up formal employment and/or not being able to find a job due to their caring responsibilities.

Riha reported that she was unable to secure promotion with her primary employer because of a lack of time to adequately prepare for interview, due to her caring responsibilities. Tracey was interested in changing the direction of her career, but said that she would not be able to because she was the 'breadwinner', for her and her husband. This meant she needed to continue working full time in her existing role, rather than take a role with less hours in another area, so that she could then climb the ladder in her desired career. As before, having both adult care and childcare responsibilities had an impact. Mrs Patel reported that even if she did not have

to care for her mother, she would not be able to take on extra work or responsibilities because she was the legal guardian of her 14 year old granddaughter.

Geetu and Rachel noted that they would not be able to have a career and provide the required care that they wanted to. Geetu said that to have a career she would have to neglect her son and so had given up her job. Whilst currently working, Rachel said her career was non-existent and because of her caring duties felt she was “*unemployable*”. Natasha, Helen and Geetu were not currently employed, largely due to their caring responsibilities. Natasha and Helen both described the struggles they had experienced to find work opportunities which would fit around their caring requirements.

Vanessa reported a “*complete lack of empathy*” and support in the workplace, which had impacted her ability to make internal career moves. Whilst 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. Stephanie felt her development had been stymied because she perceived that she was seen as inflexible, working four days a week. She 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”.

However, attention must also be drawn to the positive impact that caring has had on women’s formal career development, as discussed in the next two categories.

4.2.3 ‘Caring inspired progressive’ careers

Despite there being negative career consequences of caring, there were also positive impacts. As such, four women can be categorised as having ‘caring inspired progressive’ careers. That is, caring had inspired them to make what they described as positive changes in their working lives.

These included limiting the number of hours worked per week whilst at the same time progressing their career trajectories.

With their parents requiring more assistance, Carol and Brenda had taken time to reflect on their priorities informing their career choices. Carol had felt that her family needed her more and so became a self-employed consultant, reducing her working hours. However, she noted that she had been pushed out of her comfort zone and developed within her profession, working on projects that she would not otherwise have had the opportunity to work on. Similarly, in a senior leadership position within her organisation, Brenda recognised that caring had informed her work as a health professional and that whilst she had more flexibility than others, she did not feel that she would be able to continue to operate at this level for the next 10 years whilst also caring for her mother. Thus, she was starting to explore becoming more involved with her professional body at a national level to raise her profile.

Margaret had been at home caring for her son, who was born with disabilities. When she had grown frustrated at always being at home, it was her husband who suggested she work some hours per week in network marketing to fit around the demands of caring for their son. So successful was she that she had progressed very quickly within her career and was now a manager. Due to the flexibility of self-employment, she continued to be able to fit this around sharing the care for her son with her husband. Similarly, Holly had not been enjoying her work in another part of the country when she had felt that her parents needed more care. Not living near them she had taken the opportunity to move closer in Leicester and pursue a full time paid PhD scholarship and teach on a part-time basis. There were two other participants who had formed careers around their caring. These are discussed in the exploration of the fourth category in this typology.

4.2.4 'Caring facilitated' careers

Two participants, Fiona and Noreen had come to the realisation that caring had shaped their career choices and formal career trajectories for a number of years. Both had dependent disabled adult children. Caring for a developmentally disabled son, alongside frequent house moves to accommodate her husband's career, had encouraged Fiona to become self-employed. Using the transferrable skills she developed in caring for her son, she tutored and taught both people with similar conditions to him and health care professionals. She noted,

“And then the work that I seem to be doing now, seems to be around skills that I’ve developed through what’s gone wrong, what hasn’t gone wrong, or with Health care professionals or my journey learning about the disability”.

She spoke of how her son’s condition and her caring had had a positive effect on her career, enabling her to specialise in an area and share those skills.

Similarly, Noreen reported that she had been unable to move into a managerial position because she had been working part time and on short-contracts due to her daughter’s disability. However, she felt she had been able to “*carve a career*”, with her role specialising in disability training. She said,

“... I think that being a carer and a Mum to Ava has absolutely driven what I do now because I’m kind of quite passionate about disability issues and learning and people knowing what makes people tick. So, it’s been the ideal career for me, within my circumstances”.

This typology shows the ways in which caring responsibilities impact on formal career trajectories. Therefore, a useful area of inquiry was to understand why these women decide to combine care and formal employment. In addition, looking forward, what their future plans are. These themes are explored in the next section.

4.3 Motivations to combine care and formal employment

It is evident that there are a number of challenges that the participants of this study have faced in combining caring and formal employment. As a result, it was important to understand why they did so. Motivations to care are discussed here, which include duty, obligation, religion and culture. Whilst some participants had left the formal labour market, most of them remained doing both and it is important to understand why they continued to do so, or as in two cases, to re-join the formal labour market. Across the participant sample there were a number of different responses. However, three dominant themes emerge, namely: financial reasons; a break and support in the workplace; out of interest and to make a difference in the lives of others. The future employment plans of participants are then outlined.

4.3.1 *Duty and obligations*

In a number of cases carers placed a great expectation on themselves to provide the care that was required, worrying that their dependants would feel abandoned or uncared for if they were placed in residential settings. Where participants were looking after parents they described a notion of 'giving back', and reciprocation of the care that they received as children. This is something that was described as a "duty". For example, as reported by Sara,

"I did see it as my duty so I was aware and conscious of the fact that you know I need to care for them. Erm, so part and parcel of being a daughter really".

Certainly for carers of adult children, it can be seen as part of the role of being a parent. This was demonstrated by Fiona who reported caring being as *"our responsibilities as parents"* and didn't want to burden her other child with caring until she really needed to. Similarly, Margaret and her husband cared for their adult son, and both worried about the future of his care, recognising,

"... there's going to come a time when we are going to have to accept that Jack's going to have to be looked after full time by other people and I think it's going to be a bit of a fight to the death between us as to when that happens".

As such, they did not want to *"over burden"* their other son and his partner because they would have an *"over-arching responsibility"* when they were not around in the future.

Participants caring for their spouses described feelings of not wanting anyone else to do it. For example, Pema felt that she was the only one who knew how to help her husband. Mary and her husband were going to get divorced but then he had a stroke. She spoke of thinking, *"I can't possibly leave him"*, but at the same time felt resentment saying, *"... because our marriage is not a marriage"*. Yet, she felt it was her 'duty' as a wife to stay with him and care for him.

Certainly some participants did see their caring as obligatory. It is apparent there was a level of expectation coming from the individuals who required the care themselves. This was not always explicit and, in many cases, driven by fear of what care would be like outside of the family, particularly around having to be in a nursing or residential home. For example, when diagnosed, Kate's husband said, *"you won't put me in a home will you?"*, as his father had gone into residential care. Whilst Riha did not want her Mum going into a care home, her Mum also would

not accept home care, despite needing 24 hour care. Judith's mother lived with her and when social services suggested day centres to offer her some respite, her mother said, *"I'm not going in with all those old people!"* Similarly, Patricia's mother had told her *"you needn't think I'm going into one of them homes, cos I'm not"*. This had led Patricia to view her mother *"as a burden. Someone who stops my life happening"*. At times this had led to her questioning why she was not dead, saying,

"...I sit with my Mum and I'm thinking 'why aren't you dead? Just, why aren't you dead?'. And it's horrible you know".

She said her mother knew that she was very dependent on her and her sisters and was very unhappy herself.

Participants also referred to their frustration at a lack of support from the state and the ensuing obligations they felt to care. Nearly all participants spoke of an assumption on the part of local adult social care and National Health services that they would provide the required care. Carol talked of visiting the GP with her parents, saying,

"they kind of make a lot of assumptions that you know, when you've had your 15 minute appointment with your GP that you carry on as normal".

When Mary's husband had had a stroke she felt the response of authorities was,

"that's it go home, we'll forget about you unless you've got any issues that we need to come back to you with", which he didn't".

4.3.2 Religious beliefs and culture

Women were also influenced by their religious beliefs, such as Patricia who said *"as Christians we care for each other"*. Similarly, Rachel said that *"... growing [up] as a Christian, for me I felt at the beginning, yes it is my duty to look after my parent"*. Sara, a Muslim, recounted that the Quran encourages Muslims to look after their parents. As a Muslim, at religious talks, Mrs Patel had been told to care for her parents when they got old because they had looked after her when she was small and that she would be rewarded. When she had got frustrated with her mother not accepting more formal help, she had been told at a religious talk,

“she’s weak. So even if she’s bad she hasn’t done anything, she hasn’t accepted help, we mustn’t say anything, just get blessing”.

She also spoke of how she would feel ashamed if someone else came to look after her mother.

Religion intertwined with culture also led to shame playing a big part towards both expectations of, and motivations to, care for Asian and Asian British women. Usha (Asian British) described cultural and moral expectations from her local community that she did not leave her husband when he became unwell, and Natasha (Asian British) described similar expectations when her husband required care. Participants reported they would feel ashamed if they paid someone to provide the care that they felt they should be giving and what other people would think. It also led to stigma associated with those individuals who required care and the belief that they had done something wrong to have a condition which required care, or for the individual who provided the care. Usha (Asian British) got little support from the community for this reason when her husband was ill because they felt that she must have done something bad in her past. Geetu’s (Asian British) story provides detail on the impact that this has had for her and her son’s life, after leaving her family:

“But in Asian community, you don’t really talk about disability – they’re just at home quiet ... and the, the belief is that I may have done something cruel and nasty in my old life to end up with somebody who’s ... And yeah, I stepped aside, yeah, that’s why I get more concerned that I’m totally on my own, because none of the family would want to care, or, you know.... Because in the Asian community they’re all around, but I think, what, what happened to us, it’s very claustrophobic, that, it’s like you’re being trapped within that. It’s not that you’re free to express, no. I was more trapped so now I’ve got that away, I’m fine, because I wish them well... I’d hate if Kavi’s gone and thinking ‘oh I didn’t really do what he really wanted’. And I don’t think I could live with that guilt”.

Having discussed the reasons why participants feel that they provide the care that they do, the next section now goes on to explore why they continue to combine this with paid work.

4.3.3 Financial motivations to work in formal employment

Overwhelmingly, financial motivations were high up on many participants’ reasons for working. In some cases where they were caring for a partner, or husband, they were concerned that they were the sole wage earner, such as Tracey who was *“the breadwinner”* as her husband did not

work. She said that she would like to reduce her hours but cannot afford to. Whilst Wendy's husband was not working he was getting a pension, but she noted that *"he still costs more than most people to run"*, because of his desire to go shopping every day, meaning they often have duplications of food items, which inevitably is thrown away.

Given that the women of this study were between the ages of 45 to 64, they also mentioned pensions and staying with employers because of their pension schemes. Bridget pointed out that her employer's pension scheme is *"brilliant"* and she was at the point in her life where she was thinking about retirement. The nature of pension schemes were also significant where individuals may have had career breaks due to children and so had not contributed as much, which in some cases meant participants would need to continue working for longer than they had anticipated. Noreen was also concerned that when her children were younger she had had a number of short fixed-term positions which had impacted her pension projections.

4.3.4 *The work community*

A key aspect of working was the fact that it provided a sense of community and the opportunity to socialise with others, offering a break from caring responsibilities, which could sometimes be isolating. Pema noted that work allowed her to *"get out of the house for a couple of hours"*. Kate spoke of needing an escape and that otherwise she'd *"go crackers"*. Similarly, despite the strain of sometimes combining work and caring, Vanessa noted,

"I approach work as a, a[n] escape... No, no, not escape; as a sanity check to keep me level. I work. That's what I do when I'm under extreme stress, put me head down and I work".

Indeed, alongside Noreen's desire to earn money was *"...the companionship of other people at work. And friendships"*. She noted, *"... in terms of my care responsibility – work has kept me sane"* and that colleagues *"... have been my unpaid counsellors over many an event"*. Lorna pointed to the camaraderie at work, which she found put her in an uplifted mood to then go and visit her husband, Max, in his nursing home at the end of the working day, prior to his recent death.

4.3.5 *Work as a challenge and opportunity to make a difference*

Participants also spoke of the pleasure of going out to work and that it provided an opportunity to ease boredom; providing challenge, stimulation and an opportunity to make a difference. Margaret had started working out of boredom after she lost her role in the voluntary sector. She noted,

“I didn’t have to work because my husband was financially doing quite well then at that stage but I was bored. I was literally bored at home”.

Indeed, it was her husband who suggested working. Hannah wanted to continue working and *“To carry on having interesting challenging projects”*, that she was successful in. Tracey desired work that she was interested in and that provided opportunities where she could be creative.

Most of the participants spoke of recognition, getting a sense of reward and giving something back to people, thus making a difference in people’s lives as a key motivator to work. Kate talked of the need for her work to have meaning and to make a difference. She worked for a charity and really valued being able to help others, saying, *“... I love the battles that we have in helping people who turn up with what seem like impossible situations”*. A nursing job for Winnie gave her a sense of identity, and an ability make a difference and in her role as a medical professional said she could see that she was able to do that. Similarly, working in the public sector, Mrs Patel spoke of wanting to *“give back”*, for the help that she had received over the years, and how rewarding it was to work with children. Mary said, *“... recognition and fulfilment and making a difference – are the most important things in doing a job”*. Thus participants felt valued when their efforts were recognised, such as when Patricia bumped into a former employee and he told her how much she had made a difference in his working life.

Motivations for continuing to work and care were further examined through a discussion of future employment plans, alongside their caring responsibilities, or in a number of cases, post-caring.

4.3.6 *Future employment plans*

Given their age range, several participants were thinking about retirement, or had already retired so did not plan on returning to employment. There were financial concerns about retiring due to having had earlier career breaks in some cases and a dearth of pension

contributions, as already identified but there was also a desire to spend more time focusing on their family. For example, at the time of interview Noreen had just confirmed her voluntary severance as she wanted to spend more time with her partner, grandchildren, and to continue to care for her daughter, Ava. She said, *“I just feel that my pension, as I say, is so stuffed anyway. It’s whether I bung in an extra year at this point, it’s irrelevant”*. Similarly, having worked for 32 years, Wendy reported that she was planning to retire at 55, saying she did not have the energy to continue to work and she would sacrifice work for her outside interests and caring for her husband. She noted,

“There’s other things in life and I think that’s something else that’s probably reminded me about Graham – was more that I need to have the things for me as well and I can’t do career, things for me and him. So the career will be the thing that goes”.

Nevertheless, there was an overwhelming desire for the majority of participants to retain their formal employment and for two of them not currently working, to re-join the labour market. Their reasons were linked to their motivations for being in employment as discussed earlier in this chapter. Helen desired a return to employment and as she said, *“I know I’ve got a lot to give”*. Vanessa wanted to keep working because otherwise she worried she would be consumed by caring. She noted,

“And this is going to sound horrific and I, I don’t mean it to sound horrific, if I’m stuck at home all day, my parents, I would be 24/7, carer. And all I would do is swap one load of work for another. While I’m at work it makes it more manageable”.

This chapter now moves on to look at the role of external stakeholders in the decisions that the participants made. For women to continue to both care and work, support both in their personal lives and in their employing organisations is necessary. As a result, the following section examines sources of support in more detail.

4.4 Support in care and careers

A key factor in supporting participants in the development of their formal employment careers and also to be able to combine this with caring are mechanisms of support. These ranged from adult services, help from friends and family and employer policies and line management approach.

4.4.1 *Extent of personal support with caring responsibilities*

When speaking of support received with their caring responsibilities participants referred to paid carers in the home, nursing/residential care, respite care, day care, school/college, adaptations and support in the home. In many cases they spoke of the difficulties of accessing formal support in their home. Lorna, in particular, was frustrated by being asked questions about her personal finances, when reviewing support for her husband's care. Participants did, however, speak highly of local and national charities and the support which they had garnered from them.

Some participants spoke of informal caring support, such as sharing care with family members and friends. However, several spoke of being the only one in the family to care for their dependants, particularly where they were caring for parents with little sibling support. They mentioned of societal expectations and perceptions that care would be shared among family, which was not always the case. Christine noted, *"... people assume that everybody pulls together and they don't"*. Indeed, Vanessa had taken on the care of her parents alone after her brother died and her sister had informed her that she did not want to be a carer, reducing her contact with their parents. When Hannah's mother needed more care, there was an expectation from her older brother that their mother would go into residential care. However, Hannah wanted the family to provide the care and moved her mother into her home. Having done so, she felt there was a feeling from her two brothers that *"... you've made your bed, get on with it really type thing"*, if she needed to work away at any point or if her mother required further support. She also pointed to a gendered notion of the care for her mother, who she said, *"...doesn't want one of her sons washing her backside, for example, but its fine for me to do it"*.

In line with employment legislation, workplaces are now expected to review possible adjustments which can be made to support those employees with caring responsibilities, enabling them to stay in employment (The Flexible Working Regulations, 2014). Participants spoke of varying degrees of adjustments made, and management and colleague support received.

4.4.2 *Extent of support in work and careers*

Arrangements at work in terms of organisational policies, line manager and colleague support very clearly led to the enabling, or constraining, of caring. In an isolated and exceptional case,

Pema's small employer had made a number of arrangements to help her. They allowed her to work when it suited her, around the needs of her disabled husband, and they had also paid for practical support items in their home. She noted,

"They give us everything – like toilet, electric toilet seat... put the bath there. I've got electric sofa there. So they gave us what we needed".

More often than not, employing organisations had formal policies in place which participants reported were in place to support their care responsibilities, regardless of sector or size. This included flexible working, care of dependants leave or emergency leave, long term carers leave and 'carers' passports' (a document which identifies a carer and sets out support). For example, Hannah pointed to the benefits of her organisation allowing her to work from home at times and not always needing to be in the office. Whilst Kate's third sector employer was a small organisation, she reported that they had all of the policies which employment legislation dictates that they should have in place. In addition, due to the supportive nature of the organisation's work she said, *"... it would be pretty crap of the organisation if they didn't dish out the same, but it does"*. Similarly, working in the public sector, Sara felt the organisation wanted to set a good example, and that they were very flexible.

In fact, participants pointed to the significance of knowing about policies which would help them. When looking for a new job, Tracey reported that she looked much more closely at human resource management policies. However, she was concerned that at her current employer a new absence management policy with trigger warnings was being brought in which left her worried for the future.

"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".

To this end, participants working in public sector organisations often had access to completing a 'carers' passport' so that management knew about their care situation and possible support mechanisms. This document would then move with them to a new line manager. Christine had

been the one at her last employer to push for the introduction of a carers' passport. They were also in place at Wendy's workplace, but they frustrated her. At the focus group she 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 pointed to the intrusive nature of carers' passports and did not want to be asked about her caring, Vanessa had her own concerns that such documents were a "tick box exercise" and that they were "not worth the paper they were written on". She felt so because she had not been allowed to work flexibly and passports did not transfer between departments and internal job moves.

A theme which ran throughout most interviews is that organisations had a number of policies in place, but that their application, use and value really depended on line manager understanding and interpretation. Such a finding has wide ramifications for the ongoing support of working carers. It was a point illustrated by Dawn who said at the focus group,

"... 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".

Indeed, carers were concerned that policies were not clear enough and having different managers led to different experiences and different interpretations.

Despite having organisational policies around flexible and mobile working, when Vanessa was looking at internal job vacancies she had found that the policy in place was not that of the organisation's formal policy and that in fact,

"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 women reported that their workplaces had the technology to support working from home but that it was allowed in some, but not all parts of their employing organisation. They recognised there are roles which cannot be done from home, yet 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".

Where flexible and compressed working arrangements were in place two women did feel like they were under pressure to work above their hours or change their agreed working patterns. Patricia's manager would sometimes ask why she could not attend a meeting on a non-working day. Whilst Patricia recognised that these were important she said it was not possible to attend if she had care of her mother; to do so she would have to get extra paid care in. Stephanie's manager had said she could do compressed hours but then later told her she could not have a full day off every week. Stephanie recounted the exchange,

"I said, "I thought you said I could do compressed hours. As long as I do my 37 hours a week". "I did". I said, "well why are you renegeing on that now?" She stomped off. She stamped her feet".

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.

Line manager support also varied from person to person. Several carers described being in the same role for some time but having different managers over the years, with differing management styles. Wendy was frustrated by her previous manager who she felt was continuously asking, "how's the caring going?", during supervision. Whilst she recognised that he was trying to be supportive with it she did not feel he was entirely comfortable with it. She said, "and I'm like "I'm ok. I'll tell you if it's a problem. Stop keep asking me"". Whereas, 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".

Interestingly, Stephanie also pointed to the gender of managers as having an impact. She said *"I do find that it's mostly women bosses that are discriminatory"*. Whereas Wendy reported that she now had a female manager who she thought was *"a bit more comfortable with it [caring responsibilities] than the other manager was"*. Noreen said that she felt *"...there is a strong err, strongly defined difference in male managers and their way of approaching kind of HR issues"*. She remembered an incident where her disabled daughter had been of school age at the time and had gone missing. She said, *"She's gone missing. I need to go. I think I know where she is"*. And he said, *"there's a job to be done here Noreen"*.

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

4.4.3 Extent of career development support

Participants recounted the varying approaches that managers had offered regarding the development of their careers within the workplace alongside caring. Encouragingly, many of the women interviewed did acknowledge that career discussions with managers had taken place. Often this was in the form of an appraisal, or annual performance development review. Participants had a variety of responses to such discussions. In some cases, they were highly valued, such as Judith who welcomed the opportunity to talk about training, development and other aspects of her role and what was going on in her life. In others, less so, such as Wendy who 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".

Having cared for several years at the time of interview, Lorna (age 62), Wendy (age 50) and Patricia (age 60) were thinking about their retirement plans, which influenced career development discussions. As a senior manager in her organisation, Wendy had noted that she made it quite clear she did not aspire to become a Director. Similarly, Patricia reported that she had access to career development discussions but that she has *"made it very clear that they weren't appropriate"*. She said she did not have aspirations to rise in the organisation. 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.

Winnie had recently had an appraisal but was at the top of her salary band, so perceived that there was no financial benefit in trying to do any more than she was already doing. Whilst opportunities were available, she said,

"I really don't know where I want to go from here. But whether that, I don't think that's any different because Mum, Mum, what happened to Mum. I think I'd have probably been just as bad".

Bridget had always been very clear in her annual appraisals when the questions arose about her career development, saying *"actually my personal circumstances don't allow it at the moment"*.

A small number of participants spoke of the impact of managers' actions. Prior to her ex-husband's illness, Dawn had a number of areas of responsibility, but when her husband was ill, the Head of her Department said she *"wasn't firing on all cylinders"*, and took a project off her. At the time she was relieved but at interview she reflected on the impact that had had on her career. Such actions can be described as notions of benign paternalism. That is that managers interfere with an individual's opportunity to choose, which they perceive to be for a good reason but without the individual's consent. Mary was also concerned about this happening in future and that her line manager might say,

"Oh we don't want to offer her that because her husband's been ill and she's his carer and we wouldn't to give her that opportunity; you know, we wouldn't want to send her off to America or anything because if we did then she wouldn't be able to do her stuff at home".

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".

In contrast, Vanessa described being forced to attend courses, without consultation. She had received an email to say that she was going on a course and it had 10 hours of study associated with it. She asked her manager when she was supposed to fit in the study time, in addition to

working and caring, *“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 also starting a further additional course with an exam at the end of it which she said her employers were *“enforcing”* on her. She noted,

“Apparently this is to further my career. Really? What at my age? I don’t think so. I really think it’s about, there’s somebody perhaps that’s not so good at their job, and so we’re all having to go through the mill to do it. But there’s absolutely no consideration as to what else I’ve got on at all”.

Whilst saying, *“I quite like working”*, aged 56, Vanessa said her priorities now were to have a work-life balance, not *“work-work balance”*, as she approached retirement. She was not looking for career development, and had made a flexible working request to reduce her hours.

Certainly, a number of participants reported that they did not have discussions with line managers about career development. Hannah laughed when asked if she had structured development discussions, saying *“no”*. Although she referenced discussion with her former line manager about internal promotion. In fact, in some cases participants reported that they did not have line managers to have discussions with, such as Rachel, for example.

As evident in the wider literature on the subject as discussed in earlier chapters, whilst in most women’s cases, career development discussions did exist, quite a few participants expressed concern that they were a paper or ‘tick box’ exercise only, without true meaning or appropriate time apportioned. 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”*. Mary had found that her manager had not devoted any time to having such discussions. He kept promising that with a new system they would spend time on it but that *“... so far it’s been like a, a snippet of 5 minutes here and there”*, without a proper meeting time devoted to such discussions.

Along with workplace policies and line managers, participants spoke about how highly they valued the support from their colleagues, which the next section goes on to discuss in more detail.

4.4.4 Support from colleagues

The support of colleagues was significant to carers in combining work and care, with appreciation and understanding noted. In particular, Noreen referred to her colleagues as

informal counsellors and appreciated being able to take her daughter with her when her colleagues met up on a Friday evening sometimes. Similarly, it was also noticeably absent in some cases, and was reflected upon by the participants of this study. Christine found that around half of her colleagues were supportive and had said to her manager, *“I thought I was part of a team”*. As a result, when she felt she did not have colleague support or to be part of a team, it came as a big shock to her. She felt that some of her colleagues had held the attitude,

“It’s not happened to me. It might happen to me in the future but at the moment I’m not really bothered. And if it did I’d just get someone else; I’d pay for carers to go in”.

Hannah was very aware of the perceptions of colleagues and the *“odd comment”*. She said, *“I would hate anybody to ever say “oh Hannah [surname] doesn’t pull her weight” or whatever”*. Even having the most *“wonderful line manager”* she had experienced issues in team dynamics, particularly when people were under pressure. Having been with the same employer for a number of years she recounted that there have been times when people are *“pointing fingers”* saying, *“well so and so’s never here”*, for example. She has had episodes of this over the years but at the same time says that the evidence is in the work that she produces.

A number of larger organisations now have carers’ forums and groups, which were a source of support for some participants to attend with colleagues in similar situations, particularly those employed in the public sector. Someone from Human Resources attended Vanessa’s employer’s caring forum and she had received support when she spoke of some of the problems she had been having regarding her manager’s inflexibility in terms of mobile working. Some reservations were held by participants though. For example, as a senior manager in her organisation, Mary had contacted the group but said at interview,

“... I decided was probably not going to be the sort of group that I really wanted to get involved with. It didn’t, again really big organisation, it just felt like a bit of a social networking group online. It didn’t feel like a group of people that you could go and talk to. And then I felt, actually, I’m not sure I want to share these things with people in my organisation”.

Thus two reasons why carers may not want to, or be able to, attend such support forums emerged from the data. First, it is clear that caring is intensely personal. Whilst some individuals were comfortable discussing their situations with colleagues and managers, not everyone

wanted people to know about it. Where they did discuss it, there were expectations of both organisational and line manager support in the workplace, and also time to be taken to understand their needs. Secondly, a few participants pointed to their time in the workplace as being precious and not having the time to take out of their working day to attend a carers' group. This was particularly relevant to those who were working part time and/or condensed hours.

In summary, a key component allowing participants to continue to work in formal employment and care for dependants is the support received from those around them. This support comes from both outside and inside the workplace, including at manager and colleague level.

4.5 Conclusion

In conclusion, this chapter has reviewed women's formal career trajectories and development. It has looked at how women combine caring and formal careers, why they choose to do so and mechanisms of support in doing so. The next chapter examines concepts of work and the notion of caring as 'work'. This builds on existing sociological concepts of work as explored in the literature review. It is significant because if caring is considered as informal work it necessitates a discussion of informal careers, skills and development, which follows. This has led to the development of a typology of women's informal caring careers.

Chapter 5

Findings: conceptualising work and career

5.0 Introduction

Whilst the literature has identified changing concepts of work, it is important to understand how the participants in this study conceptualised their caring and whether they considered it as work or not and the reasons for this, leading us to greater understanding of their career development. Interview responses showed that there was no clear majority answer to the conceptualisation of care as work. In fact, exactly half of the women considered caring as work, whilst almost half did not, with a few women unsure or making contradictory remarks in this regard. Their reasons for their conclusions on care as work will now be explored, before moving on to review the informal caring career, skills required and its development.

5.1 Conceptualising care as 'work'

5.1.1 *Care as 'work'*

When asked if they considered their caring to be work, participants pointed to the activities involved in caring. This included the tasks carried out, how much time was taken up caring and skills utilised in doing so. They described making and attending appointments; liaising with health professionals; managing medication and treatment; managing day to day activities; personal care; personal administration; everyday house chores, such as cooking and cleaning, and in some cases running two homes. In several cases, they were able to provide clinical nursing care due to their backgrounds and qualifications. Geetu provided all of the medical care her disabled son required which included physiotherapy exercises on his chest; medication by peg; and managing his ventilator, which sometimes could only be off for two to three hours a day. She had to be present at all times saying,

"If his head drops I have to like pick it up, so, things like that. You've got to be... I can't leave him just, you know. He knows I'm here so that's fine. And as long as he's got his ventilation on I'm not too concerned but without the machine, he can get out of breath and then he can't have the energy to call me. So, erm, I've got a button so he can call me

if I'm in the garden or whatever, you know. But I'd rather, I, I don't leave him without the ventilator".

Having formal care in place did not negate participants feeling that their care responsibilities were work because of what was needed and in some cases, expected of them. Despite her mother being in a nursing home, Rachel said she felt like her caring was work because she was the one who put her mother to bed, washed her and her clothes, made her food and also acted as a translator for her mother when Doctors visited. Whilst Mary's husband had wanted her to provide his personal care when he was in hospital, Dawn's husband had asked her not to provide personal care so that she could have a break, saying, *"... the only touch we have is personal care, not as a husband and wife"*. Christine complained that despite her mother receiving formal care support she would get *"loads of phone calls because she's gone walkabout"*. She was also co-ordinating the care agencies who appeared to be not speaking to each other. For example, she had also received a call being asked, *"your auntie's TV's not working, it's her life line, what are you going to do?"* which she had found very irritating.

There was also some discussion around the roles that women occupied as a result of their caring. Two participants referred to paid occupations as an example of the kind of caring work they carry out. Judith noted, *"... when they're ill and they need the doctor or the hospital, you're on duty, you're everything, you're the chauffeur, you're the ambulance, you're the whatever"*. Whilst caring for six adults over her life course, Christine described how she had had to resolve issues over the years saying, *"... I feel during this time I've been a Social Worker, a Fire Prevention Officer"*. These are roles which participants describe feeling reluctant to occupy but do so because it is necessary in order to ensure the care of the person they look after.

Several participants also pointed to the emotional labour element of caring for someone. It was described as a *"labour of love"* by Mrs Patel and Riha commented on managing her emotions and having to approach her caring with a smile *"because they don't want to see you moping around and miserable"*. It was also apparent in the management of individuals and their behaviour. Participants described being mindful of how to approach situations and utilising empathy but at the same time managing their own emotions so as to display an appropriate emotional response. For example, not getting frustrated at repetitive behaviours from those with dementia. Indeed, Wendy whose husband had early on set dementia described *"emotional stuff"* as *"more waring"* than any personal care she has had to provide in the past.

Moreover, the key reason why many of the participants described caring as work was due to the similarities with their formal paid employment experiences. In this regard they often drew attention to their extended working hours, being over and above “full time”, needing to be ever present for their loved ones, with Pema saying, “Whenever he need[s] me I have to be here” and Fiona describing it as a “24 hour job”. Not being present at all times could have fatal consequences for example in the case of Geetu, who needed to ensure her son’s head was kept up at all times to maintain his breathing and stated, “... my life is scheduled by what his needs are”, describing it as “... working from home”.

If these participants had been employed formally to care for their loved ones they would have entitlements under employment legislation (for example, the Employment Rights Act 1996). This would include annual leave, breaks and time off for sickness. Yet in many cases participants described not being able to take a break. Caring for her disabled son, Margaret noted,

“I can’t get a break from it. If I go away for seven weeks on holiday there’s nobody to take over and let me have a day off unless my husband’s there on his holiday. So we don’t actually get a holiday ourselves because we’re either working or caring. You know, there isn’t a break for us”.

Caring was also described as being work which required participants for 24 hours a day, whereby “carers can be under a lot of stress”, according to Fiona and even when the care recipients were asleep, carers reported that they were still “on duty”. Kate also pointed to not being able to take sick leave from caring for her husband and talked of effects on her own health. For example, she spoke of a chest infection she had been unable to shift because she could not take any time off or indeed be cared for herself. Working as a care provider in her paid employment, Judith was able to draw direct comparisons, noting,

“... it’s an extension of my work certainly, because it is.... You’re, you’re not relaxing. You know, I mean, it’s not like being at work. Erm, in some ways caring for Mum is harder. I think caring for my patients outside – they’re lovely, but at the end of the day you do your job, you make sure everybody’s ok and then you kind of walk away. Whereas, with Mum it’s sort of, it’s full on; once you get home, you’re there and it’s, it’s a job, yeah. I think it is a job yeah”.

In such a way, Judith's caregiving for her mother as a patient, one from whom she cannot take a break or walk away, is work.

5.1.2 *Caring as not work*

Almost half of the participants did not consider their caring to be a type of work. One of the key reasons for this was due to the relationship held with the person(s) being cared for, particularly where it was their partner/husband. Despite commenting that it sometimes feels like a job, Wendy stated,

"We got married and that's what ended up, the circumstances became as they were. So I don't think I would see it as a job",

As daughters caring for parent(s), several women described caring as part and parcel of their relationship, not that it was work, with Stephanie stating, *"... it's a family thing isn't it? It's people you love and care for"*. Similarly Bridget noted, *"... if it's your family you just do it"*. Several participants referred to the reciprocal nature of care, providing care for their parents who did so for them when they were younger. In actual fact, some women then pointed to it being a privilege to be able to return the favour to their parent(s), with Riha declaring it was not work but describing it as *"an honour"* to care for her mother. In a similar way, Carol said,

"... it's an opportunity for me to demonstrate the care that my parents have demonstrated for me.... It's a privilege almost to be able to support them at this stage in their life".

Another factor in the consideration of care not being conceptualised as work relates to the tasks and activities carried out in the act of caring. Wendy did not consider caring as work because, on the whole, she did not provide personal care for her husband. For her, the caring duties she engaged in were more organising things at home and for her husband, and often having repetitive conversations due to his dementia. Similarly, Hannah provided minimal personal care for her mother who lived with her. She said she would still have to do cooking and washing, and just incorporated her mother's needs in with her own, saying, *"...it's ingrained into my daily routine and mixed in with what I do for myself as well"*. Likewise, after her husband's stroke, Tracey said,

“... it’s not like there’s anything extra created by his illness, or not very much extra, it’s just that what we would have done as a partnership all falls onto me”.

5.1.3 Mixed conceptualisations of work

Evidently, there was some uncertainty around the classification of care as work, exemplified by Patricia saying,

“I think, no I don’t think of it as work even of though I think of it as a, as a constraint and a bit of a burden, it’s not the same as work. I don’t know why that is”.

A few participant responses illustrate the lack of clearly defined boundaries around concepts of work with them speaking of care as being both work and not work. For example, early on in the interview Carol had declared she did not think of caring for her parents as work, noting her Christian family values and how it was not a duty, but was a privilege to care for her parents. Yet when talking about her current working pattern, she said,

“Well I think that I’m able to do what I do now erm and I can do it with a 100% commitment and 100% focus because I know that I have also got the time and resource and energy to do the caring work as well. I say caring work, it’s not caring work, the caring as well”.

After declaring care was not work, when comparing it to her formal employment Vanessa noted,

“... I didn’t go for an interview to be a carer. I didn’t go and apply for a job, do you know what I mean? I didn’t apply for this job”.

Brenda said she did not consider caring for her mother as work, but also referred to *“always being on shift”* as a carer.

Evidently, the language chosen by participants to describe their situations is significant. When responding to care as work, Bridget spoke of her caring in a number of different ways:

“You know, if it’s your family, you just do it. ... Erm, I did feel like an unpaid slave sometimes ... yeah, I felt a little bit like a bit of a slave, but ultimately I chose it.... Yeah. So no, I didn’t actually consider myself to be a carer because it’s just what you do. You’re presented with a job and you do the job”.

Bridget had declared that her caring was not work. However, due to the tasks and emotional labour involved at difficult situations she recounted when caring for her mother in law she then uses the word “*slave*”. In doing so she was referring to the lack of appreciation offered for her efforts, which had come to be expected, without remuneration. Closing her response to the question she concludes that she was “*presented with a job*” and she did it.

Exemplified by participant responses, conceptualising work and care is no easy task. It carries with it not only the activities and labour required to provide the care required but also emotions and feelings. That being said, with half of the participants declaring their care as informal work, it is important to examine their perceptions of careers, before turning to career development within that informal work space.

5.2 Concepts and Perceptions of careers

5.2.1 Career Development

During the interviews participants were asked what career and career success meant to them. On the whole, they responded with their consideration of what notions and concepts of careers meant within a formal setting. Interestingly, unprompted, it was only Sara who discussed career within the home as well as in the workplace, saying,

“I don’t look at career as only employment. I look at career as, erm, your personal life as well. So I look at career as in, yeah, paid employment, but I also look at career as in what your visions are in life. And my career is my daughters’, was my parents, you know caring for them the best ability, limitation that I have but I tried my best”.

This was something that she had always believed to be the case, noting,

“... it’s duty bound, you know, what do you see as your career in life erm, it just doesn’t necessarily mean something behind a desk”.

Furthermore, where participants had undertaken voluntary work they also did not necessarily see that feeding into their career. For example, Bridget said,

“... I think that’s something that sits out of any career. And I think because I’m not employed in something relevant, it, it’s not used as part of my career progression”.

When further probed she acknowledged that there was a transfer and development of skills within her formal employment and volunteering, such as problem solving and communication, noting that, *“... understanding people is, is the thing that you get from volunteer work”*.

However, all other participants referred to notions and perceptions of their careers within a formal setting, which did not include caring activities. For several, a career was considered fairly traditionally or objectively as progressing within a profession in a linear manner through promotions with more responsibility and salary increases. Reflecting on this in a personal manner meant they were seeking a *“step up”* with each role. Taking this into account led Fiona to conclude that she did not have a career, saying,

“... I think it means progression and stability and probably having a salary. Whereas what I do is more zero hours and contracts and bits and pieces”.

Most of the participants, however, had more subjective perceptions of what career meant, but significantly still to be within a formal employment setting. This included still being a journey of different roles and experiences for some, but not necessarily an upwards trajectory. Working in education until a recent ill health retirement, Usha noted,

“Career means of course being professional. Erm, it’s not just earning money, it’s not having erm, your earning at the end of the month. Career means following your dream. Career means pursuing what you want to do in life. Following your interests. Erm, making a difference to people’s lives – that’s what career means to me. Erm, career also means not to give up; to, to give 100% to what you want to do in life. That’s what career means to me...”.

Half of the participants drew attention to the changing nature of their perceptions of careers. They pointed to previously having considered a career to be linear development but that this had since changed, following the ‘turning point’ of becoming a carer, alongside the influence of age and experience, which had altered their perceptions. This can be demonstrated by a quote from Wendy:

“Career – I guess it’s probably different now than it used to be. But mine was always what my next challenge was going to be. What’s my next opportunity? Where did I see myself? I don’t I think... I see it as now I’m more into the job rather than career. So for me my career was what path I was going to and how far did I want to go.... now, it’s

more important for me to do something that I enjoy, that I can earn the money I need to and have the flexibility”.

For these participants, value became more important – to be able to add value in their work and roles, making a difference to others, but also to feel valued and acknowledged. Describing herself as a “*working class kid*”, Stephanie reported that she used to think a career “*was a really, really magical thing that very rich, very privileged people had*”. As a result she was keen to inspire others around her. However, pointing to their caring, Kate and Vanessa both said that notions of career now meant “*nothing*” to them. Vanessa reported,

“It did mean advancement, erm, doing different jobs, learning different skills, meeting different people, using your experience. That’s what it did mean. Now, it doesn’t mean anything, to be fair. It doesn’t mean anything ... because I’ve got other responsibilities at home”.

Similarly, when asked what career meant to her Kate responded with:

“Erm, it used to mean: 1) doing something that I really enjoyed 2) getting paid a decent amount of money for it, which I did and 3) you know, longevity, being there for a long time. Erm, that’s what it used to mean. Now, it means nothing. Because I’ve not really got one”.

Changing notions and perceptions of careers, influenced by caring, also led participants to describe career success in different ways, which will now be reviewed.

5.2.2 Career Success

Five participants clearly looked to objective measures as career success (for example salary and upwards career moves) and considered themselves to have less successful careers than those who looked to subjective indicators (for example satisfaction and being able to make a difference in their work). Take, Rachel for example: she considered career success to be having a full time job, a clear progression path and opportunities to grow. As such, she did not consider herself to be successful due to a lack of time to devote to her role, noting that her priorities had shifted to caring for her family (both dependent children and her mother). A number of participants considered both objective and subjective measures as indicators of success.

Nevertheless, eighteen participants looked specifically to subjective indicators of career success. They described how their notions of success had changed from when they first started working, linked to age and caring. Many indicated that they used to look to objective measures of career success such as promotion and career progression. Yet now what was more important was enjoyment of work; reputation; making a difference through their work and having a work-life balance. Certainly, Carol noted,

“Career success is about, that combination of using your experience to do work which is stretching, enjoyable, delivering a great job for people, reputation. Career success for me is around, about the reputation that you have, what people say about you when you’re not there. Erm, I used to be driven financially but I’m not at all now”.

Similarly, Bridget said,

“I’ve always enjoyed what I’ve done. I think that’s got to be success hasn’t it? So I think, you enjoying something that you’re doing because you’re doing it well and so you’ve been successful in doing that. You know the worst days we have at work generally are when something’s gone wrong, somebody’s fed up, somebody’s annoyed, you’re annoyed, whatever. That’s not a successful day, but when you know, you’ve done the job and you’ve done the job well, that’s, that’s career success, regardless of what job it is”.

Participants frequently referred to making a difference to the lives of others, be that customers or colleagues. Those in medical professions spoke about helping patients, whilst as a self-employed network sales manager Margaret also referred to *“having a successful team underneath”* her saying,

“So it’s not so much about me anymore. It’s about making sure that they all succeed because if they succeed I automatically succeed anyway”.

Helping others was also linked to a sense of satisfaction which fed into career success for women. When asked about career success Usha spoke about the satisfaction her work brought her prior to having to retire on the grounds of ill health.

“Being successful in a career means satisfaction inside you. Erm, feeling that you have achieved what you have planned to achieve, which I did. Since I was a little girl I wanted

to be a teacher and I became a teacher and I stuck to it and I followed my dream. And I got it. And I feel good about it. I mean, how many children must I have helped? Yeah, they still me. I can't see them [with significantly reduced eyesight following an accident] but they would come up to me and they would talk to me".

Noreen directly referred to the different definitions which could be ascribed to notions of career success. She noted,

"Well I guess there are the two definitions that I'd use and my, my definition would be – I really like my job and I think they pay a reasonable amount for it and I they're flexible and can meet my needs. The other definition would be, the more erm, a male driven I think, errr, career path, onward, upwards, earn increasing amounts of money, get a decent pension".

She then declared that on the basis of her definition she viewed herself as having a successful career, as did a number of other participants, taking account of subjective definitions and caring responsibilities. They were able to look back and refer to a number of ways they had had helped people and the positive impact their work had had on both individuals and groups. Furthermore, Holly spoke of the fulfilment that her role provided but that also being flexible and having moved geographically closer to her parents, the fulfilment that knowing her mother was safe, pointing to a successful caring career. Patricia noted that if she had considered only linear upward progression then she would not be successful in light of her caring, going on to say,

"If I am still, if my success is defined by erm, being able to help and support people then no.... If that's how I define success then no it hasn't, it hasn't been affected".

Additionally, caring had positively influenced the formal career success of some women, such as Fiona and Noreen who had used their caring to inform their careers around helping those with similar conditions to their own adult children.

Further to the exploration of concepts of career outside of objective measures of personal success and changing concepts of work, this chapter now gives time and attention to the development of informal caring careers.

5.3 Care: the unexpected career

At interview participants described the unexpected and unpredictable nature of caring. Those caring for their husbands with young onset dementia in particular pointed to their caring being unexpected at this stage in their lives. Most participants had not received any training in their caregiving roles, but spoke of skills they had utilised and developed through caring. Some of these they were able to transfer into their formal employment. Additionally, they were also able to utilise skills from their formal employment in their caring and spoke of how the two complemented each other. Monica highlighted the absence of training people as to what they might proactively need to do, if they are caring for somebody at home, saying,

“Because there’s an assumption and with the best will in the world you can really do things that aren’t done the best way.... there is a gap there. You are left with it really on your own resources to a certain extent”.

As a result, skills can be developed through trial and error, of seeing what works in a caring role.

There were notable exceptions to this. After her mother had an operation district nurses showed Hannah how to change the dressings. Margaret had received hoist training following an operation her son had on his legs. Bridget’s employer had done a training programme for Dementia Champions. Of their own volition, Kate and Helen had attended courses with the Alzheimer’s Society and Helen had also been to a course with a Leicestershire based caring charity.

However, for many, due to a lack of training in their caring, participants had to rely on skills they had developed in their formal employment and work history. These are focused around communication, negotiation, organisation and project management and management of people and their behaviours and a number of participants were able to provide examples of this in action. As an experienced Project Manager, Christine had used her skills to gather information and review it and formulate an action plan around the care of her loved ones. Having experience of working in retail and human resource management, Carol reported,

“...I would say it’s a lot around communication and the ability to negotiate and get things done and agree next steps and action plan. So, in actual fact, a lot of the skills that I have honed through doing my various roles have really come into play with getting

things organised with the various agencies at the NHS and well social services; getting things organised. So I guess for me that's really helped, the skills that I've had at work have really helped with the caring".

Wendy had utilised techniques from work to help her manage her husband's behaviour saying,

"Because my background is in learning disabilities around challenging behaviour – the techniques of managing behaviour are the same regardless. So yeah, and sometimes it probably doesn't help, because I, I just, you don't have the patience but, that knowing sometimes how to cope and manage his condition probably is easier because I do have some insight into it".

Those with direct work-related experience, such as managing disabilities and conditions were also able to utilise specific skills and knowledge. Indeed, following his accident, Natasha's husband was unable to talk. From her experience she was able to teach him sign language to help him communicate.

Additionally, a number of participants had worked, or at the time of interview were working, in the public sector and remarked on how useful this was. They found that they knew the systems and processes in depth which would help them manage care and care packages. Similarly, health professionals were able to directly use nursing and caring knowledge. As a trained nurse Geetu was able to provide complex care needs for her son. She also felt that she was perhaps more aware of what could go wrong compared to other mothers and would pick up on signs of infection quite quickly to stop anything major developing. Patricia referred to knowledge from her clinical background but also said, *"it doesn't always make me a better carer, but I am a more informed carer".*

Many participants spoke about how they transferred some of the skills developed from caring into the workplace. There were some which could be described as direct activity related, such as nursing and care work. Yet on the whole, they spoke of things which could be categorised as 'soft skills'. These included communication, negotiation, empathy, patience and resilience. They spoke about having developed an ability to seek to understand what could be going on in other people's lives during their interactions. This included both customers and colleagues.

Working in education, Patricia noted,

“... it’s the softer things like, you, you become, well you recognise that you need to become more tolerant, patient, that things are not always as they might appear to be. You know, you’ve got to kind of look underneath”.

Likewise, Dawn’s caring had informed interactions with students as well as teaching sessions on care and caring, referring to real life examples that the students could relate to. With experience working in paid caring occupations, Judith and Geetu both noted that as well as providing the practical care required, it was important to utilise listening skills and to get to know the person as well as you can; something they had picked up from their informal caring. It is interesting to note that there could be negative implications to this. For example, Geetu was told she was taking too long on her nursing tasks with patients/clients in formal employment. It seemed to her that,

“...real nursing care is going down quite a lot. It’s not empathy or sympathy, or caring, it’s just a job now”.

In several cases participants worked in services which linked into the caring of others and were able to make an input to discussions. For example, Wendy’s insight meant that at a meeting she was able to say,

“Actually it isn’t like that in reality. That’s not somebody’s experience of using your services. You know it isn’t like that for a carer. You don’t make assumptions about, ‘oh we’re all, we’re all you know sat at home doing our caring – some of us are actually here working as well”.

Similarly, Fiona and Noreen had used the skills and knowledge gained from caring for their disabled children to inform their career choices, as indicated earlier.

Whilst caring skills are not always recognised in the workplace it is an important area for consideration. As a manager, Margaret felt it was an important area for review in examining women’s careers, particularly given that she had spoken to carers who were wanting to get back into the workplace but felt that they did not have any work-related skills which they could refer to. She noted,

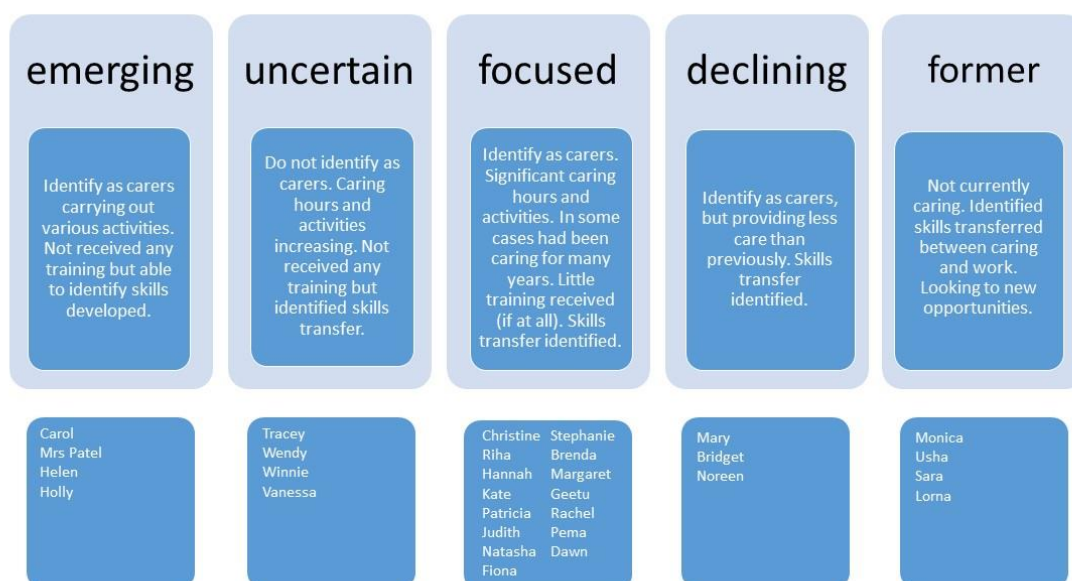
“Because they’ve not been in work for 10 years, 15 years or whatever and they just don’t see what they have. And yet you know sit and go “hang on a minute, you run a house, you liaise over four kids and after school clubs and you do this, that and the other. You know you’ve got huge organisational skills”.... I think it must be really hard if you’ve been out of the workforce for a long time to get back into the workforce if you don’t recognise those skills in yourself and you haven’t got the confidence to get them across to people. You know, if you are sitting in an interview and thinking ‘well, I haven’t done any of these jobs in the past and I don’t know how to do this’ – it’s having that wherewithal to think ‘well actually what I did now converts to x, y and z’”.

Many participants indicated that they had not given much thought to the development of skills through caring or their reciprocal nature between formal employment and caring, pointing to part of the development of their unexpected caring careers. Through analysis, patterns emerged which have enabled the development of a typology categorising different stages of caring careers within my sample of interviews.

5.4 A typology of caring careers

A number of themes have emerged from the analysis whereby similarities can be drawn to build a typology of different stages of caring careers. These are based on the length of caring, activities undertaken, identification as carers, and development of skills and skills transfer aiding informal career review and development. As a result, five types of informal caring careers have materialised – ‘emerging’, ‘uncertain’, ‘focused’, ‘declining’ and ‘former’ caring careers, as displayed in Figure 24.

Figure 24. Typology of caring careers



Those with ‘emerging’ careers are often in the early stages of caring responsibilities. That is, they do identify as carers and carry out a number of activities, but caring is not the main focus and does not take up as much time. Carers in this category have not received any specific training but in line with the above discussions have begun to identify transferrable skills gained from caring. Meanwhile, ‘uncertain’ caring careers point to participants not identifying as carers, for various reasons, but whilst being able to note the number of hours taken up with caring and the activities undertaken. Similarly, they have not received any training but can identify skills transfer between caring and formal careers.

‘Focused’ caring careers point to participants who identify as carers, and for whom, caring is a significant part of their life, and may have been so for a number of years. Here, participants are caring for longer hours than the first two categories and carry out a number of activities. In some cases, they had also received training to assist them. They are also able to identify how caring has influenced formal careers and vice-versa. ‘Declining’ caring careers indicate situations where the caring requirements of participants are decreasing. They identify as carers and may have previously been ‘focused’ carers and can identify skills transfer. ‘Former’ carers refers to participants who have been, but no longer, care for a dependent adult, and are looking to new opportunities. In some cases, this could be linked to the transferrable skills honed through caring.

These categories will now be explored in turn.

5.4.1 'Emerging' caring careers

Carol, Mrs Patel, Helen and Holly can be considered to have 'emerging' caring careers. They all identified as carers and had been caring for less than five years. On average, they cared for less than 10 hours per week. They describe carrying out similar caring activities, including housekeeping, personal administration, practical support, liaising with health professionals and emotional support. Helen had volunteered to attend courses with charities, but no other training had been provided for any of the women. Participants were able to identify skills they utilised in their caring which had been developed through formal employment. These included communication and negotiation and knowledge of social care systems. However, they did not speak of skills transfer in the opposite direction, or the development of skills through caring to be transferred into formal employment.

5.4.2 'Uncertain' caring careers

Four participants can be described as having 'uncertain' caring careers. Tracey and Winnie did not feel the nature of their caring work was enough to warrant the identity of a carer, and identified themselves in supporting roles. Wendy and Vanessa recognised they were carers for official purposes, such as the adult social care system and workplace policies, but did not identify as carers. This was because of the relationship with their dependant. Wendy was caring for her husband and Vanessa for her parents. They had been caring for 10 years or less, with Winnie caring for only one year. They reported that the numbers of hours of caring per week was increasing, with Wendy caring almost full time for her husband, being available on the phone for emotional support and checking in with him when she was at work. They describe a range of activities being carried out in their caring, such as housework, personal administration, emotional support, supervision, managing medication, liaising with health professionals, and some personal care. Participants recognised some of the skills they used from their working lives as project management and organisation. Wendy also referred to techniques of managing behaviours and Winnie her technical nursing skills and knowledge of hospital systems. They both spoke about taking empathy from their caring and transferring it to paid work, alongside information which could inform their positions. They had not received any training for their caring responsibilities.

5.4.3 *'Focused' caring careers*

The largest group, with fifteen of the participants, can be described as having 'focus' on their informal caring careers, as indicated in the table above. They all identified themselves as carers. Christine estimated she cared for 10 hours a week, Stephanie 11 hours and Rachel 12 hours a week. The remaining women cared for significantly more hours than this, with eight of them describing themselves as caring for 24 hours a day, seven days a week. The number of years caring varied across the participant group, but it is significant to note that Christine, Natasha, Geetu and Pema had been caring for over 20 years each, with Natasha having cared for her husband for 28 years at the time of the interview. Women described a variety of tasks and activities associated with their caring as housework, liaising with health professionals, personal care, and/or co-ordination of care, administering medication/treatment, personal administration, emotional support, and managing behaviours. Brenda and Geetu were also providing nursing care.

Whilst on the whole these 'focused' carers had received little training or guidance, there were specific cases where it had been provided. Hannah had been shown how to change dressings after her mother had an operation; Margaret had been trained how to use a hoist; Kate and Judith had been on some training with charities to help with specific conditions. In a number of instances their formal and informal careers overlapped including those who had received formal training in social work, or had clinical nursing or care backgrounds. Patricia, Judith, Natasha, Fiona, Brenda and Geetu had all had training through their paid work and job roles which they could directly transfer to their caring. As a result, the majority of the participants were able to detail skills they transferred between caring and formal work. They described skills gained through employment used in caring as problem solving, organisation, personal care, clinical nursing, and behaviour management. They also expressed knowledge of the adult social care system and medical conditions. Most of the participants interviewed spoke of the softer skills which they had developed through caring, notably that of empathy and patience but also development of communication skills.

5.4.4 *'Declining' caring careers*

Interestingly, where aforementioned carers considered their caring responsibilities would increase, Mary, Bridget and Noreen had found theirs decreasing. Whilst they all identified as carers, the dependants of Bridget and Noreen now lived in residential care so the number of

hours caring and activities had decreased. Having cared for her disabled daughter for 24 years, Noreen's daughter had moved into assisted living accommodation and she had her to stay at home one night a week, but also looked after her finances, so her caring work had notably changed over the years. Her voluntary severance had been confirmed at the time of interview so that she could spend more time with her family, including caring for grandchildren. Mary had identified as a carer since her husband had a stroke two years ago. She had been providing personal care but as her husband's rehabilitation improved she was providing less and less care and described her activities as housework, personal administration and emotional support. Her work history had been helpful in providing her with 'soft skills' such as empathy, negotiation and influenced which helped her to encourage her husband on his recovery journey. She did also feel that caring had helped her to further her levels of empathy in the workplace with colleagues.

5.4.5 *'Former' caring careers*

Four of the women interviewed were no longer caring for adult dependants. In three cases, this was because of the death of dependants. After caring for him for 28 years, Usha's husband had sought treatment. Usha said that just as her husband's health had improved she had developed significant problems with her eyesight following an accident and noted, "*... the tables have turned now. He is the carer. He looks after me now*". The other women had cared for shorter lengths of time ranging from two to seven years. When speaking about their caring, all four participants identified with the term 'carer'. Monica, Usha and Sara spoke of using formal employment skills in their work as management and organising, analysing and taking on difficult situations. All but Lorna spoke about the skills they had developed over their years of caring. These comprised empathy and tolerance and the knowledge of conditions and sources of support.

These participants were exploring having more time to themselves, and using their experiences in work which can be described as advocacy and information sharing surrounding caring and its associated challenges in some cases. In some instances, this had led to the pursuit of voluntary work. Since the interview Usha had emailed to say she is now working as a Community Research volunteer for a local charity and described it as being wonderful to be able to give something back to the community. Sara was looking to further her caring career through fostering children. Bridget had become an Alzheimer's Champion at her workplace, but as she now had more time since her mother in law had moved into a nursing home she felt she was at a crossroads as to

what she did next. Lorna had further reduced her working hours following her husband's death and was now focused on a life after retirement in a couple of years' time.

Overall, there was an acknowledgement by participants that they had not always given the development of skills, or consideration of caring much thought prior to the interview. Yet, Margaret was very clear on the development of informal careers to inform formal careers and skills transfer acknowledging there being a huge skill set in caring work. As her husband's health improved and he was able to do more for himself, Mary got in touch following her research interview to say that it had prompted her to think about her career and that she was setting up a coaching consultancy business. Part of her plans included helping carers and former carers to identify the skill set they had and developed through their caring roles and best utilise this in their formal careers, seeking progression and new opportunities.

5.5 Conclusion and Summary of Findings

To conclude, this chapter has examined carer debate surrounding conceptualising care as work. It has also reviewed participant notions of their careers and career success. As a result, the chapter finished with the examination of the unexpected informal caring career and its development, including the transferrable nature of associated skills. Relating the findings to the literature review and existing theory is the next important step of this research. This and the development of theoretical frameworks are examined in the next chapter, Discussion, which follows.

In summary, the two Findings chapters have analysed the formal career trajectories of participants leading to a new typology of carers' formal careers. The motivations to work and care were reviewed alongside availability of workplace support in doing so. Analysis of care as work was explored alongside concepts of careers and career success. Consideration of caring as work in light of participant experiences led to the development of a further typology of informal caring careers.

Chapter 6

Discussion

6.0 Introduction and summary of analysis

This chapter discusses and evaluates the findings presented in the preceding chapters in relation to existing academic literature. This is accompanied by the presentation of theoretical developments and contributions emanating from the research. The discussion centres on several key themes that were reported in the Findings. First, the key theme - 'impact of caring on formal career trajectories' emerged from analysis of the participants' event history calendars (section 6.1). Participants described the modes of support which assisted them in combining formal employment and caring, within which the role of line managers was highlighted as significant, over and above the existence of supportive formal policies. Further analysis of this data led to the development of a new typology of women's formal careers affected by caring, with the positive effects in a number of cases being highlighted.

The second theme is the participants' 'perspectives on concepts of 'work' specifically the consideration of informal 'care as work' (section 6.2). Participants described the skills they had developed through caring and transferred to, and from, the workplace. Thirdly, this contributed to them reviewing their 'understandings of career' and determinants of success, and the 'emergence of caring as an unexpected career' (section 6.3). In turn, this led to the development of a further new typology of informal caring careers.

Fourthly, formal and informal caring careers can then be examined in relation to existing literature (section 6.4) which helps in 'conceptualising women's formal and informal caring careers'. Furthermore, I apply 'existing constructs of women's careers to caring'. Finally, this thesis identifies the new notion of 'women's polymorphic careers', both formal and informal, emphasising their contextually driven nature (section 6.5) and I offer a new model to encompass this.

These thematic areas are now discussed in more detail, focusing on the implications of these findings for existing theory and developments made.

6.1 Impact of caring on formal career trajectories

A key part of this study was the in-depth exploration of the impact of caring on women's formal career trajectories, and the way in which it shaped their working lives. A number of sub- themes emerged from the findings around the development of the careers of the participants. Analysing the whole career trajectory of participants, both prior to, during and after (in some cases) caring responsibilities, allowed for the review of their whole career. This is something which is not addressed in existing literature, which focuses on the impact on careers once caring commences, not the whole career trajectory.

This study demonstrated that whilst many participants spoke of the unplanned nature of their careers, they described progressive linear career trajectories prior to caring starting, reflecting traditional notions of careers (Wilensky, 1961). Here their careers took on a 'boundaryless' nature (Arthur, 1994) with frequent mobility between different employers, and sometimes sectors. However once caring commenced, the careers of individuals often needed to adapt to take into account allowances for caring responsibilities. After the 'turning point', calendars often displayed career plateaus in terms of job mobility, roles and responsibilities, alongside a reduction in responsibility and in some cases changing job roles. Also evident were reductions in working hours, career breaks and terminations of employment in relation to overall caring responsibilities, including childcare. Such findings are in line with existing research, which has focused on the negative impact of caring on careers, and has demonstrated that those who are carers may find themselves having to reduce the number of hours they work, their levels of responsibility, or even leave their jobs entirely (Carers UK, 2017a; Waters, 2008; Yeandle et al, 2007). My study also supports 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).

Despite evidence which indicates that carers are more likely to retire (Jacobs et al, 2014; Van Houtven et al, 2013; Meng, 2011; Mooney et al, 2002), or leave work (Carers UK, 2017a; Waters, 2008; Yeandle et al, 2007), participants in this study were keen to remain active in the formal labour market, or to re-join it. However, in some cases participants were working formally for longer periods of time than they would like to. Whilst one of the reasons was because of the reliance on their continued income, in support of work on the financial necessity of employment (Templer et al, 2010), other factors emerged. Participants described formal employment as

offering a break from caring. 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 who are carers (as discussed in at Section 2.2.3). If they fail 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).

The commencement of formal careers of participants studied often stemmed from paid work in a bureaucratic setting with traditional career patterns emanating from organisational systems, and linear progression (Valcour and Ladge, 2008). Such career trajectories would support the sociological notion of careers revolving around the formal structures of organisations in a planned manner (Super, 1954 cited in Cohen and El-Sawad, 2009: 286). After analysing the career trajectories of participants, it is apparent that their early careers reflect the sociological perspective with upwards linear progressive career moves. Following the commencement of caring, careers take on the focus of the individual, to fit their own situation and requirements external to formal employment (Super, 1954 cited in Cohen and El-Sawad, 2009: 286), in light of the psychological perspective on careers which argues that 'people make careers' (Derr and Laurent, 1989: 454 cited in Cohen and El-Sawad, 2009: 285), and manage their own careers independently of organisations. For some participants this meant staying in organisational roles for longer than they anticipated, or not making the upwards progressive linear moves that may have been seen earlier in their career trajectories, for example.

With such careers being individually driven, to examine women's careers necessitates a review of the whole career journey and how individuals interpret their own careers. This is in support of the social constructionist notion of careers (Cohen et al, 2004), and takes account of reconceptualisations of work (Glucksman, 1995; Taylor, 2004 – further discussed at Section 6.2). In so doing, participants reflected on the direct impact of caring on their working hours, but also the career choices they had made. For example, the withdrawal of job applications in anticipation of not being able to manage additional responsibility, or because they perceived workplace support not being mirrored to that in their existing role. 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 their other responsibilities, not just considering the formal career opportunities (Mainiero and Sullivan, 2005).

Analysis of the career trajectories of participants led to the development of a unique typology of how women's formal careers are affected by caring; the first of its kind (section 4.2). Whilst existing studies have referred to the impact of caring on employment and careers, and career typologies exist (for example, McNulty and Vance, 2017; Joseph et al, 2012; Omair, 2010), this new typology of women's careers is the first that presents their careers in intersection with their caring responsibilities. Two of the categories of women's formal careers affected by caring, 'caring bounded' and 'caring suppressed' careers in the typology demonstrate the sometimes negative impact of caring on participants' formal careers. These include the limiting opportunities for development. Those with 'caring bounded' careers may have, or have had, opportunities for formal career development, but their caring has bound them to their existing roles and employers for longer than they felt they would have done had they not been caring. This was something referred to by a participant as a "*fur lined rut*". That is, participants felt they were qualified and would be able to work at more senior levels but the responsibilities, activities and working hours of their existing positions supported them combining work and care; something they felt they would not be able to do with a change in roles. They also spoke of concerns as to whether their flexible working practices, and the support and understanding of their situation would be replicated elsewhere. Those with 'caring suppressed' careers have often had to make sacrifices in their formal careers to accommodate caring, and sometimes spoke of working in less supportive work environments. This categorisation offers a representation of carers' limited personal agency, where participants have had to make sacrifices related to their careers to accommodate their caring responsibilities. This category supports existing studies which reflect the negative impact of caring on careers (for example Carers UK, 2017a).

The new typology (Section 4.2) also importantly includes the positive impact of caring on formal careers which is not currently addressed in existing literature. This study identifies that care can have a positive impact in shaping women's formal careers, leading to the emergence of new career opportunities for some. As a result, this study has allowed for the development of two further categories of carers' careers, namely those participants who could be described as having 'caring inspired progressive' or 'caring facilitated' careers. Those with 'caring inspired progressive' careers had made changes to their formal roles to better balance the responsibilities of work and home in a more positive manner, reflecting on the quality of their lives, whilst at the same time allowing for career development and the exploration of new opportunities. In light of those displaying 'caring facilitated' careers it was evident that their

caring experiences had facilitated career choices and development, recognising the transferrable skills associated with caring; the development of such skills first highlighted in the literature a number of years ago (Given and Given, 1991).

This section has examined how caring can shape career trajectories. This has been both from a negative perspective, as highlighted in previous studies, but has also pointed to the positive effect of caring on careers. It is thus important to understand the support in the workplace which helped, or hindered, participants in combining formal employment and caring, which this next section discusses.

6.1.1 Support in formal careers - Incongruity between policy and manager practice

The findings indicated the motivations for participants to continue in formal employment, and also examined the support available at work which helped them to do so. Participants pointed to the importance of supportive workplace policies and practices, such as flexible working, in assisting them to meet their caring responsibilities. Such findings link with existing literature on the significance of support for working carers (Zuba and Schneider, 2013; Appannah and Biggs, 2015). Indeed, so important was this that a number of participants would examine a potential workplace's policies at recruitment stage before committing to join organisations.

Overall, a distinction could not be drawn between the workplace support offered to participants employed in different sectors. This runs contrary to existing literature indicating that public sector employees perceive their working practices to be more flexible than in the private sector (Yeandle et al, 2007). That said, the only participant employed in the third sector, did report high levels of support from her employer, which reflects research conducted by Employers for Carers (2013) on the awareness and support of third sector organisations, often in line with their purpose and vision.

However more significant findings were that it was the local interpretation and implementation of workplace policies alongside approaches of line managers that were the most important factors in evaluating employer support. Participants noted that although their employers had formal policies, and in some cases 'Carers' Passports' in place, line managers did not apply them consistently. Furthermore, 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. This included local agreement with line managers whereby their exact location or work being undertaken did not need to be known at all times.

Participants also reported varying support from line managers with specific reference to their career development. Whilst there was evidence of development discussions taking place, in accordance with existing literature (Hutchinson, 2013), participants had concerns with regards to the integrity of development and performance discussions. This was exemplified by comments around them being a “*tick box[y] exercise*”. Recent literature has explored the notion of benign paternalism (Rawat and Lyndon, 2016) by line managers. In this context I saw a lack of choice for participants, with managers making decisions on their behalf without consultation. Examples included being signed up for training without discussion and having responsibilities removed from them with a perception by participants that their line managers did not wish to “*burden*” them. Such decisions had an impact on the careers of participants but without their own input.

It is suggested, therefore, 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. Those participants with supportive line managers, who offered flexible arrangements, found it easier to combine work and care, whilst also developing their career. They also pointed to the importance of workplace policies being clear so that they could not be open to different interpretations or misinterpretation by line managers. Although in careers literature the role of line managers is less well considered than existence of formal organisational policies, their role has a more pronounced focus in wider human resource management literature (Winkelmann-Gleed, 2012; Hutchinson, 2013). Experience of participants in this study aligns with Sethi et al’s (2017) Canadian study and managers’ lack of awareness of caregiver-friendly workplace policies (Section 2.2.2).

This section has highlighted the role of organisational policy, but also the approaches and practices of line managers in supporting working carers and their formal careers. It is evident from the literature review and findings which have emerged that formal careers are only part of women’s careers. The next section reviews the second theme, different perspectives and conceptualisations of work and the consideration of the act of caring being work.

6.2 Perspectives on concepts of 'work'— care as 'work'

There are different definitions and perspectives of work in existing literature. Sociological research has previously divided work into paid employment within a public domain and unpaid domestic work in the private sphere (as discussed at Section 2.5.2) (Taylor, 2004). Such a dualistic approach led to areas of some individuals' work becoming invisible from examination. This study gives credence to broader conceptions of work and notions of care as 'work', which were specifically explored with participants in light of the literature on conceptualising work (Glucksmann, 1995, 2005; Taylor, 2004), work 'beyond employment' (Vosko, 2010) and the concept of caring tasks being involved with 'caring for' as opposed to 'caring about' (Ungerson, 1983), as discussed in Section 2.4. This section explores these theories further in relation to care as providing a service, and the relationships involved in doing so.

In considering if their caring was viewed as work or not, participants pointed to the time it took up, activities undertaken and relationships with the dependants they cared for. Developing Glucksmann's (1995) TSOL, Taylor's (2004) concept of work focused on activities and 'the provision of a service to others', (Taylor, 2004: 38). In contextualising work, she provided a conceptual framework whereby unpaid care for a sick or elderly relative is considered as informal private domestic labour. Applying this to my study, caring activities and the provision of a care service were discussed by participants when considering if their care was work or not, particularly with reference to the significant amount of time such activities took up. Furthermore, the descriptions of caring activities outlined by participants can be aligned with Vassilev et al's (2013) framework of caring, even where participants did not consider their caring to be 'work'. This included participants describing illness (specific) work as making and attending appointments, liaising with health professionals and managing medication. They also depicted every day work activities, from the framework (Vassilev et al, 2013), such as housekeeping and personal care. In some cases this included the provision of treatment, where qualified, such as nursing care. Yet, even if those activities can be defined within Vassilev et al's (2013) framework of caring work, where participants felt they did not do enough of these activities, it was concluded by some that the act of caring was not a form of work.

The uncertainty and ambiguity for some participants when considering if caring was work or not reflects the ongoing debates surrounding sociological conceptualisations of work, with fluid boundaries between work and non-work activities (Phillips and Martin-Matthews, 2008). As

discussed at Section 2.4 in the literature review, conceptually, 'caring for' involves the tasks and activities associated with caring in the form of informal labour and 'caring about' describes feelings of concern for another (Ungerson, 1983). Additionally, the act of caring is also inherently emotional, carrying with it the activities and labour required to provide the care and the emotions and feelings associated with doing so, involving love according to Graham (1983) and Hockey and James (2003). This was evident in the language utilised by participants, particularly where a participant referred to herself as a "slave", in light of the unappreciated and unremunerated work that was expected of her.

Participants detailed the emotional work associated with caring, such as providing comfort and companionship, with it being described as a "labour of love". Several participants referred to managing their emotions when interacting with dependants. This included descriptions of how they could not indicate frustrations to dependants at some of their behaviours (this was particularly relevant for those caring for persons with cognitive impairments), for example. It also extended to participants feeling unable to discuss, or 'take home' with them, emotional times in the formal workplace, which they would have done otherwise. Whilst their work is outside of the context of informal care, this can be related to Ward and McMurray's (2015) discussions of emotional labour and the notion of emotion neutrality, whereby individuals have a control over their own emotions so as to maintain a neutral emotional reaction. That is, individuals do not visually display an emotional reaction.

A number of participants did not identify with the term 'carer', because they saw the activities associated with caring as part of the relationship held with the dependant, such as a parent or a daughter, and feared it may overtake that original relationship. There were also links to religious and cultural expectations, this is something highlighted in previous research (O'Connor, 2007; Buse and Wigfield, 2011; Hughes et al, 2013). As a result, almost half of the participants did not consider their caring to be work, referring to their existing relationship in response, and the feeling that it was part of that role, regardless of the nature of the activities carried out. The relationship with the person(s) participants were caring for was a particularly important factor mentioned by those who were caring for a spouse. This supports and builds on prior literature surrounding concepts of work, with Parry et al (2005) referring to the 'complexity of the dynamic and interconnected character of work relations', (Parry et al, 2005: 10), pointing to the role of relationships and the emotional labour (Phillips and Martin-Matthews, 2008) enshrined in the

act of caring. Indeed, conceptualisations of work are entwined with social relations, including those with family (Glucksmann, 2005; Parry et al, 2005).

As Glucksmann (1995) identified, the risk of an inclusive definition of 'work' is that everything then becomes 'work'. Furthermore, 'it may be impossible to separate out a pure 'work' aspect that is not also always something else as well', (Glucksmann, 1995: 65). She calls for recognition of the social relations and divisions of labour within which an activity is carried out, with reference to market and household economies. Meanwhile she suggests that 'emotional expression may be more appropriately considered in relation to different historical structures of sexual/kinship/bonding/friendship relations than to work', (Glucksmann, 1995:70).

Yet even where emotions and relationships are significant, caring could still be considered as 'work' as discussed. As indicated by Parry et al (2005), what is considered to be 'work' is open to question in this case, by both participants, and myself as a social researcher. I would argue for further consideration of the context and relationships that enshrine informal care work, which this study focuses on, in addition to Glucksmann's (1995) TSOL and Taylor's (2004) continuum of aspects of work and the provision of a service. Whilst relationships may be attached and entangled within the dimension of informal care work, notions of work are open to interpretation by the individual in each case.

To focus solely on 'work' carried out in a formal setting under traditional notions of careers would negate informal caring work and thus lead to limited understanding of the working lives of my participants. If, as this thesis argues, care should be considered as work, then its input to careers should be reviewed, particularly in light of changing definitions and understandings of career and what is therefore considered to be career developing. This next section will explore the third theme of careers and participant perceptions of careers and the emergence of caring as an 'unexpected career'.

6.3 Understandings of career

Similar to the ambiguous conceptualisations of work, a theme which emerged from the interviews was that of diverse considerations of what the term 'career' meant to participants. A number of participants looked to traditional definitions of careers, with upwards linear career progression and objective understandings of success (Wilensky, 1961) such as salary increases

(Hall, 1996). As a result, without clear development paths, some participants concluded they had had a distinct lack of career.

Most participants' ideas and concepts of their careers reflected broader notions on the changing nature of careers. The literature on careers reviewed earlier in the thesis (at section 5.2) indicated a move away from traditional, life-long careers with linear progression (Wilensky, 1961) to a combination of personal and professional lives with a focus on individual skills and knowledge (Cohen and El-Sawad, 2009). Findings from this study support this, with participants discussing their values and choices made, personal development and subjective measures of career success, and the value assigned to personal care work in line with Richardson (2012). Such findings recognise the subjective nature and social construction of careers (Savickas, 2005) and internal focus on individual goals (Hall and Mirvis, 1995). As a result, my work supports Richardson's (2012) calls for widening the discourse on career and career development beyond that of paid employment, in recognition of personal care work.

Further to the consideration of women's careers and their development are notions and understandings of career success. Those participants who looked to objective measures of success, as indicated by Hughes (1937, 1958) considered themselves to have less successful careers than those participants who described subjective indicators, such as satisfaction (Heslin, 2005). However, half (fifteen) of the participants discussed how they used to look to traditional notions of careers and objective measures of success but that this had changed, following the 'turning point' of becoming a carer and commented on their age playing a part. For these participants, value had become more important; to be able to add value in their work and roles but also to feel valued and acknowledged. Their measures of success had become enjoyment of work, reputation, making a difference through their work and having work-life balance. Following the 'turning point', individuals were able to set their own criteria for success, as detailed by Arthur et al (2005) and Heslin (2005). Overall, career success for participants was based on their own individual values, such as a better work-life balance, enabling them to meet caring requirements alongside formal employment.

Such subjective notions of participants' own career successes links to the work of Konrad et al (2000) who pointed to women seeking subjective career success outcomes, including challenging work and being able to help others. Whilst their work studied the difference in gender, when examining career success, this study focused on women only. That being said, it

supports their observations with regard to women as my participants had often reshaped their work and career around caring priorities, with relational career decisions (Mainiero and Sullivan, 2005, 2006) being driven by personal values (Briscoe and Hall, 2002). Being 'values driven' is one of the main factors of Briscoe and Hall's (2002) Career Orientation Index. However, the second factor relates to independence and how much the individual feels in charge of their own career. There are two points of consideration here. Firstly, participants are making choices regarding their careers in light of their caring responsibilities. They are taking into account working hours and responsibilities in relation to the needs of their dependant. Secondly, a number of participants also described the impact of workplace support, or lack thereof, within the realms of benign paternalism as discussed earlier in section 6.

Overall, when being asked to consider what career and career success meant to them, participants responded in relation to careers in a formal setting, in response to their working lives thus far. However, in light of changing notions and concepts of work and careers, and the recognition by literature (Glucksmann, 1995; Richardson, 2012; Taylor, 2004) and participants of care as work, it is noteworthy to draw attention to the skills development and transfer and the career making aspect of care, which the next section goes on to discuss.

6.3.1 The emergence of caring as an 'unexpected career'

As illustrated in the Findings (Chapter 5), some participants had direct work-related experience relevant to their informal caring, but many did not. However, participants spoke of skill development and the transfer of skills between their formal employment and their informal caring, which had taken them by surprise, reflecting the often unexpected and unplanned nature of caring for dependent adults. This connects to ongoing academic debates on informal learning (for example Knowles, 1950; Eraut, 2004), and participant experiences echo Schugurensky's (2000) notion of accidental learning constructed through experience. Furthermore, the notion of caring skills reflects Eraut's (2004) implicit learning type of informal learning in the workplace, which the care setting can be argued to be, if caring is considered to be a form of work. The development of caring skills therefore need not always be part of a formal learning intervention. Such informal learning supports King and Palmer's (2010) definition of skills development in unstructured and unplanned contexts.

The development of skills gained through caring has been recognised and examined before (Given and Given, 1991; Horsfall et al, 2012). Both development, and the transfer of such skills,

are significant for a number of reasons. Once carers leave employment, they often find it hard to re-join the labour market as and when caring responsibilities cease (Heitmueller, 2007; Evandrou and Glaser, 2003; Spiess and Schneider, 2003; Austen and Ong, 2010). Yet transferrable skills can be identified and referred to when applying for formal employment (Carers UK, 2018a; Carmichael et al, 2008; NHS, 2015). This is noteworthy, as carers have previously reported concerns over lost skills and experience through employment gaps due to caring (Carmichael et al, 2008; Larkin, 2009). Additionally, it is reported that older women are more likely not to return to the labour market following a period out of it for caring purposes as compared with younger women (Henz, 2004).

Furthermore, consideration of skills transfer and development can be used to inform formal careers (Taylor, 2004), and help carers return to work as outlined. The literature has indicated that career development can take account of 'career-relevant events', (Brown and Lent, 2013:10), but I would argue not necessarily just those within formal settings. In particular, women point to opportunities which provide them with challenge and enable them to make a difference in the lives of others. As they often balance several activities at any given time in their lives different components of their lives can be career making (Kirton, 2006b). Arguing for a broader understanding of the concept of career, in light of informal trade union careers, Kirton (2006a) recognises the existence of different careers, which can interconnect and overlap, balancing a career in more than one area at a time. They may complement each other, but also there may be times of role conflict (Kirton, 2006a). This can be seen in the ways that caring has affected the formal careers of participants of this study, sometimes negatively. Thus, in recognition of Kirton's (2006a) work, for the participants of this study, their caring could at times be a career parallel to that of their formal careers, with overlapping spheres of influence. However, participants have also indicated times when informal caring has been the focus of their careers, over the course of their formal careers.

As a result, developments from this study's findings elaborate on the notion of 'the unexpected career' in respect of caring (Aneshensel et al, 1995) and support Richardson's (2012) call for personal care work to be included in career discourse, as 'socially valued and socially engaged work' (Richardson, 2012: 229). Previously, the focus by Aneshensel and colleagues (1995) was on the stages that a carer transitions through as more is required of them around the development of dementia in their dependants and the resulting dependencies. Such a focus on linear progression can be linked to more traditional notions of careers (Wilensky, 1961).

Although Aneshensel et al (1995) were keen to distance themselves from the consideration of informal caring as a job, my study considers caring to be a form of work, but does so by moving away from such traditional notions of careers. As an output of the examination of the unexpected nature of adult care, in comparison to childcare; the transitions undertaken; consideration of existing careers literature, development of skills and transference of such skills, I argue that it informs the emergence of an informal caring career, developing further 'the unexpected career' (Aneshensel et al, 1995).

A key output of my study is the development of an innovative typology to categorise unexpected caring careers (section 5.4). I have divided these into five distinct types: 'emerging'; 'uncertain'; 'focused'; 'declining' and 'former' caring careers. These categories bring together the experiences of participants with existing literature to encapsulate the length of caring and transitions (Aneshensel et al, 1995); caring activities (Vassilev et al, 2013); carer identity (O'Connor, 2007); and considerations of skills development and transfer (Horsfall et al, 2012; Eraut, 2004; Schugurensky, 2000; Given and Given, 1991; Knowles, 1950). By combining theories of caring, careers and informal learning together, my typology (Section 5.4) offers the first framework within which we can study women's informal caring careers and their development. It illustrates the unique and unexpected nature of caring; the range of experiences and journeys and complex issues associated with caring, such as identity and relationships. Of particular significance is the context of each participant's care experience. The next theme this chapter explores is to examine existing career theory in light of the careers of participants.

6.4 Conceptualising women's formal and informal caring careers

In theorising the formal careers of participants affected by caring and the development of informal caring careers, I have begun to examine them in light of existing career theory. It is important to also assess them in line with existing concepts and models of careers. We have seen the importance of the 'protean' approach, in the definitions participants ascribed to careers, with its flexible expansion on the boundaries of careers classifications. Indeed, it is the values of participants driving both their formal careers, but also them to provide the care required for their dependants and informing their informal caring careers (Mirvis and Hall, 1996; Hall, 2002; Briscoe et al, 2006). Furthermore, notions of 'boundaryless' careers (Arthur, 1994) take account of the cyclical nature of the career and skill development, as seen by the participants of this study and their acquisition of caring skills (Arthur and Rousseau, 1996).

However, literature has called for women's careers to be examined distinctly from men's and so this section will focus on three existing constructs and models of women's careers: Pringle and McCulloch Dixon's (2003) flexible life-career model; O'Neil and Bilimoria's (2005) model of the three phases of a woman's career; and the Kaleidoscope Career Model (Mainiero and Sullivan, 2005, 2006). It is important to note that these existing models of women's careers have yet to be applied to women's informal caring careers in the literature.

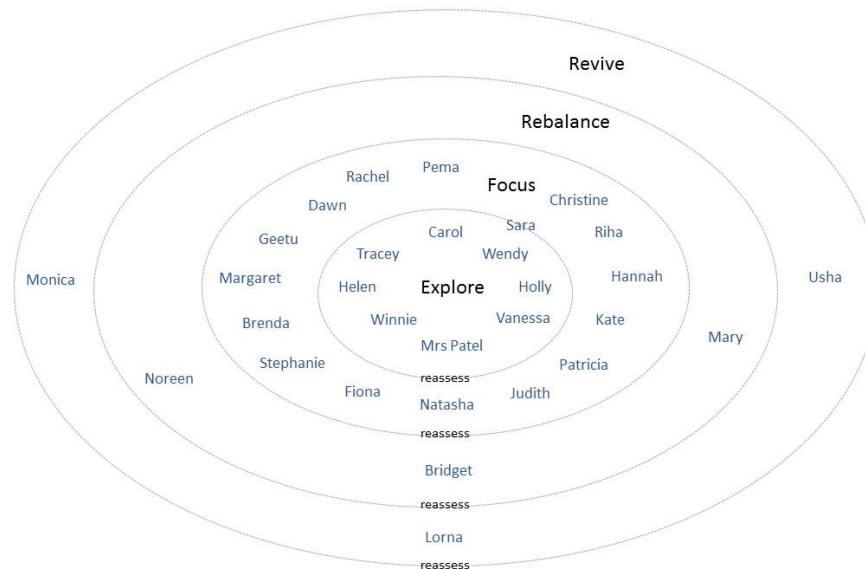
6.4.1 Applying existing constructs of women's careers to formal and informal caring careers

Pringle and McCulloch Dixon's (2003) flexible life-career model (as discussed in section 2.6.8) recognises that women's careers are not always linear in nature, as illustrated by the participants of this study. Many of the earlier career trajectories of the study's participants can be linked to the 'explore' facet of Pringle and McCulloch Dixon's (2003) model, where they initially left education and were exploring different opportunities available to them, with the freedom of no constraints. Some of the participants' career histories evidence periods of 'focus', often prior to caring. Following such a time, many participants reassessed their career situation at the 'turning point' of becoming a carer. Yet, according to Pringle and McCulloch Dixon (2003) what would then follow would be a period of 'rebalance', before they reassess and move to the 'revive' facet. However, it could be argued that the majority of the participants would not be able to occupy either the 'rebalance' or 'revive' facets in their careers because of the pressures of combining work and care. Participants spoke of always feeling guilty trying to combine work and care. They felt that when they were at work they could not always focus because they were wondering what was going on at home. They also worried that they did not give enough time and attention to their dependants because they did go out to formal employment. Despite the blurred boundaries between facets allowing for movement between them, the descriptors of the facets in the Pringle and McCulloch Dixon (2003) model do not necessarily suit the participants' current formal working lives in my study and only allow for occupation of one facet at a time.

The current informal caring career position of participants can be placed into Pringle and McCulloch Dixon's (2003) flexible life-career model as per the below Figure 25. In accordance with my typology of caring careers, those with 'Emerging' and 'Focused' caring careers can be easily placed within the model in the 'Explore' and 'Focus' sections, as indicated. It could be argued that those who are seeing a decline in their caring careers, such as Mary, Bridget and

Noreen could enter the 'Rebalance' section, as they were finding their caring requirements were reducing and they had more time for their paid work and other endeavours. Additionally, 'Former' carers could be looking to the 'Revive' stage of the model. This would include Lorna who is hoping to retire soon and Usha now being a Community Research Volunteer.

Figure 25. Caring careers of participants plotted on Pringle and McCulloch Dixon's (2003) life-career model



However, the model is not directly applicable to the informal caring careers of all participants and there are those whose caring careers cannot be easily plotted onto the model, including participants who would be moving between sections intermittently, or moving backwards. There are participants who adult social care organisations and the state would identify as carers, but they are not comfortable with the term, do not formally identify as carers, and so may not occupy the 'Focus' section, even though they might appear to be from their caring activities, for example. There were also those participants who felt they did not do enough to be considered carers. Furthermore, participants had all been caring for different lengths of time, so it is not as easy as plotting them onto the 'Explore' facet, though it seems the logical choice if forced to comply with the model, as Pringle and McCulloch Dixon (2003) identify it as a stage for assessing self-identity.

Overall then, whilst Pringle and McCulloch Dixon's (2003) model allows for reassessment at transition between life stages, it has two major weaknesses. First it places an individual as being

within one facet only and secondly, it has been developed specifically for formal careers. As identified, there are areas where it can directly applied to some individuals with informal caring careers, such as the large group of participants who could be considered to be in the 'Focus' facet. Yet, it does not adequately represent the careers of other participants, particularly those who are uncomfortable with a caring identity, or who had been caring for long periods of time, but not necessarily with such a 'Focus' as described. Furthermore, individuals may be at a different point in their formal career as compared with their informal caring career, which the model does not allow for.

Moving to O'Neil and Bilimoria's (2005) model of the three phases of a woman's career (outlined at Section 2.6.9), the participants of this study would occupy the category for women aged 46 – 60, of 'reinventive contribution'. Here women are reported to focus on their careers, families and wider communities. In looking at how it could be applied to the participants in my study, those interviewed did want to be able to make a difference to the lives of others, both through their caring and their formal employment roles. They also spoke of career success as being admired and valued (O'Neil and Bilimoria, 2005). Yet, participants have also described how it is not possible to focus on both career and adult dependants adequately, invariably taking a step back from their formal careers to ensure suitable care provision. Indeed, they also spoke about not being given opportunities to continue to develop, or have the time to devote to such development with their caring requirements as well.

We can also consider O'Neil and Bilimoria's (2005) 'reinventive contribution' in light of informal caring careers, particularly as it points to women being focused on their careers and families, and making a difference to the lives of others. However, whilst there are those who are assured of their caring identity and focus on their dependants, even then questions may still be asked as to whether they can be focused on all of the areas that O'Neil and Bilimoria (2005) identify. Furthermore, some of the participants have other areas of their life as a focus, perhaps if they are still exploring their caring identity, and see themselves at the beginning of the journey, or who are now former carers. With each woman's situation being unique and this stage covering almost 20 years, as we have seen in the varying ages of the participant sample, it seems inadequate to categorise their informal caring careers based solely on age alone.

This leads on to the application of the Kaleidoscope Career Model (Mainiero and Sullivan, 2005, 2006) (reviewed in section 2.6.10). It suggests that careers must meet three main needs for

women, namely being authentic, providing balance and challenge. It also recognises that women's careers are relational, proposing that one need is in focus in the kaleidoscope at a time, with the remaining aspects taking on a secondary role. Yet I would argue this does not take account of the full meaning of a kaleidoscope, the noun which refers to something which is made up of different elements and patterns which frequently change and reflect each other (Collins Dictionary, 2018). With only one focus at a time, it neglects other areas of the lives of participants. In the latter stages of formal careers, where the participants of this study would sit, they suggest that women are free from the constraints of trying to allow for balance, and authenticity is the key focus. However, as identified, participants may be trying to balance a career and care for a number of reasons, not least as indicated, the dearth of adult social care funding and the need for informal care to fill the reported care gap (Grierson, 2017; Slawson, 2017; Pickard, 2008).

Nonetheless, it is clear from the findings of this study that participants' career decisions are 'relational', and that some participants would 'downshift' into a less demanding role depending on the needs of others. According to the Kaleidoscope model (Mainiero and Sullivan, 2005, 2006) women create careers to suit themselves, and whilst interested in opportunities, they must be ones that fit their lives and demonstrate added value. We see this evidenced by some participants of the study. For example, Brenda seeking to widen the scope of her role and Holly taking up a paid PhD scholarship nearer to her ageing parents.

Applying the Kaleidoscope model (Mainiero and Sullivan, 2005, 2006) to the career development of informal careers allows women to look to the combination of informal care and paid work in this way. Again, women's values are key here, and can link to motivations to care within my own data, as discussed earlier. Yet there are also some limitations. Having examined the caring careers of the participants, they are at different stages of their caring journey. Some are trying to gain a semblance of balance with caring and paid work, but others are focusing on their caring career, such as Geetu. As such, balance and authenticity may be important, but secondary concerns for participants as they address the many challenges that caring often presents. Participants did indeed describe some of the challenges they faced in their caring, alongside being authentic carers and seeking balance, but they did not seek out these challenges. Rather, they came from trying to balance the multiple areas of responsibility and oft reported issues with gaining support both through formal adult services and also in their workplaces. As identified, the true meaning of a kaleidoscope does not just have one area in focus at one time,

but can take account of the different patterns that come into view at a time, and for participants this might mean the different parts of their careers coming together at different times, being in parallel (Kirton, 2006b), but also in conflict, and not just one area of focus as the model suggests.

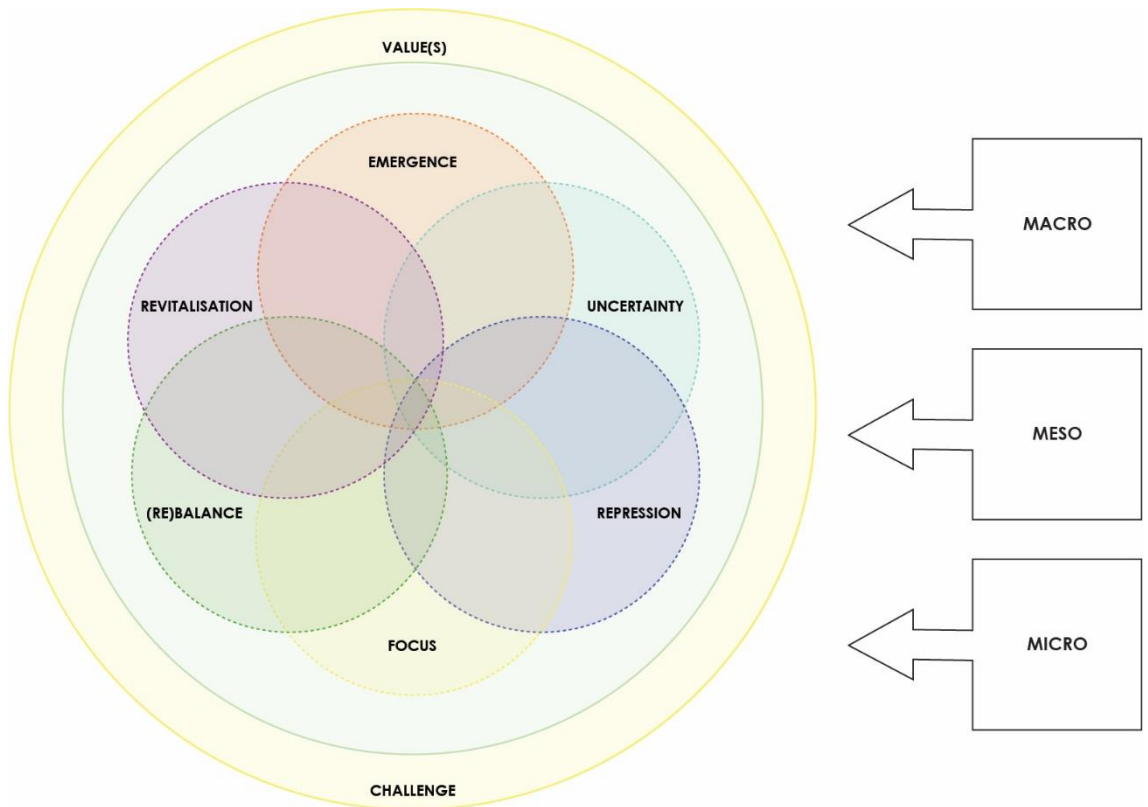
Evidently some areas of theory and existing models apply to participants' formal career trajectories impacted by caring and informal caring careers. However, there are limitations to their applicability, not least only allowing for occupation in one stage at a time. This has meant that alongside empirical contributions, the key theoretical contribution that this study makes is to propose a new model of women's careers that encompasses both formal and informal caring careers, and the trajectories developed. I have termed this the Polymorphic Care(e)r Model, which responds to calls by Hall et al (2013) for models of careers which 'reflect the multiple role experiences of individuals as "whole people"', (Hall et al, 2013: 539). The development and application of the model is now discussed.

6.5 Identification of women's polymorphic careers

This section outlines a new model for women's formal and informal caring careers, developed from the analysis and discussion, and is a key theoretical contribution to knowledge. The literature has provided theoretical lenses through which to begin to examine caring as work and women's paid careers but existing models do not adequately illustrate both formal and informal caring careers. They disregard the notions of different careers coming together in parallel (Kirton, 2006b) and also possibly with different areas in focus at a time in each of them.

In 1995, Aneshensel and colleagues identified the parallels that are drawn between caregiving careers, with historical events helping to establish the paths of individuals' careers. An individual's care work can become part of their identity as we have seen and revaluing caring as work, helps strengthen its position in being career making (Richardson, 2012). Whilst each career is specific to individual participants, common stages and transitions can be seen from the analysis with comparable careers. This consideration has led to the development of a new relational model of women's formal and informal caring careers as displayed at Figure 26, known as The Polymorphic Care(e)r model.

Figure 26. The Polymorphic Care(e)r Model of formal and informal caring careers



The name, the Polymorphic care(e)r model, is derived from the meaning of polymorphic: for both formal and informal caring careers to occur in several different forms, with variation of different types at different times (English Oxford Dictionary, 2018). Unlike Mainiero and Sullivan’s (2005, 2006) Kaleidoscope Model, the Polymorphic Care(e)r model allows for diverse areas to be in focus at different, or possibly the same, time.

Each of the six central spheres represents a paradigm identified through thematic analysis of the findings. Similar to Pringle and McCulloch Dixon’s (2003) model, the spheres indicate the non-linear pattern of women’s careers and that one sphere is not necessarily above another in terms of hierarchical development. The broken lines allow for overlap and movement between each sphere, or paradigm transitions. Being dotted also allows offers fluid boundaries between each and apply equally to both formal and informal caring careers of the participants. Rather than time for assessment of career between each paradigm as in Pringle and McCulloch Dixon’s (2003) model, the dotted lines allow for constant adjustment and reassessment, reflecting the often unexpected and unpredictable nature of caring and how quickly transitions can take place, taking account of internal and external demands. Each of the paradigms could be relevant to a

woman's formal and informal caring career. She could be in the same paradigm for both areas of her career, or different ones according to circumstances. Over her career life-course she could at some point occupy all of the paradigms, for both careers, or indeed not necessarily all of them.

The internal six spheres are all of equal size and value in the main Polymorphic Care(e)r Model displayed at Figure 26. The model is designed to be dynamic and able to be adapted to each woman's formal and informal caring career, by adjusting the size of these spheres. Based on my interpretation of the situation where a paradigm is central to a woman's career the sphere would be magnified, being larger compared to the others. Colours of each of the spheres have been designed to complement each other and be visually pleasing. There is no link between the title of the paradigm and its sphere colour. Each of the paradigms shall now be explained.

The 'Emergence' paradigm is similar to Pringle and McCulloch Dixon's (2003) 'Explore' facet because individuals would be beginning to investigate the possibilities of their career and exploring their potential, trying out new things. This could be perhaps a woman embarking on a particular vocation, or starting to care for someone, taking on the identity of a carer as an informal career, for example. As the literature has identified, this does not necessarily happen overnight, but identification as a carer can be an emergent process (O'Connor, 2007).

Unlike other models, a new paradigm of 'Uncertainty' is introduced, because of this study. This is because it has been identified as missing from other models, and recognises the reluctance and doubt that may come with stages of a woman's career. Here, they may be working in a certain role or position but actually be unsure of their vocational or career identity within it. They may also not be particularly enthused about their current situation either. An example could be a woman who, according to legislation and service provision, would be identified as a carer but does not recognise herself to be so. This was a finding of not only this research, but also existing literature on carer identity (Lloyd, 2006; O'Connor, 2007). She could also not perceive she carries out what she feels to be the appropriate role and responsibilities associated with that career. In a formal setting it might be someone who is in a position but perhaps feels it may not be the right role for her, or she has doubts over her future within that career, or where to go next.

A paradigm of 'Repression' is also introduced. That is, despite women's best intentions and desires, sometimes careers may be repressed for their own reasons, or those out of their

control. For example, they may not be able to progress their formal careers due to responsibilities outside of the workplace, such as caring activities. Similarly, they may wish to advance or change their informal caring careers, but may not be able to due to work requirements. This may mean having to continue to work in formal employment in order to have a sufficient income, despite wishing to provide more care than they are currently doing. Again, this is not addressed in existing models of women's careers. Whilst there is recognition that their careers may not always move in a linear fashion (Pringle and McCulloch Dixon, 2003; Mainiero and Sullivan, 2005, 2006), and issues of (re)balance and challenge are noted, the sense that women's careers may face suppression for a variety of reasons is not addressed.

The 'Focus' paradigm is influenced by Pringle and McCulloch Dixon (2003) in that it is where a woman's energies and attention are concentrated on the particular career arena; again, taking account of a focus in both formal and informal caring careers. Whereas, Pringle and McCulloch Dixon (2003) refer to careers of a formal nature. As a carer, it could involve a woman caring for a significant amount of time, developing skills related to her activities associated with caring. In a formal work setting, this could mean having a focus on their role or vocation, and having gained confidence in their abilities, and accomplishments.

The fifth paradigm is termed '(Re)balance'. This is where a woman may feel she has an appropriate balance in her career, both formally and informally. It may be the first time that she has had this, but also the '(re)' takes account of the fact that these boundaries and spheres are fluid and she may have been occupying other paradigms, and still be doing so, but also has now regained balance. This could be for example after a period of both working in formal employment with significant caring responsibilities, but now not caring, or with reduced caring responsibilities, or indeed work responsibilities so she feels that her career has more harmony. It could also include notions of internalised balance, as Pringle and McCulloch Dixon (2003) suggest: 'Thus, the individual rebalances intellectual, emotional, physical and spiritual concerns', (Pringle and McCulloch Dixon, 2003: 296), perhaps with increased confidence in one's own abilities. Yet there is an awareness that women can move between the paradigms of the model freely and whilst engaging in a period of 'balance' or indeed 'rebalance', it offers the opportunity to also explore other areas in the model, rather than just being in the 'rebalance' section of Pringle and McCulloch Dixon's (2003) model.

Finally, a paradigm titled 'Revitalise' is proposed. Again, this takes influence from Pringle and McCulloch Dixon's (2003) 'Revive' facet, but it is felt that the use of 'revitalise' is more relevant, referring to the direct meaning of bringing new life to a career, and exploring new opportunities. This could be a new career opportunity or role with renewed enthusiasm in the formal arena, or perhaps looking at a new area of the informal caring career. This will often involve a newfound sense of freedom, bringing with it new energies to explore opportunities.

Encompassing the six spheres representing the paradigms as outlined above are larger spheres of 'value(s)' and 'challenge', covering all stages. As the literature and research study have demonstrated, women seek work that aligns with their values, but also roles in which they can make a difference and add value, being applied to both formal and informal caring careers alike. In addition, the findings have shown that women are developing formal and informal caring careers which challenge them. That is, participants spoke of the pleasure of going out to formal employment, of the interest and challenge it brought them. Yet, challenge as a verb is also taken to mean that of enduring and overcoming obstacles. As participants reported, informal caring careers are not without their challenges. This includes Monica and Noreen overcoming financial support issues with local authorities, for example, and builds on the challenge element of Mainiero and Sullivan's (2005) understanding. Whilst the six central spheres can flex according to women's career situations, the depth of colour for 'value(s)' and 'challenge' can increase based on impact and each woman's context, again subject to my interpretation. For example, it could be a deeper colour if a woman's work does reflect her values, or indeed she is faced with many challenges. However, they would physically maintain their existing size and shape.

Additionally, it is recognised that women's careers do not operate within a vacuum. To this end, macro, meso and micro contextual factors have an influence. At a macro level this could include government policy. At a meso level it could reflect workplace and organisational policy and practice. At a micro level, the support offered to women in respect of their individual caring situation. For example, if care for a parent is shared between siblings, or if they are the main carer. It is envisaged that the boxes retain their size, but the size of arrow can adapt to take account of each woman's context, taking on board my interpretation of each participant's context.

In order to explore this model further, it is useful to consider a range of participant cases in more detail. A brief summary of a sample of participants' formal and informal caring careers is now

reviewed to explore the paradigms of the model in practice and what this looks like visually in terms of the model, with spheres flexing to each participant's particular case. As indicated, the outer two spheres of 'value(s)' and 'challenge' will remain a constant size, but change in colour depth. The size of the inner six paradigmatic spheres will adjust according to my interpretation of the participant context. This means there may be more overlap between some spheres compared with the main model, but their overall position remains constant. This is not significant in itself. It is rather that the size of each of the six spheres changing offers a clear, visual representation of the different foci of women's careers, akin to looking through a kaleidoscope. Additionally, their particular context will be considered.

The model is designed to reflect a snapshot in time of women's careers. As has been noted, caring situations and women's situations can change over time. To illustrate this, in two women's cases I have indicated what the model would look like at a previous point in their career history in different iterations.

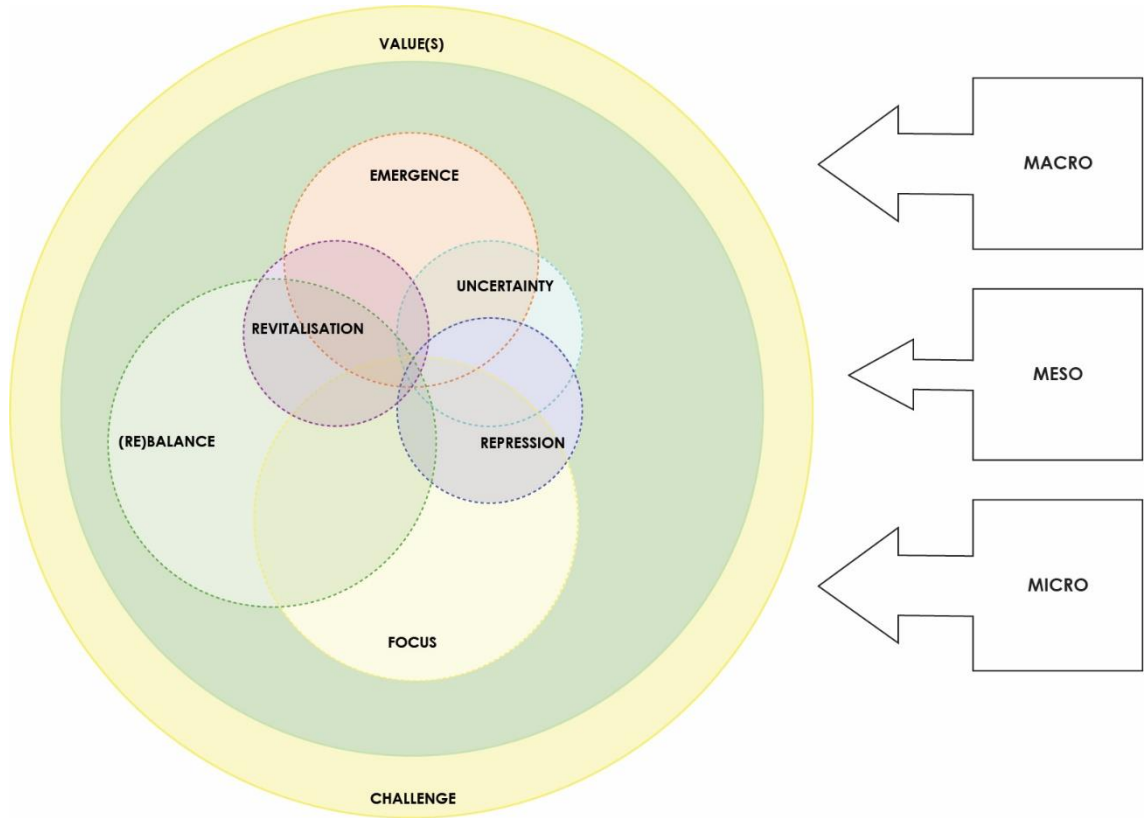
6.5.1 Holly

At interview, Holly described how she had made a change to her formal career and taken up a paid PhD scholarship. This had enabled her to pursue something she was interested in and she valued, in conjunction with challenging her academically. Furthermore, she was based at an institution geographically closer to her ageing parents, who were requiring more care. In conjunction with her PhD, she was carrying out some paid part-time teaching and tutoring, something which she very much enjoyed, speaking of the difference she made to the lives of students, particularly women, in a male-dominated environment. Thus, she was occupying 'focus' in her formal career but also had 'balance' between her formal work and care responsibilities. Alongside this, her caring career could be considered to be at 'emergence' as she had been caring for two years, significantly less than some carers. She estimated she cared for, on average, six hours a week, across a variety of activities. She saw this increasing as her parents required in due course. She felt that she had a knowledge of the care system from her former employment which helped her caring, but did not identify specific skills which she had yet developed from caring to utilise in the work environment. Contextually, Holly was caring in the face of reduced social care funding and felt there was an expectation from the state. She was in paid employment at an institution where she spoke highly of the support she received from management in respect of her caring responsibilities. She shared caring duties with her sister, but spoke of the additional needs of her nieces and nephews so she took prime responsibility. She spoke highly of the support received from her partner.

Figure 27 shows how the spheres change visually according to Holly's own particular context. 'Focus' and 'Balance' are the largest of the six spheres representing the current career attention as described. Meanwhile, with caring career at 'emergence', but it not being as big an area of focus as her PhD and tutoring, it is of medium size. The other remaining, unoccupied spheres of 'uncertainty', 'repression' and 'revitalisation' remain on the model but not enlarged in any way but still with broken lines, ready to be in the spotlight as and when necessary, taking account of the unpredictable and unexpected changes in careers which could occur. Reflecting the fact that Holly's paid work is academically challenging and in line with her values, and offers her the opportunity to provide care, which she values being able to do, the respective outer spheres are of a medium opacity. In light of a caring role during reduced funding, but speaking highly of her local council's services, the macro arrow is of medium size. With good workplace support the

meso arrow remains small. Finally, with little support from her sibling, but strong support from her partner, the micro arrow is of medium size.

Figure 27. The Polymorphic Care(e)r Model of formal and informal caring careers: Holly

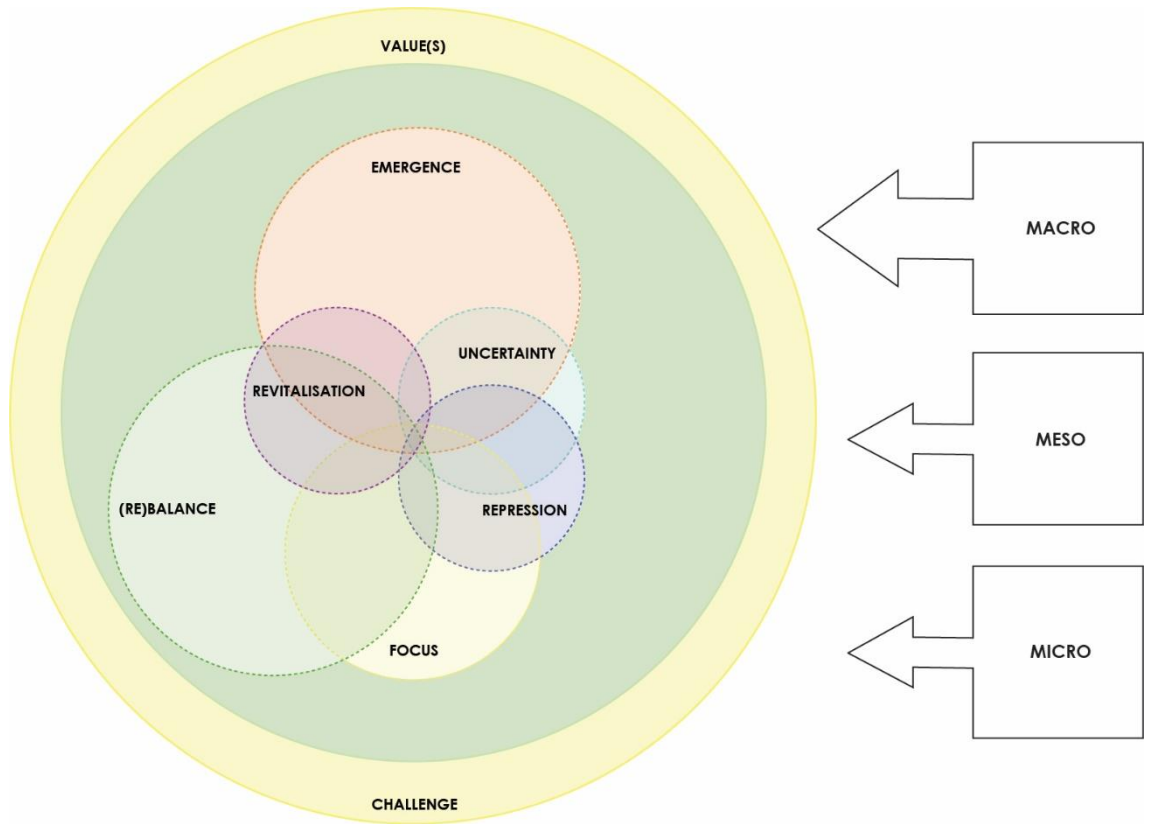


6.5.2 Carol

After a number of years of being directly employed, Carol had recently set up her own consultancy business. Whilst she had not done so because of caring for her parents, she noted that she had reassessed her values and what was important to her and enjoyed the 'balance' which working less hours and for herself had brought. This included more time for her husband and children (two adults and one dependent child) and 'emerging' adult caring career, providing between three to 15 hours care per week, which had started to increase as her parents aged, but which she shared with her siblings. The contracts she had obtained through her consultancy work had also provided new areas of challenge and work opportunity and at the time of interview she was about to start a part-time Master's degree.

In Carol's Polymorphic Care(e)r Model of formal and informal caring careers, we can see how this corresponds with the size of the spheres at Figure 28. Here, she has medium sized 'Focus' on her formal career. More significantly, she is enjoying the larger amount of 'balance' between her two careers and is exploring an 'emergence' in her informal caring career. Once again, the other three spheres are still present, but not in the spotlight at this time. Furthermore, with her formal work providing valuable opportunities and allowing her to provide the care she wished to, alongside pursuing a new challenging qualification, the colours of the two outer spheres are of medium depth. In light of feeling that caring expectations came from the health services and reduced funding, but having ongoing conversations with them regarding her parents' care the macro arrow is of medium size. With a paid work arrangement offering flexibility and the time to support her caring, the meso arrow remains small. Similarly, in Carol's case, she shared care with her two sisters, working as a team to share the caring responsibility. Thus the micro arrow remains small.

Figure 28. The Polymorphic Care(e)r Model of formal and informal caring careers: Carol

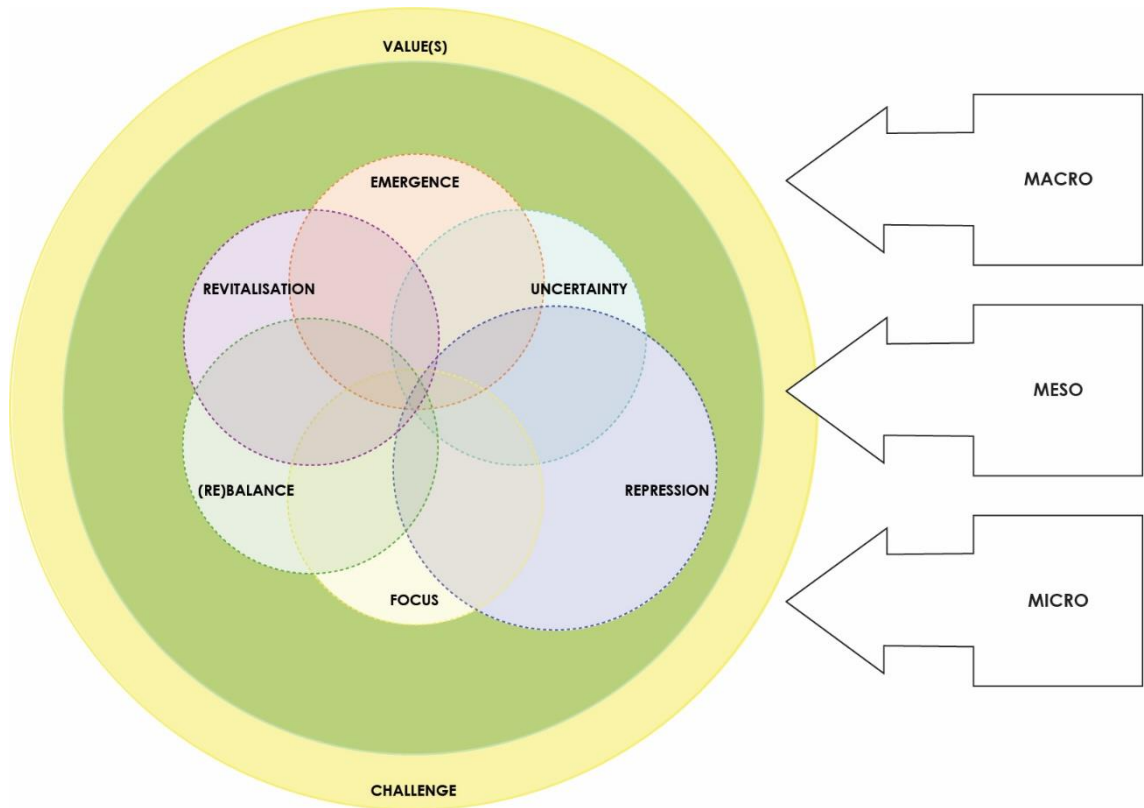


6.5.3 Riha

Riha could be classed as occupying the 'repression' sphere both in her formal and informal careers. She held two paid jobs in order to meet mortgage payments, following the purchase of a larger property to accommodate her mother as well due to providing ongoing care. She attributed a failure to secure a promotion in her primary role to her care activities, leaving her little time to prepare for interview and felt there was minimal support at work. At the same time, whilst working so many paid hours, Riha felt she was not providing the levels of care for her mother that she wished she was able to. She faced a multitude of challenges, describing her life as being "*.... physically, mentally, emotionally, just completely draining*". *Nonetheless*, it was in line with her values to be the one to care for her mother, with her describing it as "*an honour*".

As a result, Riha has only one sphere enlarged here of 'repression' at Figure 29 to demonstrate this. All other spheres are in the background. With providing care being significantly in line with her values but finding it incredibly challenging, both outer spheres are deep in colour. She described her mother requiring 24 hour care and whilst she had a husband and sister in law to help she did most of the personal care and toileting. Furthermore, in light of the ongoing 'social care crisis', with little formal support with her caring, support or recognition in her paid workplace, all of Riha's contextual arrows are large, emphasising the significant impact on her careers.

Figure 29. The Polymorphic Care(e)r Model of formal and informal caring careers: Riha

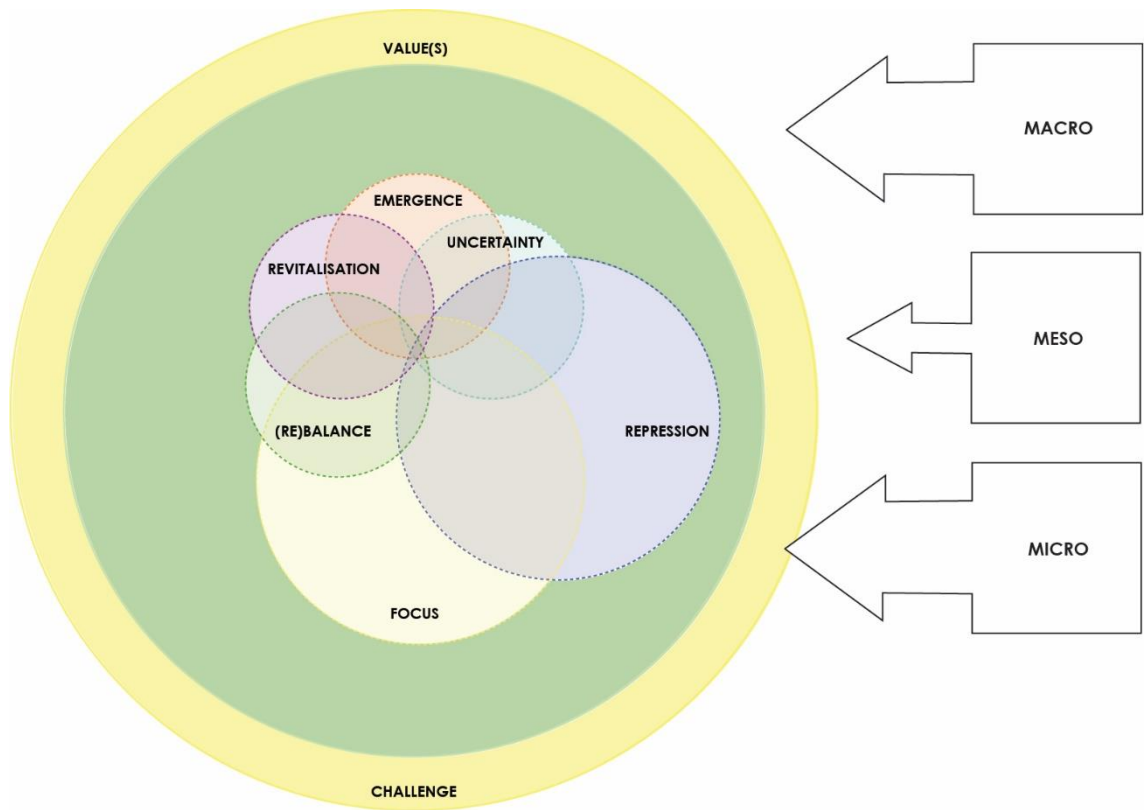


6.5.4 Geetu

Despite her best efforts, Geetu had given up her paid employment in order to ensure continuity and quality of medical care for her son. She could be described as having her formal career in a state of 'repression' as a lack of formal nursing support or care had meant she did not feel her son was safe without her being with him 24 hours a day, taking account of her clinical knowledge as a trained nurse. She thus had a current 'focus' on her informal caring career with her son, transferring skills from her formal career training. She also spoke of how she had developed further skills through caring in terms of emotional support. She noted how the situation was a challenge for her and her son at times, both financially and emotionally, which she had discussed. However, she valued being able to provide the care required and felt she was able to bring value to his quality of life as her son was then not worrying about his care when she was out at work.

Represented at Figure 30, the Polymorphic Care(e)r model of Geetu's formal occupational and informal caring careers displays the larger spheres of 'focus' with reference to her informal caring career, and 'repression' of her formal career as outlined above. With the other spheres of 'emergence', 'uncertainty', '(re)balance' and 'revitalisation' not being relevant at the present time to either of her careers, they remain on the model but not enlarged in any way. Recognising the significant value she drew from caring for her son and the value she added to her life, alongside how challenging it could be, both outer spheres are strong in colour. In light of the lack of formal support able to meet her son's needs and complete reliance on her care, alongside very little family support, having disassociated herself with their family (apart from her daughter and one of her cousin's) both the macro and micro context arrows are large.

Figure 30: The Polymorphic Care(e)r Model of formal and informal caring careers: Geetu

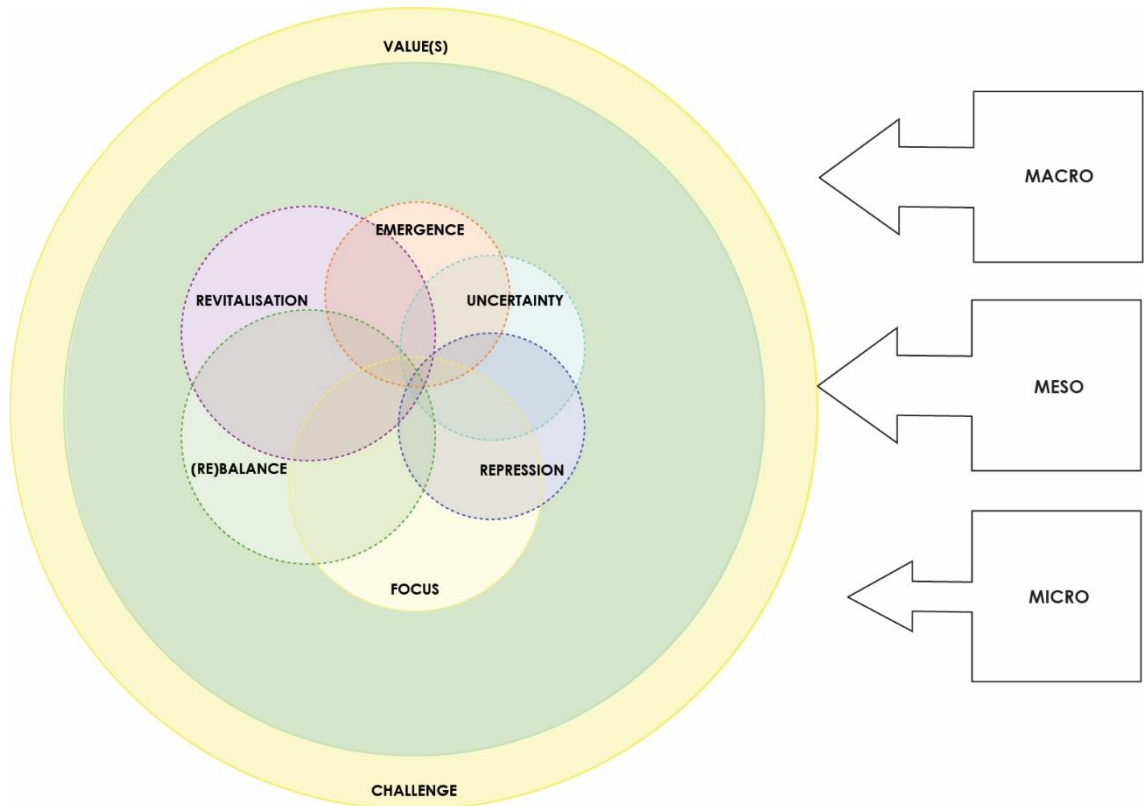


Recognising that the models are a snapshot in time and that those displayed thus far take account of the careers of participants at the time of interview, it is interesting to compare how the models change over time. Given the retrospective nature of the interviews, it is possible to produce a model of Geetu's careers when she was working in paid employment, specifically in the summer of 2010, displayed at Figure 31 below.

Having taken a career break upon her son's diagnosis and additional care requirements, Geetu commenced a return to practice nursing course in June 2010 and was also supported with shifts at a local hospital. She valued being able to do both but it was a challenge to fit in the course and working hours, alongside caring. To support her in doing so her daughter returned home to help care for Geetu's son.

This is represented at Figure 31 with a medium sized 'revitalisation' of her formal career with renewed medium 'focus' and a sense of 'rebalance' being able to work and care. With the other spheres not of relevance, they remain on the model but not enlarged. Being able to add value at work, but valuing the continuation of caring for her son, alongside the renewed challenge of her course and work, both outer spheres are of medium colour intensity. Not relying so heavily on government caring/financial support, the macro context is of medium size, as is workplace support in helping her return to practice. With more family support through her daughter, than at the time of the research interview, the micro context is small.

Figure 31. The Polymorphic Care(e)r Model of formal and informal caring careers: Geetu – June 2010

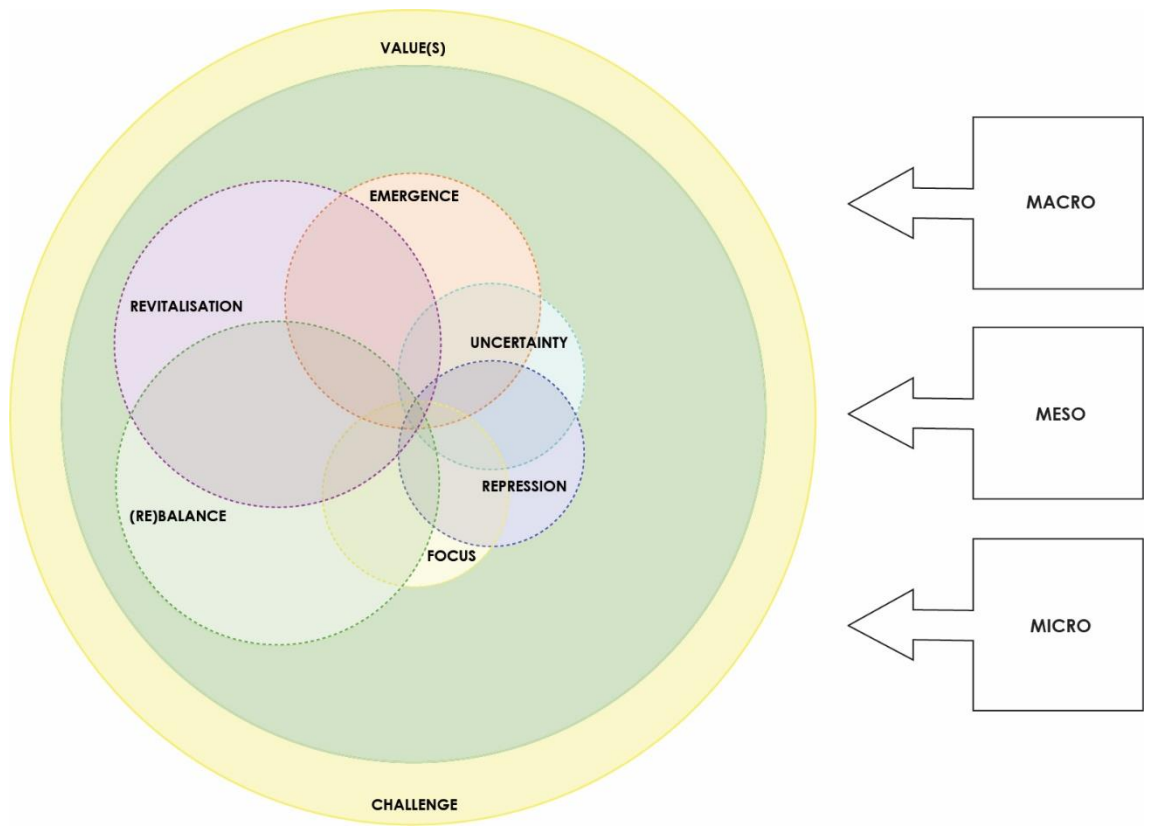


6.5.5 Usha

Having cared for her husband for 28 years alongside formal employment, Usha explained how a recent accident had led to her taking early retirement and her husband now caring for her, following his recovery. She described how when she was working and caring, her formal career had been in a state of 'repression' due to her caring. However, she could now be depicted as occupying a position of 'rebalance' and 'revitalisation', no longer working in formal employment, or providing care for her husband. She also has an 'emerging' volunteering career in the third sector, with particular reference to care for the elderly, allowing her to utilise the skills developed during her caring years, which she particularly valued.

Hence, Figure 32 below represents the Polymorphic Care(e)r model of Usha's careers at the time of the interview. It displays the largest spheres of 'revitalisation' and '(re)balance' with her no longer caring for her husband. Meanwhile, exploring volunteering options, a medium sized sphere of 'emergence' is shown. The other three spheres remain small, and out of the spotlight, but present in case of change. Recognising the sense of being able to give back to the community and the welcome challenges it offers, the model shows both outer spheres of medium colour density. Contextually, Usha recognised and valued the support in her own health at a national, local organisational and family support level. Hence all contextual arrows are small in size.

Figure 32. The Polymorphic Care(e)r Model of formal and informal caring careers: Usha

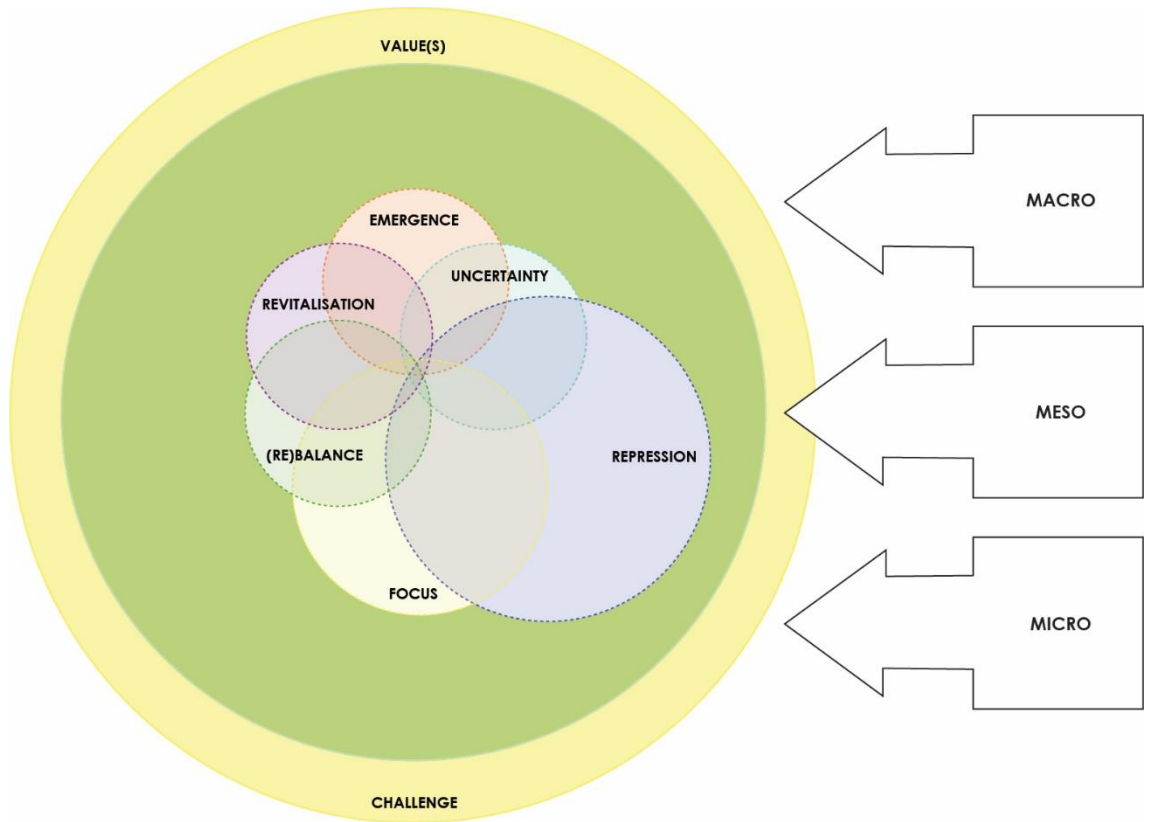


Having previously indicated her formal career being suppressed due to caring, it is interesting to compare Figure 32 with how Usha's model would have looked at the start of 1993, represented at Figure 33.

With her husband suffering from a mental health condition, not working or leaving the house, Usha reported that her values meant she wanted to stand by her husband in the face of his ill health, despite his refusal to acknowledge it and accept state support or medical interventions. To meet her financial needs she taught both in the day and in the evenings, but did not take promotion opportunities because she was concerned she would not be able to cope with it. She received no workplace support, because she did not want to tell them what was happening in her home life. She did not receive any support at home or in the local community because of the cultural stigma attached to the belief that she had done something terrible in a former life to be facing such challenges as she was.

As a result, Figure 33 shows Usha's formal career in 'repression' with a large sphere and with a medium sized 'focus' in respect of her caring. Taking account of the values she associated with caring for her husband and the many challenges she faced, both outer spheres are deep in colour. Accounting for a caring context with little support at a macro, micro or meso level as indicated above, all arrows are enlarged.

Figure 33. The Polymorphic Care(e)r Model of formal and informal caring careers: Usha - start of 1993



6.6 Conclusion

This discussion chapter has demonstrated how existing literature and theories have been applied to the careers of women combining formal employment and caregiving. My study has led to the development of two original typologies: firstly of formal careers impacted by care, and secondly, informal caring careers. These are significant, as they have aided the comparison and categorisation of women's careers in both arenas for the first time. By developing these novel typologies I have been able to elicit patterns and themes of women's formal and informal careers as part of the process of analysis. Moreover, they can also be utilised for the future classification and research of women's careers, and in studying further trajectories and developments, as discussed in the concluding chapter. The first typology of formal careers affected by caring highlighted the challenges in combining the two, but also pointed to some of the positive areas of impact on formal career trajectory, which up until now have not been addressed in literature. Discourse also illustrated the multi-faceted interpretations and concepts of work and activities undertaken and the role of relationships with dependants in determining the concept of care as work.

Additionally, the study has made a significant contribution to knowledge through the application of existing career theory to informal caring careers and in recognising the limitations of existing concepts and models of women's careers. This and the development of a typology of informal caring careers led to the development of an innovative model relating to both formal and informal caring careers, with identification of polymorphic careers being contextually driven. This model provides a visual representation of my contribution to knowledge and development of theory. It helps in illustrating the notion of 'care as work' and offers a lens through which we can view how the two areas of careers overlap and interconnect, developing and operating in parallel at times. By applying the model to the careers of several participants I have also shown how it can change according to context and how it works in practice. This is developed further in the final chapter of this thesis which considers conclusions reached as a result of the research conducted, and my valuable contributions to knowledge. It closes with a discussion of the limitations of my study and considerations of possible further research.

Chapter 7

Conclusion

7.0 Introduction

Following the detailed discussion of research findings relating to existing literature in the previous chapter, this chapter offers overall conclusions to my study. It provides an overview of the research and a summary of main findings and discussions. This leads on to an evaluation of my contributions to knowledge, and the implications for policy and practice. The chapter closes with a review of limitations and opportunities for further research.

7.1 The aims of the study

The overall aim of this study was to examine how caring for adult dependants affects mid-life women's careers. These aims were further explored through the research questions:

- How has informal caring affected the decisions that mid-life women have made regarding their careers?
- How does informal caring affect mid-life women's career experiences, career development and career success?
 - What perceptions do mid-life women hold regarding their formal career development in light of informal caring responsibilities?
 - How do mid-life women perceive that informal caring has affected their formal career success?
- Do women perceive their informal caring as work?

7.2 Overview of methods

In my study it was important to investigate, examine and understand the actions and experiences of mid-life women within the context of the subjective interpretive paradigm. This is due to the study being focused on individual women, their understandings and their interpretations of their own experiences. This is because I consider that their reality and knowledge is subjective, constructed around their experiences and relating to specific contexts (Berger and Luckmann, 1967; Yanow, 2014), which the study needed to take account of.

As a result, and in order to address the research questions, life-course calendar interviews (Belli and Callegaro, 2009) were held with 30 mid-life (age 45-65) women across Leicester and Leicestershire, all of whom had experience of combining paid employment and informal caring for an adult dependant. At interview, the career trajectories of participants and their experiences were discussed. In addition, questions were asked regarding their understanding of careers and success, alongside discussions of their own perceptions of their careers, their development, and concepts of work. Indeed, it would not have been possible to effectively explore the narratives and individual contexts of the participants using large-scale quantitative methods.

At interview, an event history calendar was completed for each participant. The interviews were recorded, transcribed and coded using NVivo. This enabled thematic analysis, development of narratives and interpretative repertoires. The event history calendars were used to provide a visual career trajectory and allow for descriptive statistics, such as number of years in particular roles. The findings were reviewed in light of existing literature, with particular attention paid to theories of care, career and career success, and concepts of work.

7.3 Key findings themes

The event history calendars and participant discussions illustrated the effect of caring on formal career trajectories and experiences. The careers of many of the participants were unplanned prior to caring commencing. Despite this, their career trajectories displayed linear upwards progression, with transitions between different employers. Following the 'turning point' of becoming carers, the career trajectories of most participants appear to plateau and they also made conscious decisions regarding their working hours and/or levels of responsibility. Participants reported staying in existing roles longer than they would have liked to, and a

number of individuals had changed roles or left employment as a result of caring. These findings were in line with existing literature on the impact of caring on employment (Carers UK, 2017a; Waters, 2008; Yeandle et al, 2007), however what is not adequately covered by existing literature is the positive effect that caring can have on formal careers, or the associated skills development and transfer. This led to the development of a new typology of women's formal careers affected by caring illustrating caring bounded and suppressed careers, alongside caring inspired and facilitated careers.

My analysis showed that despite the challenges faced by participants in seeking to combine caring and formal work, many continued to do so. Indeed, some of those not working were wanting to return to employment. Their motivations for continuing to care were linked to duty, obligation, religious beliefs and their culture, whilst their motivations to work were linked to finances, for a break and support in the workplace and out of interest and to make a difference in the lives of others. Participants detailed the support they valued in helping them to both work and care, and this came from adult services, help from friends and family and their employers. Key to supporting their employment was the role of line managers, and in particular the variable extent to which they applied/adhered to organisational policies. Participants noted their frustrations at managers making decisions on their behalf without consultation.

One of the major themes which emerged from this study was that of differing notions of careers and 'work', and the consideration by some participants of their care as work. Assisting them in deliberations surrounding this were perceptions of the activities carried out in the act of caring, along with the relationship held with the dependant. In part, the uncertainty around classifications of care as work illustrated in the data, reflects and extends the ongoing debates in the field, particularly around blurred boundaries between work and non-work (Glucksmann, 1995; Taylor, 2004; Richardson, 2012).

With regard to the positive effects of caring, whilst most participants had not received training for their caring activities, they spoke of the skills they had developed and used through caring; some of which they had transferred and utilised in their formal work. Additionally, they were also able to utilise skills from their formal employment in their caring, and spoke of how the two complemented each other. Prior to being involved in this study most participants had not given thought to such skill development or transfer, but examination for this study pointed to the development of 'unexpected caring careers'. Further analysis led to the emergence of a new

typology titled a Typology of caring careers (Figure 24 in Section 5.4) to categorise such informal caring careers of participants.

The main contributions to knowledge of my study are outlined in the next section, divided into empirical, methodological and theoretical contributions.

7.4 Contributions to knowledge

My contributions to knowledge are threefold. Firstly, empirical contributions which generate further knowledge and understanding of caring and career. Secondly, the study contributes methodologically by using event history calendars as an interview tool to explore women's careers for the first time. Thirdly, this has allowed for the development of theory contributing to existing academic literature. Each of these contributions will be outlined in more detail.

7.4.1 *Empirical contributions*

Existing research on the intersections of employment and caring is limited, with few qualitative studies. The literature review revealed that a number of studies have previously examined the relationship between paid employment and informal care, but they have tended to focus on labour market status and have not exploring the topic in depth. Furthermore limited attention has been paid to mid-life women, even though this is the largest affected group by informal adult care responsibilities (ONS, 2013). Additionally, studies have mostly centred on the negative impact informal care has on employment, (as described in the review of literature at Section 2.3).

This qualitative study has contributed empirically through the detailed examination of the experiences of 30 mid-life women, exploring their career experiences in light of caring responsibilities. This is a previously under-researched group of participants and an area of study which is less well attended to in the literature. As identified in the literature review, at Section 2.3, my findings support existing research which highlights carers reducing working hours and responsibilities, sometimes leaving employment (for example, Carers UK, 2017a). It also supports studies which have indicated that caring would negatively impact career progression (Heitmueller and Inglis, 2007). However, what has emerged is the positive impact of caring on formal careers, and this is not sufficiently addressed in the literature. This included participants making changes to their formal roles in light of caring, increasing the quality of their lives,

offering more opportunities for development and also leading to the development of new careers in two cases by recognising the transferrable skills associated with caring.

7.4.2 Methodological Contributions

This study necessitated the study of women's careers from inception to the time of research interview. The recommended method of data collection for this would be to follow a woman's career trajectory through longitudinal methods (Giele and Elder, 1998). Due to the time constraints of this academic study and also the need for participants to review historical careers, choices made and experiences, an event history calendar interview approach was utilised.

The benefits of calendar interviewing were outlined at Section 3.2.3. They have mainly been used for large scale quantitative studies, however they have been noted to assist qualitative life course research (Martyn and Belli, 2002; Harris and Parisi, 2007; Nelson, 2010). This is done through the addition of open-ended interview questions to further probe participant responses creating an autobiographical narrative framework (Harris and Parisi, 2007; Nelson, 2010). In particular, Harris and Parisi (2007) used them to examine welfare transitions and Nelson (2010) Latin young adults' educational trajectories. My study adds to this increased expansion of the use of event history calendars within the new empirical context of women's career histories, offering rich insights to their experiences, alongside providing a detailed career trajectory to greatly aid analysis.

7.4.3 Theoretical Contributions

This thesis has examined the intersections of theories of caring and careers, a previously under researched area. In reflection of Taylor's (2004: 39) 'fields of labour' conceptualisation, traditional concepts of both work and career disregard the experiences of my participants, which include working both formally in paid employment and informally as carers. Through this research I have highlighted the relationships between these two areas of work and the impact on women's careers. My contribution here supports the literature which has stressed the problematic nature of traditional notions of work and careers (Glucksmann, 1995; Taylor, 2004; Richardson, 2012). In so doing my thesis offers theoretical contributions in a number of ways, which are now outlined.

My study has extended knowledge on the impact of caring on formal careers, analysing the whole career trajectory of female carers, something which existing studies have not adequately

considered. Through analysis of the careers of participants I have developed two typologies: a typology of women's formal careers affected by caring, and a typology of caring careers. In this way, I have been able to present a basis on which to differentiate and compare the careers of participants, whilst also drawing out similarities. The benefits of typologies are well established and include the organisation of key concepts, allowing for comparisons to be drawn, and the fact that they subsequently bolster the analysis process (Collier et al, 2008). Typologies producing analytic categories such as is the case in my thesis, assist in the development of concepts and in describing new empirical developments and contributions (as outlined above) (Collier et al, 2008). That said, it must be recognised that the typologies are time and context specific, and thus relevant to the specific context of study in which they were generated in describing the careers of participants at the time of the interview. Whilst some women may move through each of the categories during their life course, they are not necessarily designed to demonstrate a linear staged approach to women's careers.

Firstly, the typology of women's 'formal careers affected by caring' is the first of its kind to offer categorisation and analysis of formal careers in light of caring responsibilities. The categories of 'caring bounded' and 'caring suppressed' careers demonstrate the negative impact that caring can have on formal careers. 'Caring bounded' careers were typified by the binding of women to their existing employment for longer than desired, whilst 'caring suppressed' careers were typified by the suppression and sacrifice of formal careers. Whilst both existing studies, and my work, have examined the negative impact caring can have on formal careers, my work has contributed to considerations of the positive impacts that caring can have on careers. These were identified as 'caring inspired progressive' and 'caring facilitated' careers. Indeed, caring can inspire changes in formal careers in respect of balance, career development and opportunities. Furthermore, caring can also facilitate formal career choices.

Secondly, my study supports calls for broader conceptualisations of work (Glucksmann, 1995: Taylor, 2004; Richardson, 2012), whilst taking account of the emotional labour of caring and the relationships with associated dependants. As outlined, relationships are attached to, and enshrined within, dimensions of informal care, and thus the notion of care as work should be open to interpretation by each carer/worker. In the consideration of caring as 'work', and the expansion of careers, thirdly, I applied formal career theory to caring. In so doing I developed further Aneshensel et al's (1995) notion of 'the unexpected career' and called attention to the skills development of caring, and the skills transfers between formal and informal caring careers.

Such a contribution supports Richardson's (2012) call for personal care work to be included in career discourse.

Through content analysis I developed an innovative typology of informal caring careers, bringing together the experiences of participants alongside existing literature. Thus, I provide the first framework to study the development of women's informal caring careers, moving away from traditional and linear understandings of careers. This classification takes account of 'emerging' careers with individuals identifying as carers, carrying out varying tasks and activities and beginning to develop skills. Secondly, 'uncertain' caring careers recognises those struggling with the identity of being a carer but developing skills associated with the act and tasks of caring. Those with 'focused' careers, have caring activities and identity at the heart of their careers, developing and transferring skills. 'Declining' careers recognises carers whose caring responsibilities are diminishing and 'former' careers refers to those no longer caring. Meanwhile, the last two categories still identify the skills development and transfer to, and from, formal careers.

Fourthly, the development of both typologies, in conjunction with examination of existing career theories and their highlighted omissions/inapplicability to the particular situation of my participant sample, led to my creation of a unique model of women's formal and informal caring careers. This is entitled the Polymorphic Care(e)r Model. The model has provided ways to explore the connections between the different forms of women's work experiences and the nature of skills utilised. It offers a lens through which to analyse women's careers at a given time in support of Taylor's (2004) continuum of labour, with reference to informal unpaid work, private domestic labour and formal, paid employment. It allows for formal and informal caring careers to occur in different forms, at different times, to overlap and interconnect, or to develop in parallel. My model highlights the central role which informal care work can play in women's career trajectories and how such work can constitute a career. This highlights the development of polymorphic careers which are contextually driven. The model was applied to the careers of several participants (see Section 6.5) to help create a rich understanding and thorough analysis of the whole careers of these women at a point in time.

7.5 Policy and practice implications of the study

It is significant to recognise both the policy and practice implications of this study. My research has already influenced policy, and has potential to impact practice, in the ways in which carers are supported in combining formal careers and informal caring careers.

7.5.1 *Implications for policy*

My PhD study has been carried out within the context of a growing 'social care crisis', which is often detailed in the media (BBC, 2017; Grierson, 2017; Slawson, 2017). Informal care has increased at a rate higher than population growth and the UK care system relies profoundly on care provided by informal carers. With an ageing population and increasing rates of disability, expectations of informal care are set to increase (Grierson, 2017; White, 2013; Pickard, 2008; Heitmueller, 2007). It is clear that there is greater pressure on families and friends to provide the required care with less formal support (Grierson, 2017). Successive governments adopting neoliberal ideologies have emphasised the importance of the family as a mechanism of care, and have continued to rely on informal care as a policy initiative (Gilbert and Powell, 2005). This is alongside policies to increase employment rates of older workers to meet the needs of an ageing population (Kirton and Greene, 2016) and Government objectives to encourage carers to remain in employment (Department of Health, 2014). It is evident from my study that these policies are in opposition to each other, and as a consequence of this tension, create a detrimental impact on mid-life women's experiences as they try to balance continued formal employment with meeting the care requirements of their adult dependants.

The newly created Department of Health and Social Care has set out its plan for the future and we anticipate the government's green paper on social care, expected this autumn (Carers UK, 2017b). The Carers Action Plan 2018 – 2020 published in June 2018 does acknowledge that carers need access to information and support and sets out actions the government plans to take over the next two years. It outlines the details of a working group to consider the possibilities of dedicated employment rights for carers. It also includes plans to consider the training needs of informal carers, although how this will be delivered is not detailed. Furthermore, it outlines the development of an e-learning resource designed to help carers recognise the skills developed through caring and how they can be used. However, this assumes

access and capability to utilise e-learning systems. The plan also states that the Department for Work and Pensions will ensure that benefits for carers will meet their needs and support the employment of those carers able to work. Again, it does not specify financial amounts or how it will do this (Department of Health and Social Care, 2018b).

Consequently, the findings of my study have the potential to influence local and national policy surrounding the support of informal carers and to preserve the development of formal and informal caring careers. National and local governments need to provide reliable, quality and affordable care services to enable carers to maintain careers (Carers UK 2018). Whilst participants of this study spoke highly of support received from local and national charities, they felt more could be offered by local and national governments. This includes more practical and financial support, but also provision of information. Indeed, the Department of Work and Pensions have indicated interest in my research and would like to meet with me with regarding their review of provision of information and signposting to carers, in particular at the 'turning point' of becoming a carer. There is also scope to consider a training programme such as that initiated by the Caring with Confidence Programme (Yeandle and Wigfield, 2012). That is to give them assurance, training and support in their caring responsibilities, whilst at the same time, not replacing formal care services. It could include practical caring skills, training on specific conditions, such as dementia, and financial and legal matters, for example. It could also extend to considerations of life after caring. As indicated in the literature review (section 2.3.1), former carers who may have had a break in employment sometimes struggle to identify the transferable nature of their caring skills when returning to formal employment. In addition to e-learning systems, further support could consider a coaching programme with group or one-to-one support.

Furthermore, the Government has a key role in publicising the value in supporting carers in the workplace to employers at both a national and local level, given the prevalence of working carers. This takes account of both Grayson's (2017) recent publication and the findings of this study, particularly around engagement and retention. As detailed in section 4.3.6 the majority of participants wished to retain their formal employment status, or re-join the labour market where they were not currently working. This is relevant in addressing lost productivity, skills gaps and an ageing workforce (Grayson, 2017).

Whilst awaiting an updated national carers' strategy following consultation which closed in 2016, I have met with Leicestershire County Council to discuss their joint carers' strategy for 2018 – 2021. This covers Leicester City Council, Leicestershire County Council, Rutland County Council and local NHS clinical commissioning groups. Excerpts of a report I provided in August 2017 have been included in the draft strategy entitled 'Recognising, Valuing, and Supporting Carers in Leicester, Leicestershire and Rutland'. This was discussed at Cabinet in October 2017 (see Appendix 9), and was recently open to public consultation. The strategy takes account of participant responses around the requirements for further support in their caring, accounting for personalisation and with particular reference to culture and religious beliefs. It included advice with regards to employing organisations having clear and concise policies to support working carers that are not open to interpretation, with local councils providing the business case to employers to support carers. My PhD research has fed directly into the joint strategy's priorities and actions, which include ensuring the identification and involvement of carers, support and caring communities, and enabling carers to have a life alongside caring, including formal employment. Part of this would include supporting carers in the development of skills required and utilised in caring. In Washington State in the US, for example, the SEIU 775 Benefits Group initiative provides training to unpaid/informal carers. This is something they have received local and national recognition for, and have found that some informal carers have then gone on to paid care work as a result (SEIU, 2018).

7.5.2 Implications for practice

Following on from engagement with local government in Leicestershire, there are also implications for human resource management and organisational practice as a result of my PhD study. Three million people currently combine work and care in the UK (Carers UK, 2017a) and this is set to both continue and increase. As a result, employers should be looking to ways to support and manage employees with caring responsibilities effectively, to ensure employee commitment and motivation with regards to their formal roles, and assist carers to continue working. Furthermore, as has been highlighted, failure to do so could lead to employees feeling they have no option but to leave the organisation to meet caring requirements, leading to a loss of talent, tacit knowledge and productivity (Grayson, 2017). The argument has been put forward that employers must understand both the business and moral case for 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).

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.

In light of advancing equality and diversity practices in the UK (Kirton and Greene, 2016), the findings point to the importance of engaging with carers as individuals rather than making assumptions about the forms of support they may need. Thus personalising support and opportunities in the workplace, in relation to employee caring responsibilities. As we have seen from this research, each individual situation is different. Whilst people may be perceived to be in similar situations, the support they require may be different. 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 formal careers. This is particularly apparent when faced with paternalistic management styles, and decisions being made without consultation.

Organisations face a balancing act here in creating clear 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 they have an inclusive culture, which recognises employee responsibilities outside of the workplace, and one in which employees feel supported. They should also offer guidance and coaching 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 approach, regardless of organisational policy and established practice. Furthermore, organisations should ensure that genuine development conversations are held, and that managers and employees alike are provided with the time for these, and that they are not just one off discussions as part of annual appraisal policies. There is also room for organisations to consider employee personal development as a whole and take account of those skills which have been developed outside of the traditional workplace and can be transferred, such as those gained through caring.

7.6 Limitations of the study

An important part of research is that of evaluation, critical reflection and reflexivity on the part of the researcher. It must be recognised that whilst my best efforts have gone into producing a relevant, academically sound and rigorous research study, there are a number of limitations which should be acknowledged, as detailed in this section.

The aim of qualitative research is to 'arrive at an understanding of a particular phenomenon from the perspective of those experiencing it', (Vaismoradi et al, 2013: 398). This study was designed to be a small scale qualitative piece of work, to offer rich insights into the experiences of women combining care and employment. Research of this nature relies upon individual sense-making and subjective interpretations of care and career experiences on the part of participants. This is done so in light of each context and with reference to existing collective presuppositions (Yanow, 2014). Whilst each participant had experience of combining formal employment and caring, their social worlds and cultures varied, thus creating multiple realities (Berger and Luckmann, 1967). For this reason, my research focused on identifying and seeking to understand the ways in which different participants interpreted their world and experiences (Burrell and Morgan, 1979; Denscombe, 2010). This means that although there are key findings and themes, which allow for comparisons to be drawn and narratives to be developed, the research cannot be generalised and relates to only one particular group of individuals and particular context. In addition, it refers to interview data captured at one point in time. As noted, caring is unpredictable and changes frequently. This could lead to different respondent answers and points had the data been collected on a different day at a different time.

This research fits into the interpretive paradigm. From an epistemological perspective, knowledge is subjective and depends on the social actors involved creating multiple realities.

Thus knowledge is produced not discovered, and reality only exists as it is perceived by people. It is only through their interpretation that we learn more about it (Burrell and Morgan, 1979; Saunders et al, 2007; Denscombe, 2010). As a result, the experiences analysed and narratives produced are open to both interpretation by the participants themselves, as told in their own words, but also my interpretation at analysis stage, influenced by my own values and concerns (della Porta and Keating, 2008; Yanow, 2014). This calls for reflexivity on the part of the researcher, as addressed in Section 3.6. This highlights that a different researcher may have reflected differently on the key these and findings reported here, leading to variation on the contributions outlined above.

The reasons for choice of population sample are outlined at sections 3.4.5-7 in line with the context of the research and the research questions themselves. There is a slight numeric bias towards participants of White British background and public sector workers. It must be recognised that a more demographically diverse sample of participants, with different experiences, could have allowed for further exploration of the key issues and themes, with potential for differing conclusions. More extensive sampling would offer opportunities to examine prevailing themes, such as the influence of religion and culture, for example. Despite the focus on mid-life women as a category, there is still potential for a 20 year age gap. Indeed, the youngest participant was 45 and the eldest 63. Arguably, they are at very different stages in their lives, so the impact of caring for adult dependants and employment could be vast. Furthermore, there was no specification as to who the participant was caring for. It must be recognised that caring for a partner can be very different to caring for a parent or adult child, which could be further explored.

Whilst a wide range of participants were sought and a variety of recruitment methods utilised, all the women who were eligible to take part and got in touch were interviewed. By nominating themselves they recognised themselves as carers, even if they did not wish to identify as such. As indicated, there is much discourse on carer identification (for example, O'Connor, 2007). Whilst flyers (See Appendix 2.0) advertising the research study referred to caring, they also mentioned the looking after of family or friends. This is similar to previous efforts to engage with carers, who may not identify with the term (for example, Buse and Wigfield, 2011). Nonetheless, it must be highlighted that there may well have been other potential participants who failed to recognise themselves as occupying a caring role, and thus would have been eligible to participate in the research. Furthermore, eligible women who were caring and working in

formal employment may not have put themselves forward for the research because of existing time constraints, or an inability to attend the research interview due to caring requirements. Indeed, several potential participants promised an interview, or arranged one and then had to cancel. This was for a number of reasons, but on one occasion it was due to the death of a dependant.

As a small scale interpretive study it was not designed to be representative of the population of Leicester(shire). Nonetheless, consideration of these limitations leads on to discussion of opportunities for further research.

7.7 Opportunities for further research

As indicated earlier, the PhD research timelines did not allow for the possibility of longitudinal research. As a result, whilst event history calendars were used to take account of the career trajectories and caring experiences of participants, the typologies and polymorphic career model represent a point in time and particular context. Thus it would be interesting to interview the same participants again in a number of years to see how their caring and career experiences have evolved, alongside examining the changing political landscape and discourse and their implications for carer support. This is something which I plan to review in the summer of 2020, with a view to seeking funding to re-interview participants and discuss evolving formal and informal careers.

The reasons for the demographic focus on mid-life women, as the largest group of carers, is evident. Nonetheless, there are opportunities for future research to extend this area of research, and to engage further with a wider variety of possible participants. Further research could engage with women of different ages, or focus on a different demographic area, such as a particular ethnic background, for example. Or it could focus on a particular occupational group. As a result of my study, a comparative study could be carried out to examine different care and career experiences between genders. Furthermore, there is potential for a longitudinal study to be conducted into the experiences of young carers, as they make transitions from education into employment, and over their career trajectory to further examine intersections of care and career.

There is also scope for additional research opportunities into different types of work, in light of the development of skills through caring. This is particularly pertinent as this work speaks to the

broadening of concepts of work, and unpaid labour to be considered as work. Of personal interest is the transference of caring skills into volunteering work, such as those activities undertaken by Usha once her caring ceased and she retired from formal employment.

As a result, there would be opportunities to apply and utilise the polymorphic care(e)r model in different ways. This could include different ages of women, or work contexts, such as those offered in Taylor's (2004) organisational framework of labour. This could embrace voluntary work; care for a neighbour or friend, and the impact of the changing nature of care relationships; or other informal and unpaid labour.

7.8 Summary

My PhD study and resulting thesis have added to our existing knowledge of women's careers and concepts of work through the further consideration of caring as work. In so doing, I have also extended the application of career theories to informal care work. In this way I have provided a greater understanding of women's formal and informal caring career trajectories. Furthermore, I have done so at a time when our ageing population and increasingly under-resourced health concerns have caused a 'social care crisis'. As such, the findings of this research have potential implications for both policy and practice, and to be taken forward to make a real difference to people's lives. Hence, I am pleased that this research has already been referred to in the draft joint carers' strategy for 2018 – 2021 entitled 'Recognising, Valuing, and Supporting Carers in Leicester, Leicestershire and Rutland'. The impact of my research was clearly sought after by the participants and a motivator for them taking part, giving voice to an under-researched group. This was summed up by Vanessa saying at the end of her interview with me,

"And I just hope somebody somewhere thinks about what this is doing to people, cos I would have gone on a career, I would have carried on. But you can't can you? There's other things ain't there?"

Indeed, most of my participants were keen to keep in touch to learn of the key findings of the research and potential impact. Opportunities for future research, as outlined, can contribute greatly to our continued expansion of notions of work as care, giving credence to work outside of the traditional workplace, development of careers, and ensuring adequate provision for those undertaking this important work.

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Appendices

Appendix 1.0 Participant information sheet and consent form



Care and Career: an examination of the impact of informal caring responsibilities for dependent adults on mid-life women's care and career experiences and development

Interview Participant Information Sheet and Consent Form

I would like to invite you to participate in a study examining the impact of informal caring responsibilities for dependent adults on mid-life women's (aged 45-65) care and career experiences. This study is being conducted as part of my PhD in Human Resource Management at De Montfort University. The research has full ethical approval from the University.

Why have you been invited?

The research focuses on women aged 45 – 65 who are currently, or have previously been, caring for dependent adults and working in Leicester/Leicestershire.

The research questions to be addressed through this research are:

- How do you think that caring has affected:
 - Your career experiences?
 - Your career development and success?
 - The decisions you have made regarding your career to date?
- In what ways have your career or work experiences affected your experiences of caring?

What will you have to do if you agree to take part?

At this stage, it involves participation in a one-to-one interview with myself which will last approximately 1.5 hours and can be organised at a time, date and location to best suit you. I will record what we discuss using an audio-recorder and taking notes. I would also like to create a calendar of your key life events and work history on my laptop.

Will your participation in the project remain confidential?

Your name, or any other personal identifying information, will not appear in any publications resulting from this study; neither will there be anything to identify the person(s) you provide care for, or your place of work. The information you provide is confidential. With your permission (given through the consent form attached) anonymised quotes may be used. If you do not wish to give your permission for this to happen, the information you provide will be treated only as a source of background information. You should also be aware that I may be duty bound to pass on information that you provide that reveals harm has, or could, come to you or a vulnerable individual.

Only the research team (Louise Oldridge as researcher, plus my supervisory team) will have access to the focus group recorded data itself. The recordings will be password protected and stored securely electronically. The recordings and the transcribed data will be retained and disposed of in line with data protection legislation.



Do you have to take part in this study?

Participation in this study is entirely voluntary. You do not have to answer any questions you are not comfortable with. You may also decide to withdraw from this study at any time by advising me during the interview or after by emailing me (louise.olderidge@dmu.ac.uk). If you notify me of your withdrawal, all identifiable data will be destroyed.

What are the advantages of taking part?

This research will give you an opportunity to have your voice heard and aid understanding of the key issues affecting carers regarding their careers and the care that they provide. Hopefully you will also find it interesting to talk about your own experiences.

What are the possible risks of taking part?

There are no known or anticipated risks to you as a participant in this study, although you may find discussing your own personal situation an emotional experience.

I would like to be involved; what next?

We can arrange a convenient time, date and place for us to meet and conduct the interview.

If you have any concerns or questions you can contact me in the following ways:

Email - louise.olderidge@dmu.ac.uk

Telephone – 0116 257 7430 (If I don't answer please try again or leave a message)

Department of Human Resource Management, De Montfort University, The Gateway, LE1 9BH

This PhD research is supervised by Professor Anne-marie Greene who can be contacted in the following ways:

Email - amgreene@dmu.ac.uk

Telephone – 0116 257 7239

Department of Human Resource Management, De Montfort University, The Gateway, LE1 9BH

Thank you.

A handwritten signature in blue ink that reads "Louise Oldridge".

Louise Oldridge

PhD Researcher

Care and Career: an examination of the impact of informal caring responsibilities for dependent adults on mid-life women's care and career experiences and development

Interview Consent Form

I confirm that (please tick boxes as appropriate) :

1.	I have read and understood the information about this research project, as provided in the Interview Participant Information Sheet.	<input type="checkbox"/>
2.	I have been given the opportunity to ask questions about the project and received satisfactory responses to my questions.	<input type="checkbox"/>
3.	I give my permission for the interview audio to be recorded and the calendar to be completed electronically during the interview.	<input type="checkbox"/>
4.	I understand that information collected during the interview will be looked at by the researcher and her supervisors. I give my permission for these individuals to have access to my responses but recognise that the researcher may also be duty bound to pass on information which reveals that harm has, or could, come to me or a vulnerable individual.	<input type="checkbox"/>
5.	I am aware that excerpts from the interview may be included in publications but that any quotations will be kept anonymous.	<input type="checkbox"/>
6.	I understand that my participation is voluntary and I can withdraw from this study at any time, with no penalty, and all data which can be attributed to me will be destroyed.	<input type="checkbox"/>
7.	I voluntarily agree to take part in this study.	<input type="checkbox"/>

Participant name:		Consent taken by:	
Participant signature:		Signature:	
Date:		Date:	

CARING & EMPLOYMENT



CAN YOU HELP WITH A NEW RESEARCH PROJECT?

Are you:

- A woman aged 45 – 65?
- Currently (or have previously been) caring for (or helping) an adult family member or friend?
- Working in formal employment or have recently finished working?

If you answered yes to all three questions:

- Do you want to have your voice heard and add to understanding of the key issues affecting carers and their employment?
- Would you consider taking part in a **research project** looking at the experiences of women who combine caring and formal employment currently living in Leicester/Leicestershire?

If so please get in touch:

Louise Oldridge – PhD Researcher

Email - louise.oldridge@dmu.ac.uk

Telephone – 0116 257 7430 (If I don't answer please try again or leave a message)

Department of Human Resource Management, De Montfort University, The Gateway, LE1 9BH



Appendix 3.0 Ethical Approval



Tracking No:
Date approved:
Initials:

Faculty of Business and Law Application to Gain Ethics Approval for Research Activities

All research activity conducted by members of staff or students within the Faculty of Business and Law requires ethics approval. To gain ethics approval this form should be completed and submitted to the appropriate designated officer (see below). Students should complete this form in consultation with their supervisors.

Applicant	
Last Name: Oldridge	First Name: Louise
DMU Email Address: <u>P07234187@myemail.dmu.ac.uk</u>	Staff/student no: P07234187

SECTION 1. The Research															
Title: Caring or career: an examination of the impact of informal caring responsibilities for dependent adults on mid-life women's career development and success															
Aims of the research: The overarching aim is to examine the career development and success of mid-life women with informal care responsibilities for adult dependents. The specific aims are: To establish how mid-life women define career success. To determine what mid-life women are looking for from career development. To establish what effects informal care responsibilities for adult dependents have on mid-life women's career development. To establish what effects informal care responsibilities for adult dependents have on mid-life women's career success. To explore the effects of external variables on mid-life women's careers where they care informally for dependent adults, e.g. Organisation type, size, sector etc.															
Principal data collection methods (delete as applicable)															
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">a)</td> <td style="width: 75%;">Interviews</td> <td style="width: 20%;">yes</td> </tr> <tr> <td>b)</td> <td>Questionnaires</td> <td>no</td> </tr> <tr> <td>c)</td> <td>Observation</td> <td>no</td> </tr> <tr> <td>d)</td> <td>Documents/archives (inc. doctrinal law)</td> <td>no</td> </tr> <tr> <td>e)</td> <td>Other (please specify)</td> <td>N/A _____</td> </tr> </table>	a)	Interviews	yes	b)	Questionnaires	no	c)	Observation	no	d)	Documents/archives (inc. doctrinal law)	no	e)	Other (please specify)	N/A _____
a)	Interviews	yes													
b)	Questionnaires	no													
c)	Observation	no													
d)	Documents/archives (inc. doctrinal law)	no													
e)	Other (please specify)	N/A _____													
Participants															

Will your research involve human participants? If YES then proceed to section B. If NO then proceed to section A.

A – No human participants

I confirm that my data collection technique is documentary and will not involve human participation:

Signature of Researcher:..... Date:

In these circumstances you can omit the remaining sections of the form. Please forward to the appropriate designated officer for approval

B – Human Participants

What is the research population?

The research population will consist of women aged between 45 and 65 who are currently working or have recently been working and are also informal carers for dependent adults.

How will participants be selected?

Purposive, snowball and self-selection sampling are considered the most appropriate methods to utilise to identify the research population. This is because individuals do not always identify themselves as carers, particularly where the act of caring is seen as an obligation to look after a family member as opposed to a more formal caring relationship. Additionally, the women need to be within the required age bracket and working in a variety of sectors and roles to get as full a range as possible.

Potential access to be participants will be explored through the University and the special interest group for carer research; carers support networks, such as Employers for Carers and Carers UK; alongside contacting employers directly utilising networks already established in the local area through the researcher's career studying and working in the Midlands, particularly in the role as Vice-Chair of Leicestershire's Chartered Institute of Personnel and Development.

SECTION 2. Research ethics and the protection of participants' interests.
NB. Participants should suffer no harm as a result of participation in the research

Please confirm the following by deleting as applicable.
(If you are not able to confirm any of the statements please provide further information in the section below).

Participation in the research will be:		
	Voluntary	yes
	Based on informed consent	yes
Participants' identities will be protected via:		
	Confidentiality with respect to the data	yes
	Anonymity in terms of any reported findings from the research	yes
The research process will:		
	Respect the privacy of individuals and avoid undue intrusion	yes
	Avoid emotional harm or upset to those taking part	yes
Data from the research will:		
	Be stored securely in line with data protection principles	yes

Not passed on to third parties	yes
The research be conducted with integrity including:	
Fair and honest treatment of the data	yes
Open dealing with participants	yes
Declaring any sponsorship or vested interests	yes
Avoiding any plagiarism	yes
The research complies with the law in all relevant respects	yes

Further comments relating to the checklist above

The research recognises that the individuals taking part will have many demands on their time and will seek to disrupt this as little as possible. Participation is voluntary and the nature of the research will be explained to participants, alongside the provision of a participant information sheet. Participation consent forms will be required. The nature of the proposed research will respect the privacy of participants and their family/friends, in particular those individuals for whom they provide informal care and the research will not make undue intrusion into their lives. At all times individual participants will be encouraged to only share information on which they feel comfortable.

All data will be stored in line with data protection legislation and principles - <http://www.legislation.gov.uk/ukpga/1998/29/contents> and anonymity provided.

SECTION 3. Additional Codes of Ethics

Which Code of Research Ethics will be adhered to during the course of your research?
Examples of Codes can be found at <http://www.dmu.ac.uk/research/ethics-and-governance/regulatory-codes-and-legislation.aspx>

Name:	Web address:
Code of Practice for Research Degree Students	http://dmu.ac.uk/documents/research-documents/graduate-school/current-students/code-of-practice/code-of-practice-2014-bw.pdf
UKRIO Code of Practice	http://www.ukrio.org/publications/code-of-practice-for-research/

Some types of research activity require additional advance ethical approval to be given from the relevant governing body. For example, advance NHS approval is required where participants include NHS patients or social care users. It is the responsibility of the researcher to ascertain whether such approval is required and to obtain this where necessary.

My study requires additional approval *no*

I have obtained additional approval from

Reference number: _____ Date of approval: _____

SECTION 4. Declaration and Signatures

I have read the *Responsibilities of the Researcher* guidelines at <http://www.dmu.ac.uk/research/ethics-and-governance/responsibilities-of-the-researcher.aspx> and I will comply with them.

Signature of Researcher: 

Date: ...26/03/2015

Students Only:

This form must be agreed with your Supervisor prior to authorisation by the Designated Officer and a copy of the research proposal (Application for Registration (RDC R) form) must be attached to this application

Programme of Study: ...PhD Human Resource Management

Name of Supervisor: Professor Anne-marie Greene

Signature of Supervisor: 

Date: 26/03/2015

Signature of Designated Officer: 

Date: 26/03/15

Designated officers:

Staff:

Head of Research

Dr Steven Griggs

Research Students:

Faculty Head of Research Students

Prof Gavin Dingwall

LBPB 5017 Dissertation Module Students:

Module Leader

Dr Hulya Oztel

Other Masters Students:

Marketing (MARK5020, MARK5056, MARK5073):

Public Policy (POPP5026):

Law (PLAW5612):

Law (LLMP5272):

Accounting (ACF5027):

HRM (HRM5060):

Housing (BEHS5923, BEHS5410)

GDL Project:

Dissertation Module Leaders:

Anne Broderick

Rob Baggott

Caroline Coles

Ian Kilbey

Michelle David

Julia Poynton

Ros Lishman

Graham Hipwell

Undergraduate Students:

Accounting

Economics

Enterprise

Housing (BEHS3401, BEHS3402)

Module Leaders:

Lisa Wakefield

Ashley Carreras

Edwina Goodwin

Ros Lishman

Human Resource Management

Law

Marketing

Politics and Public Policy

Retail Management

Strategy and Management

Phil Almond

Ian Kilbey

Lynn Stainsby

Chris Goldsmith

Anne Broderick

Martin Beckinsale

Appendix 4.0 Interview Schedule

Advise envisage it will take 1.5 hours – outline parameters – and ask if that's ok?

Do they have any questions before we begin?

Complete the consent form.

Don't have to answer any question they don't feel comfortable with

Can take a break at any time or stop recording.

Name

Age and DOB

Ethnicity

Education level

Confirm if live and work in Leicester/Leicestershire

Why did you want to take part in this research?

What do you think is important to discuss when reviewing the care and career experiences and development of women who care for an adult dependent?

Work history – complete calendar

Can you talk me through your formal employment history?

If in formal employment or most recent role details

Job role – title, industry, sector, hours and working arrangements, responsibilities – have they changed since caring?

Detail any informal work – e.g. Volunteering

Who is it that you look after? Relationship?

How old is the person you look after?

Do you have any other dependents? (Children/grandchildren) – add DOB on calendar

Do you see yourself as a carer? Why is that?

When did you begin to identify as an informal carer (if indeed they do)?

Turning point of when caring commenced or years when caring also ascertain age and which job on calendar

Amount of hours caring for per week – has this changed over time?

Nature of care provided – e.g. physical/emotional – what kinds of activities do you carry out to provide care? Has this changed over time?

Do you share this care with anyone else? Or is it just you providing the care?

Do you feel that there is any expectation placed upon you to provide the care required as opposed to seeking formal support? If so, where does that expectation come from?

Do you receive any state support?

Do you receive any payments for the caring which you provide?

Do you receive any payments through the direct payment scheme? If so, what do you use them for? (E.g. leisure or to enable them to go out and work?)

Do you consider your caring responsibilities to be a form of work? If so, why? If not, why not?

(If you could not provide them would you pay someone else to do so?)

Has your caring influenced your (formal/informal) employment in any way? (Want to give them the opportunity to tell me prior to follow up questions)

Have you discussed it with the person you care for at all?

Does your employer or line manager have anything in place to support you whilst working and caring? Encourage to share documents if they wish to.

Do you think there is anything else that they could do to help you?

What does the word career mean to you?

Has your career or (formal/informal) employment changed since the point at which you began caring? If so, how?

How would you describe your (formal/informal) career development since caring commenced? How has your caring influenced this?

(Ascertain age and career stage when caring commenced, length of time being a carer and impact on career)

How would you define career success?

Do you think your caring responsibilities have influenced your career success?

Have your notions of career success changed since you started caring? E.g. more subjective?

Do you think there are any other factors which have influenced your career? E.g. – age, ethnicity, sector of employment.

If still in (formal/informal) employment: do you plan on staying in the same role for the foreseeable future? Have your caring responsibilities influenced this decision? (Expand upon role and development)

What are you looking for from your current (informal/formal) employment? E.g. purely financial motivations, or development opportunities, for example? Has this been influenced by caring?

Have these expectations changed over time or with age?

Do you have career development discussions with your line manager at work? Do your caring responsibilities or skills gained elsewhere come in to the discussion?

Do you foresee that your caring responsibilities will continue in the future?

Has your career influenced the care which you provide? If so, how? Personal/skills development?

Do you think there are any other factors which have influenced your caring?

Do you think your care responsibilities or the care which you provide has changed/developed over time since you started caring? If so, what do you think are the reasons for this?

Have you used any skills from your formal employment career experiences in providing care?

Have you received any training in your care-giving? E.g. changing of catheters, injections?

Have you gained any skills from caring? What are they and do you use them in formal employment?

If you reflect back over your time working and caring; is there anything that you would do differently?

What advice would you give to someone in a similar situation?

Is there anything else that you feel is important that we discuss?

I will type this up, word for word. If you would like to see it you are very welcome to.

Provide copy of information after interview.

Appendix 5.0 Blank Event History Calendar

Year		1950				1951				1952			
Quarter		1	2	3	4	1	2	3	4	1	2	3	4
Education	Notes												
School													
Undergraduate Study													
Postgraduate Study													
Formal Employment													
Employer 1													
Employer 2													
Employer 3													
Employer 4													
Employer 5													
Employer 6													
Employer 7													
Employer 8													
Employer 9													
Employer 10													
Life Events													
Child													
Child													
Grandchild													
Turning point (start of caring)													
Other significant events													

Appendix 6.0 Coding Themes

Name	Sources	References
Advice to others	19	21
Do things differently when reflecting.	11	11
Age	30	30
Caring	0	0
Amount per week (hrs)	22	23
Care as work	30	44
Carer Identity	31	47
Caring activities	31	76
Changes to caring over time	26	49
Expectations of care	30	72
Factors affecting care (excl work)	23	30
Impact of employment	24	33
Payments	26	34
Reasons for caring	29	57
Relationship with dependent	30	49
Support	29	89
Turning point	20	22
Children-childcare	21	65
Culture-Background	16	30
Education	30	105
Employment	0	0
Career development discussions-support	25	34
Colleagues-Team	7	13
Concepts of career	25	26

Concepts of career success	28	33
Current Role (incl. work pattern)	28	64
Employment History	30	115
Factors affecting career (excl. care)	26	69
Future plans	26	44
Impact of care on career-development	31	105
Motivations to work	29	59
Support at work	27	71
Volunteering (if applicable)	17	25
Ethnicity	28	31
Reasons for being involved in research	25	27
Religion	13	22
Skills transference	15	17
Caring skills at work	21	31
Training	16	21
Work skills in caring	26	28

Appendix 7.0 Example coding of interview with P020

interested in is doing a tiny little bit themselves. So you have to sort of gage that with each individual really as to how much or in what way you sort of slant that. But everybody knows that I've got Jack.

§291: LO – That's good. Ok, so what does the word career mean to you?

§292: P020 – Erm, what does the word career mean to me? I think for me now it's more about being successful in what I do and actually being... Yeah, being successful at what I do and my whole drive and passion now is to pass that on to other people. My whole philosophy is now that if I teach other people to do what I do well then automatically my business does well. So why would I not want to invest my time doing that? It's not about me anymore, it's actually about encouraging other people and if I get that right then my business moves forward anyway. So for me success now is a) obviously me sort of earning more and being more secure I suppose in what I do but it's also having a successful team underneath me that supports all of that and is stable and steady. So it's not so much about me anymore. It's about making sure that they all succeed because if they succeed I automatically succeed anyway.

§293: LO – So have your notions of career success changed from when you first started working?

§294: P020 – Oh gosh, yeah. I mean the sort of notion originally of 40 years and a full pension, working for the same employer, went out the window when I took my voluntary redundancy. And it was a scary time really because I took that year off and that year was lovely but then Jack came along and then realisation that I wasn't going to be able to go back to work and earn a decent amount of money for a good number of years. And then when he did go to school and I was able to we had a ton of debt because of that. So it's been, you know, I always say to people "you see me now with my nice white 4x4 and my money I can spread around and weekends here and there, you know time at the caravan. But I've been through those dark financial moments as well". As a lot of other people. I thoroughly understand where people come from but no, yeah, it's completely changed my idea of what career progression was. But equally opened up a whole new world of flexible working, which works for us as a family.

§295: LO – Yeah. And I like very much that for you it's become about helping other people.

§296: P020 – Yeah.

§297: LO – And about the notions of that.

§298: P020 – That's why I'm sort of keen to work with the company to try and do a different angle on a story because I want people maybe more in my situation, or people that have got young kids, who think 'well I really would prefer to stay at home with the children' – that there are other opportunities out there to explore.

§299: LO – Yeah, definitely, ok thank you. And, do you think there's any other factors which have influenced your career?

§300: P020 – Erm, I think yes. I think one of the big factors that's influenced it has been the fact that my husband earns a decent amount of money now erm, so therefore the pressure is taken off me to actually go out and do a traditional job and bring in that income, that's a constant end of every

§343: P020 – No, the only thing we've had training around was when he's had operations on his legs and we had to have a hoist so we had hoist training.

§344: LO – Yep, ok.

§345: P020 – But the other thing we've had, I suppose... You wouldn't quite call it training for, but things around therapy when he was little around how to do things with him. Erm, we had something called portage when he was a baby which is very tiny little steps to get them to do towards a bigger end. So we worked with somebody with that and then obviously physio and occupational therapist and people like that.

§346: LO – And do you think there are any skills that you take from caring which you use in your work?

§347: P020 – Oooh. That's an interesting one. Probably patience. I'm not very good at being patient. But, erm... yeah probably patience a little bit more and I think probably understanding with people that if their situation changes that that's ok. People are often worried to tell you that maybe they're stopping doing it because something's happened. I always say to my team that if somebody stops keep on good terms with them if you can because if they've enjoyed it and they've had to stop because of their personal situation they will come back to you and they often do, when they're ready but if you get cross with them and you get upset with them and you fall out with them they're not going to come back to you even if they want to come back. So I suppose that's something that I've sort of learnt – that everybody... that situations do change and they can change overnight. Erm, you know my Mum died while I was on holiday. I didn't expect that to happen when I went away and my whole world sort of collapsed at that stage. Then Jack came along. We didn't expect to be in the situation where we were caring for a disabled child.

§348: LO – No.

§349: P020 – You know, its that journey that you didn't plan for.

§350: LO – Yeah.

§351: P020 – And that has impact. Sort of like, you know, we don't... I always say to people now, what people realise is, when we hit retirement we don't just retire like other people. We aren't going to go and tour Europe and

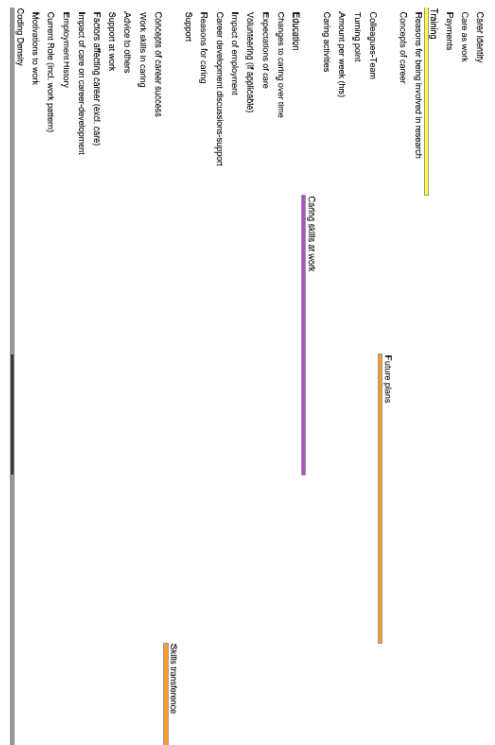
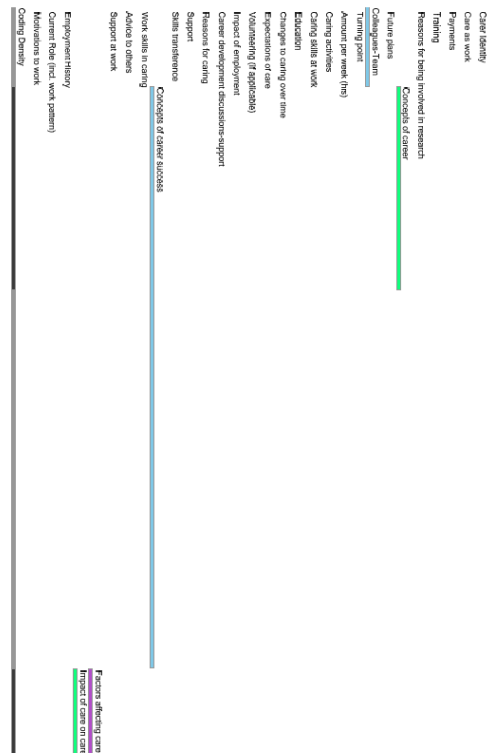
§352: LO – That element of work as we discussed earlier kind of carries on.

§353: P020 – Yes, it does.

§354: LO – So had you thought about any skills transfer between sort of like work and caring before I asked about it?

§355: P020 – No, not really.

§356: LO – Do you think there's room for, just asking from kind of your people management experience... Do you think there's room for, you know when you're discussing with people their



Appendix 8.0 Participant pen portraits

*All names used are pseudonyms

P001/Christine

Christine was White British. At the time of interview she was 58 and had retired from paid employment quite recently due to her ill health. On average, she cared for 10 hours per week for her husband, her mother and her uncle. Over her life course she had cared for six adults with different conditions.

P002/Carol

Carol was White British. At the time of interview she was 51. She was self-employed, working an average of 30 hours per week. She described caring for between three to 15 hours per week for her parents.

P003/Riha

Riha was Asian British. At the time of interview she was 51. She was employed in two jobs and described working in excess of 40 hours per week. She described caring for her mother full-time.

P004/Hannah

Hannah was White British. At the time of interview she was 47. She was employed working full time hours Monday to Friday, with informal flexible working arrangements. On average she provided 21 hours of care for her mother per week.

P005/Tracey

Tracey was White British. At the time of interview she was 51. She was employed and worked full time but compressing her hours into 4.5 days. She cared for her husband.

P006/Kate

Kate's ethnicity was described as Other mixed. At the time of interview she was 55. She was employed on a part-time basis, working mornings three days a week. She described caring for her husband on a full-time basis.

P007/Mrs Patel

Mrs Patel was Asian. At the time of interview she was 61. She was employed in two different part-time jobs, both with variable hours. She cared for her mother, visiting her several times a week.

P008/Wendy

Wendy was White British. At the time of interview she was 50. She was employed working for 34 hours over four days. She described caring for her husband on a full-time basis.

P009/Patricia

Patricia was White British. At the time of interview she was 60. She was employed on a part-time basis, working three days per week. She cared for her mother for an average of 50 hours per week.

P010/Mary

Mary was White British. At the time of interview she was 52. She was employed full time working Monday to Friday. She cared for her husband for an average of 14 hours per week.

P011/Winnie

Winnie was White British. At the time of interview she was 50. She was employed working three days a week. She cared for her parents for six hours per week.

P012/Judith

Judith was White British. At the time of interview she was 60. She was employed part-time, working up to 16 hours per week spread across a number of days, which could vary. She described caring for her mother full-time.

P013/Dawn

Dawn was White British. At the time of interview she was 45. She was employed part-time, working four days a week. She had been caring for her husband full-time.

P014/Natasha

Natasha was Asian British. At the time of interview she was 57 and she was not in employment. She cared for her husband full time apart from when he went to a day centre two days a week.

P015/Fiona

Fiona was White British. At the time of interview she was 49. She was self-employed working 15 – 20 hours per week. She cared for her son and the amount of hours per week varied depending on other support he received.

P016/Monica

Monica's ethnicity was described as Other mixed. At the time of interview she was 57. She was employed and working full time hours, Monday to Friday. She cared for her mother until her recent death, just before the interview.

P017/Stephanie

Stephanie was White and Black Caribbean. At the time of interview she was 58. She was employed working 37 hours across four days a week. She cared for her mother in law and son. She provided around 11 hours of care per week on average.

P018/Bridget

Bridget was White British. At the time of interview she was 50. She was employed full-time working Monday to Friday. She cared for her mother in law, who had recently moved into residential care, so the amount of hours care per week had dropped to approximately four.

P019/Brenda

Brenda was White British. At the time of interview she was 50. She was employed full-time working Monday to Friday. She cared for her mother and the amount of hours varied from week to week, depending on her health.

P020/Margaret

Margaret was White British. At the time of interview she was 55. She was self-employed but reported working approximately full time hours but with a flexible work pattern. She cared for her adult son apart from when he was at school on week days during term-time.

P021/Helen

Helen was White British. At the time of interview she was 55 and was not in employment. She cared for her mother, who was in residential care being assessed for future care requirements, so the amount of hours varied.

P022/Vanessa

Vanessa was White British. At the time of interview she was 56. She was employed full-time working Monday to Friday. She cared for her parents for 10 – 15 hours per week.

P023/Geetu

Geetu was Asian British. At the time of interview she was 58 and she was not in employment. She described caring for her son on a full-time basis.

P024/Usha

Usha was Asian British. At the time of interview she was 63 and had retired from paid employment due to her ill health in 2012. She used to care for her husband.

P025/Rachel

Rachel was described as White Other. At the time of interview she was 49. She was employed part-time working 16 hours per week. She cared for her mother on average 12 hours per week.

P026/Noreen

Noreen was White British. At the time of interview she was 63. She was employed, working four days a week. She cared for her daughter for 24 hours per week.

P027/Sara

Sara was Asian British. At the time of interview she was 45. She was employed part-time, working 16 hours per week over three days. Her parents had recently died and she described caring for them for over 20 hours per week.

P028/Pema

Pema was Asian British. At the time of interview she was 60. She was employed part-time, working 16 hours per week across five days. She described caring for her husband on a full-time basis.

P029/Holly

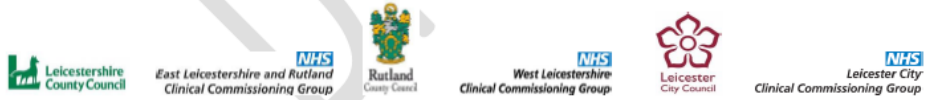
Holly was White British. At the time of interview she was 51. She was studying and working approximately 3 hours per week. She cared for her parents for an average of six hours per week.

P030/Lorna

Lorna was White British. At the time of interview she was 62. She was employed, working three days per week. She had cared for her husband until his recent death.

JOINT CARERS STRATEGY 2018 – 2021

Recognising, Valuing and Supporting Carers in Leicester, Leicestershire and Rutland



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1. Our Local Vision for Carers

This Carers Strategy has been developed in partnership with carers across Leicester, Leicestershire and Rutland, and with the support of a number of local voluntary sector organisations, Healthwatch and local health providers. The organisations signed up to this strategy have committed to work together to deliver our local vision for carers:

'Family members and unpaid carers, including young people across Leicester, Leicestershire and Rutland will be identified early, feel valued and respected. They will receive appropriate support wherever possible to enable them to undertake their caring role, whilst maintaining their own health and wellbeing'.

Throughout this strategy we refer to 'the partnership' or 'partners'. Specifically, this refers to the Carers Delivery Group, a sub-group of the Leicester, Leicestershire and Rutland Sustainability and Transformation Partnership which is responsible for overseeing a plan to improve the health and social care services to reduce inefficiencies. Supporting carers has been identified as a key area of work in Better Care Together (the Sustainability and Transformation Plan for Leicester, Leicestershire and Rutland). The Carers Delivery Group sits within the Prevention (Home First) work stream of the Sustainability and Transformation Partnership, and also links to the work streams for integration, urgent and emergency care, and resilient primary care.

Individual members of the Carers Development Group will share this strategy with their own organisation, who will develop a delivery plan based on a set of guiding principles, as detailed in section 2 and key priorities and associated actions as detailed in section 9. Delivery plans will be tailored to suit each the diverse needs of carers in their locality and to reflect the available resources for each organisation.

Partners include: Leicester City Council, Leicestershire and Rutland County Councils, East Leicestershire and Rutland, West Leicestershire and Leicester City Clinical Commissioning Groups, voluntary and community sector organisations (notably organisations delivering carers services and speaking for carers), and Healthwatch Leicestershire.

2. Guiding Principles

The strategy is underpinned by a number of guiding principles that reflect both the national and local requirements of carers

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1. **Carer Identification** - We will work together across the statutory and voluntary sector organisations in Leicester, Leicestershire & Rutland to identify carers and to ensure they are signposted to relevant information and services if they require assistance. This includes young people under the age of 18 who may be caring for a family member.
2. **Carers are valued and involved** - We will listen to carers and involve carers in the development of services that enable them to continue to provide their caring role.
3. **Carers Are Informed** - We will ensure that accurate advice, information and guidance are available to assist carers to navigate health and social care services.
4. **Carer Friendly Communities** - Communities will be encouraged to support carers through awareness-raising within existing community groups.
5. **Carers have a life alongside caring** - We will ensure that health checks for carers are promoted as a means of supporting carer to maintain their own physical and mental health and wellbeing and encouraged to have a life outside of their caring role.
6. **Carers and the impact of Technology Products and the living space** - We will work with housing and other organisations to ensure the needs of carers are considered in terms of the provision of technology, equipment of adaptations that may assist a carer with their caring role.
7. **Carers can access the right support at the right time** - We will respect and promote the needs of carers and ensure they have access to carer's assessment, which will determine if social care services have a statutory duty to provide assistance. The carers' experience will be considered during the assessment and any subsequent reviews.
8. **Supporting young Carers** - we will ensure that the needs of young carers are also considered and that families/cares with a child with special needs are supported through the transitions process, which can also be difficult to navigate their child transitions into adult services.

The above principles have been translated into key priority and actions as detailed in section 9 and each partner organisation will be expected to build upon them in the development of their individual delivery plans.

Although funding in relation to carers is not directly addressed within this strategy, the financial position faced by both health and social care organisations cannot be ignored. Therefore, the available resources for each organisation will be reflected in the individual plans that will be developed by the partners, which will underpin this strategy and the guiding principles.

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3. Who is the Strategy for?

This strategy is aimed towards all unpaid carers who are caring for someone that lives in Leicester, Leicestershire and Rutland (LLR) including but not limited to:

- Working Carers
- Older Carers
- Parent/ Family Carers
- Multiple Carers
- Young Carers
- Sandwich carers (those with caring responsibilities for different generations, such as children and parents)

It seeks to understand and respond to the issues related to caring that have been highlighted locally and inform carers how the partners signed up to this Strategy will work together to ensure the role of carers is recognised, valued and supported.

The Strategy also aims to highlight to a broad range of organisations, local communities and individuals the prevalence of caring, the significant impact it can have on carers lives, and what we can all do to support carers more effectively.

Who is a carer?

A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, substance misuse or a mental health need cannot cope without their support.

A young carer is someone under 18 who cares, unpaid, for a friend or family member who due to illness, disability, substance misuse or a mental health need or an addiction cannot cope without their support.

Carers are sometimes referred to as unpaid carers, or family carers.

It is recognised that individuals often do not relate to the term 'carer' and see the caring responsibilities they carry out as part of another relationship or role i.e. as a wife, daughter, friend etc. However, for the purpose of this strategy all those providing unpaid additional support to individuals who could not cope without their support will be referred to as Carers.

4. Impact of caring

Over six and a half million people in the UK are carers.¹ Looking after a person that you care about is something that many of us want to do. Caring can be very rewarding, helping a person develop or re-learn skills, or simply helping to make sure your loved one is as well supported as they can be.

"When the person we care for really struggles to do things works really hard and is then able to do something it can make us feel really happy." Local Carer

Across Leicester, Leicestershire and Rutland carers contribute around £2 billion worth of support every year² which has a significant positive impact on demand experienced across the health and social care sector. However, some carers can be affected physically by caring through the night, repeatedly lifting, poor diet and lack of sleep. Stress, tiredness and mental ill-health are common issues for carers. In addition, carers can often be juggling and adapting to many changes in circumstances such as, in the condition of the cared for person or the impact of a new diagnosis.

Carers often lead on arranging care provision for the person they care for, which can include communicating with a range of departments and services. Challenges that carers face include knowing which service or department to contact, which can be especially difficult when the individual they care for is transitioning through a change in service/ organisational boundaries. It is widely recognised that carer identification is an issue as carers either do not identify themselves as carers or have a reluctance to identify due to stigma, potential bullying or pressure from the cared for person not to disclose.

The home environment can have an influence on carer stress and their ability to continue in their role. The key issues that have been recognised nationally have included: Where to go for help, Housing lettings policies involving carers, Inheritance issues for carers living in rented property, equipment, adaptations, repairs and improvements, housing support and technology to help carers and families stay in the home, options for moving home, funding and affordability.³

"We have grab rails and a slope put in has made life so much easier" Local Carer

Older Carers

- The 2011 Census (UK Census, 2011) revealed that there are over 1.8m carers aged 60 and over in England⁴.

¹ Carers UK Policy Briefing | August 2015 | Facts about carers

² VALUING CARERS 2015 The rising value of carers' support

³ Carers and housing: addressing their needs

⁴ Carers Trust Retirement on Hold Supporting Older Carers

- Current data trends suggest that by 2035 there will be an increase of over 30% in the number of carers aged between 60-79, a 50% rise for carers aged 80-84 and carers over 85 will increase by 100%.⁵ (Appendix 5) Older adult carers may experience health issues themselves, and in some cases experience loss of strength and mobility, and tire more quickly.

Working Carers

- 3 million people in the UK juggle paid work with unpaid caring responsibilities⁶. Caring can affect the type of work which carers are able to take on, aiming to find local, flexible work which can fit around caring.
- Research⁷ has indicated that over 2.3 million people have given up work at some point to care for loved ones and nearly 3 million have reduced working hours.

"We need flexibility and understanding in the workforce" Local Carer

Parent/ Family Carers

- One in three parents report that their child outliving them and not being able to care for themselves, or oversee their professional care, is their biggest concern.⁸
- (78%) of those providing care to a child with a disability said they have suffered mental ill health such as stress or depression because of caring.⁹
- Over 1,500 parents with disabled children took part in a 2014 online survey for Scope. Two thirds (69%) of respondents had problems accessing the local services for their children, with eight in ten parents admitting to feeling frustrated (80%), stressed (78%) or exhausted (70%) as a result.¹⁰

"I constantly worry about the future" – Local Parent Carer

Multiple/Sandwich Carers

- Most carers (76%) care for one person, although 18% care for two, 4% for three and 2% care for four or more people¹¹. Sandwich carers find themselves caring for both younger and older generations.
- Carers with multiple caring roles report feeling exhausted and sometimes guilty that they have insufficient time to devote to their children or other close relatives in need of support.

⁵ www.poppi.org.uk version 10.0

⁶ EFC Briefing | Jan 2015 | The business case for supporting working carers

⁷ Carers UK and YouGov (2013) as part of Caring & Family Finances Inquiry UK Report (2014) Carers UK

⁸ "Who will care after I'm gone?" An insight into the pressures facing parents of people with learning disabilities Fitzroy transforming lives

⁹ CUK- State of Caring 2017

¹⁰ https://www.scope.org.uk/media/press-releases/sept-2014/parents-disabled-children-battle-support

¹¹ CUK- State of Caring 2017

Young Carers

- Data from the 2011 Census reveals that 166,363 children in England are caring for their parents, siblings and family members, an increase of 20% since 2001.
- A quarter of young carers in the UK said they were bullied at school because of their caring role (Carers Trust, 2013).
- One in 12 young carers is caring for more than 15 hours per week. Around one in 20 misses school because of their caring responsibilities.¹²
- Young adult carers aged between 16 and 18 years are twice as likely not to be in education, employment, or training (NEET)¹³

"They might be scared to admit it in case they get bullied. Social workers and schools should help them understand they are a young carer." Local Young Carer

Top worries about becoming a carer are being able to cope financially e.g. afford the care services or equipment and home adaptations required (46%) and coping with the stress of caring (43%).¹⁴ Although finances are cited as a concern many carers do not claim benefits that they are entitled to, £1.1 billion of Carer's Allowance goes unclaimed every year in the UK¹⁵.

The 2016 national GP patient survey found that 3 in 5 carers have a long-term health condition, this compares with half of non-carers. This pattern is even more pronounced for younger adults providing care – 40% of carers aged 18-24 have a long-term health condition compared with 29% of non-carers in the same age group.¹⁶ Carers report 'feeling tired' and experiencing 'disturbed sleep' as a result of their caring role, only 10% of carers have no effect on health because of their caring role (Appendix 2).

"Feeling that we can't rest because we are on call to look after the person we care for all of the time can make us tired and unhappy." Local Carer

When a person becomes a carer, they give up many of the opportunities that non-carers take for granted. Carers' can find their caring role limits the opportunities they have for a life outside their caring role. It is important we recognise the impact of caring in order to support carers to allow them to maintain caring relationships, and enjoy good mental and physical health.

¹² Hidden from view: The experiences of young carers in England

¹³ Supporting Young Carers in School: An Introduction for Primary and Secondary School Staff

¹⁴ Research summary for Carers Week 2017

¹⁵ Need to know | Transitions in and out of caring: the information challenge

¹⁶ CUK- State of Caring 2017

5. Relevant policy and legislation

Although much has been achieved in relation to the previous Leicester, Leicestershire and Rutland Strategy (2012 – 2015), there have been significant changes in government policy, including the creation of Clinical Commissioning Groups, the Care Act 2014 and the Children and Families Act 2014. Whilst the new National Carers Strategy is expected soon, a new local strategy is necessary to reflect on these changes and to ensure new local priorities can be identified and addressed that are fit for now and the future.

We intend that this new strategy builds on the achievements of the previous one; some of these are:

- A Carers Charter, developed with carers, in place in all Leicester, Leicestershire and Rutland locations
- Commissioning Carers Support Services which help deliver the Care Act Early Intervention and Prevention duties, and which include a Carers Outreach Service in GP surgeries
- Developing carers registers in Primary and Adult Social Care
- Focused work in BAME communities to support people to identify as carers
- Offering Carers Assessments
- Provision of flexible respite and short breaks
- Agreement to a Memorandum of Understanding between Adult Social Care and Children's Services in respect of Young Carers
- Partners offering information in a variety of formats, hard copy, web based, face to face
- Providing training for carers
- Providing advocacy for carers

There remain ongoing challenges which will be picked up by this new strategy. Notably these are:

- Continuing to raise awareness of carers issues and promoting early identification of carers
- Making information easy to find
- Ensuring that carer registers are robust
- Involving carers at an individual and strategic level
- Making communities carer friendly

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Care Act 2014

The Care Act 2014 came into effect from April 2015 and replaced most previous law regarding carers and people being cared for. Under the Care Act, local authorities have new functions. The Act gives local authorities a responsibility to assess a carer's needs for support, where the carer appears to have such needs. Local authorities must consider the impact of the caring role on the health and wellbeing of carers. If the impact is significant then the eligibility criteria are likely to be met. Local authorities should work with other partners, like the NHS, to think about what types of service local people may need now and in the future.

The Care Act 2014 also places a duty on local authorities to conduct transition assessments for children, children's carers and young carers where there is a likely need for care and support after the child in question turns 18. The assessment should also support the young people and their families to plan for the future, by providing them with information about what they can expect.

The Children and Families Act 2014

The Act gives young carers more rights to ask for help. Councils must check what help any young carer needs as soon as they know they might need help, or if the young carer asks them to. In the past, young carers always had to ask first if they wanted their council to check what help they needed. Local authorities, carrying out a young carer's needs assessment must consider the extent to which the young carer is participating in or wishes to participate in education, training or recreation or employment. The Act also says that councils must assess whether a parent carer within their area has needs for support and, if so, what those needs are. This check is called a 'Parent Carer's Needs Assessment'. In the past, parents always had to ask first if they wanted their council to check what help they needed to look after a disabled child.

NHS England's Commitment for Carers

The Department of Health set out in its mandate to NHS England 'that the NHS becomes dramatically better at involving carers as well as patients in its care'. In May 2014 they published NHS England's Commitment for Carers, based on consultation with carers. Based on the emerging themes NHS England has developed 37 commitments around eight priorities, which include raising the profile of carers, education, training and information, person centred well co-ordinated care and partnership working.

Care Act 2014 - <http://www.legislation.gov.uk/ukpga/2014/23/contents>
The Children and Families Act 2014 - <http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted>
<https://www.england.nhs.uk/wp-content/uploads/2014/05/commitment-to-carers-may14.pdf>
<https://www.england.nhs.uk/wp-content/uploads/2014/05/comm-carers.pdf>

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6. Profile of carers in Leicester, Leicestershire and Rutland

Census data tells us that there are over 105,000 carers across Leicester Leicestershire and Rutland (LLR). Nearly 2000 of the 105,000 (2%) LLR carers are aged between 0-15 years, and 203 of these young carers provide 50 or more hours of unpaid care per week (Appendix 3). Overall, 67% of carers provide care for 1-19hrs a week. 57% of LLR carers are female, the highest provision of care for both sexes is provided by those aged 25-64.



Across Leicestershire over 90% of carers are from a white ethnic background and in Rutland it is 99%, however in Leicester City this figure is just over 50% with the remaining majority of carers coming from an Asian/Asian British background. See also Appendix 3.

A further source to help us understand the local carer population is the number of people in the area claiming carers' allowance:

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	Carers in receipt of Carer's Allowance	Total value of Carer's Allowance received (p/a) (£)	Total estimated number eligible	Total estimated value of benefit eligibility (p/a) (£)	Total estimated number of carers missing out	Total estimated value of unclaimed benefit (p/a) (£)
Leicester	4,750	14,758,250	7,308	22,705,000	2,558	7,946,750
Leicestershire	4,990	15,503,930	7,677	23,852,200	2,687	8,348,270
Rutland	180	559,260	277	860,400	97	301,140

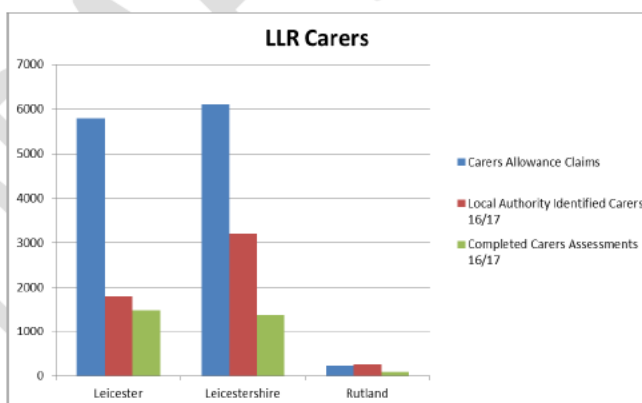
Source: Carers UK (2013)

There are a variety of reasons people do not claim carers allowance – not identifying as a carer can be an issue alongside not having appropriate information or advice regarding the claim process and general benefit entitlements. Local figures are in line with national claim rates with an average of 35% of carers missing out on claiming carers' allowance.

Although a higher proportion of carers are identified on Leicestershire systems, a smaller proportion are accessing carers' assessments in comparison to Leicester City.

When compared to the number of carers receiving carers allowance locally it is clear that a high proportion is not known to their Local Authority.

The Adult Social Care Outcomes Framework (ASCOF) uses data from a number of national sources including the Survey of Adult Carers in England (SACE) to measure how well care and support services achieve the outcomes that matter most to people. These measures are used by Leicester, Leicestershire and Rutland to monitor performance across the LLR.



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As illustrated in Appendix 1, responses are varied across Leicester, Leicestershire and Rutland. Overall satisfaction with social services is high in Rutland in addition to the high proportion that feel they have been included and consulted in discussions about the person they care for. All areas have seen a small increase in the proportion that find it easy to find information about services, however less than a third of carers across LLR felt they had as much social contact as they would like. Results are static for Leicester and Leicestershire however this is a significant reduction for Rutland who reported 46% in 2014/15. Leicester City and Rutland have improved the proportion of carers who have been included or consulted about the person they care for however Leicestershire have a clear drop. This highlights opportunities to learn from local best practice, but also evidences a need to improve local carer experience.

Every two years local authorities conduct a postal survey of unpaid carers, The Survey of Adult Carers in England (SACE). The survey asks questions about quality of life and the impact that the services they receive have on their quality of life. In October 2016 surveys were sent to a selection of 1812 carers, 771 responses were received. Responses from these surveys feed into the ASCOF scores.

7. Current carer support

A range of carer support services are commissioned across Leicester, Leicestershire and Rutland including support groups, advocacy, support to complete a carer's assessment form, and information and advice for carers including information on local services, and services specifically for young carers. Through an assessment process carers may also receive a personal budget, and councils can provide respite to give carers a break from caring (including breaks for parent carers).

In addition to the services common across Leicester, Leicestershire and Rutland, Leicestershire County Council also commissions online forums where carers can meet other local carers and a telephone befriending service specifically for carers. Rutland County Council has dedicated adult social care carer's workers who specifically carry out carers assessments, and funds fortnightly carers support and drop in sessions for carers and parent carers. Leicester City Council commissions a range of services for carers, including peer support and training and opportunities for social interaction which give carers a break from caring, and some specific services for carers of people with mental health needs and learning disabilities from black and ethnic minority backgrounds.

Leicester, Leicestershire and Rutland Clinical Commissioning Groups have implemented carers' charters and promote carer support throughout services and in partnership with local authorities. There are a number of hospital social work teams aiming to bridge the gap between health and social care services to provide a fluid service. Rutland operates a fully integrated service where therapists and health professionals are also able to carry out carers assessments.

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Across Leicester, Leicestershire and Rutland there have been a range of approaches including but not limited to awareness raising talks and presentations, media work; stands and stalls at events. This provider undertakes young carers statutory assessments and is implementing a family based support plan, to include as required: service co-ordination, one to one support, advocacy, support with education, employment and training, grants, inclusion work, access to holidays, ID card, signposting and referral to other agencies, under 12's group work, decorating and garden challenges.

Throughout 2016/17 work was undertaken to raise the profile of young carers across Leicestershire the aim of this work was to build carer friendly communities, promote the issues young carers face, support recognition of the signs of young caring, and strengthen the shared responsibility between services and the resources available to support young carers.

The education system was targeted from primary level right up to university and each educational establishment visited was asked to have a 'named' member of staff (to be known as 'Young Carers Champion') who proactively promotes the young carers agenda, thus increasing the likelihood of young carers being identified. This has created a network of Young Carer Champions.

8. What Leicester, Leicestershire and Rutland Carers say

The challenges a carer faces will be dependent on numerous factors and are individual to that carer. In order to attain a richer insight into the experiences of local carers, a range of engagement approaches were adopted in addition to analysis of survey and performance data already available.

Events were held over the summer of 2017 to ensure carer experiences and views were captured from a diverse range of carers within different caring roles and at varying stages of their caring journey. Fifteen workshops and focus groups were conducted. Numerous questionnaires and an online survey also ensured carers were given the opportunity to have their voice heard.

Through these events and further focus groups, workshops and questionnaires, over 300 carers have shared their views and experiences based around issues that we know are important to carers, such as recognition, identification, health and wellbeing, having a life outside of caring and supportive communities.

The carers were from a range of backgrounds: including parent carers, carers of different ethnic origins, young carers, older carers and working carers. Contributions were received through numerous partners, including, Leicestershire District Councils, Healthwatch, and from a number of local voluntary sector organisations. Outcomes were captured, coded and themed, in order for the most common experiences, concerns and potential solutions to be drawn from the variety of sources. In brief, key areas highlighted include:

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Access to appropriate information and advice: carers lacked clarity in relation to where to look for information, not having access to digital information and provision of information not only for the carer but information that supports the cared for individual.

"Getting correct information that is up to date can be an issue"

"Making clear the support that is available, so that a person with a disability knows they can cope without a carer"

"Temples/fair groups /clubs help with social isolation"

Access to good quality services for both carers and the cared for: Carers want good quality services for both themselves and the cared for person. Before they are happy to access any type of service for themselves they need to know the cared for person is being appropriately supported.

"Need better quality support services for carers and family"

"Need some joint services for carers and cared for so we can get out together"

Increasing understanding in society of what a carer is: There is a need to increase early identification of carers but also to ensure that once identified people understand the issues they face and value the contribution they make.

"Carers don't recognise being a carer as a separate role"

"Being listened to as a family carer as someone who knows some of the problems the person has and recognising how the caring impacts on us as carers."

"Need to educate people on what a carer is"

The carers' engagement work provided a real insight into the things that are important to carers locally, and their views on things that needed to be improved. It was clear that carers needed support, breaks from caring, and the opportunity to take care of themselves more, but it was also clear that small changes organisations can easily make could have a big impact on valuing carers.

"We need to feel valued and respected as people who provide help. This means that we have a lot of knowledge that is important about the person we care for and how they need help."

"Carers who are willing and able to care for their vulnerable family or friends need to be considered as co-partners in the delivery of care and support". Healthwatch Leicestershire Carers Lead

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In addition to the engagement activity, a focussed research activity has been undertaken specifically considering issues faced by 30 women carers between the ages of 45-65 (the group that provides the highest amount of unpaid care) findings from the research were in line with the findings from engagement activity undertaken.

Alongside wishing for more help in their caring role, family background and values, culture and religion played a part as to why these women were caring. Asian and Asian British participants of the study described cultural and moral expectations from local communities that they provided the care required themselves and reported they would feel ashamed if they paid someone else to do it¹⁷.

The research confirmed that those in caring roles who work will reduce or compress their working hours to accommodate their caring duties, some participants reported staying longer than they would have liked to have done in their existing roles because of their working pattern and ability to manage their caring alongside employment.

However, there were examples where the caring role had prompted what they termed as positive changes in their working lives, including limiting the number of hours worked per week but at the same time progressing their career development.

"... I've spoken to people in the past who are carers who are wanting to go back to work and they don't see that they have any skills... 'hang on a minute, you run a house, you liaise over 4 kids and after school clubs and you do this, that and the other. You know you've got huge organisational skills... it's having that wherewithal to think 'well actually what I did now converts to x, y and z'. ... Because there is a huge skill set in caring,
-Research participant

Recommendations from the research paper include that organisations and carer services manage diversity and not equality – personalising support and opportunities as although they may be perceived to be in similar situations what support is needed may be different for individuals. Health and Social Care organisations should have policies that support working carers and they should be supported to gain further skills required for caring if necessary.

¹⁷ Oldridge L (forthcoming), Care(e)rs: An examination of the care and career experiences of mid-life women who combine formal employment and informal caring of a dependent adult, to be submitted as a PhD Thesis 2017, De Montfort University, UK

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In 2015 West Leicestershire Clinical Commissioning Group undertook some qualitative research across Leicester, Leicestershire and Rutland on behalf of Better Care Together. Responses reflect the key themes identified in the 2017 engagement work, but also highlighted as key issues the lack of recognition of carers' knowledge and expertise and their non-inclusion in planning and decision-making regarding the persons they care for, and the impact of the end of the caring role.

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9. Key priorities and associated actions

Partners across LLR have drawn together national guidance, local data, the key themes from the engagement activity undertaken, and considered the local carers offer to determine key areas of development and improvement during the lifetime of this strategy. They are illustrated as key priorities, and for each priority high level partnership actions have been determined.

More detailed action plans incorporating individual organisational actions will be developed during the consultation phase of this strategy.

Leicester, Leicestershire and Rutland Guiding Principles							
1 Carer Identification	2 Carers are valued and involved	3 Carers Are Informed	4 Carer Friendly Communities	5 Carers have a life alongside caring	6 Carers and the impact of Technology Products and the living space	7 Carers can access the right support at the right time	8 Supporting young Carers
Underpinning Partnership response							
Raising staff awareness across partner organisations Proactive communications to the wider public	Recognition of carers at appropriate points of the pathway Involvement of carers in service changes and new initiatives	Awareness raising and targeted training for frontline staff. Improving access to Information and Advice	Embedding carer awareness Support the development of local initiatives	Promoting carers within our organisations and other employers Support carers through flexible policies Benefits advice Flexible and responsive carer respite	Involving carers in housing related assessments, understanding carers perspectives Simplifying processes and ensuring information is consistent	More effective partnership working Support offer that is flexible and appropriate to needs	Focus on whole family Awareness raising and early identification Transitioning to adult services

Priority 1. Carers are identified early and recognised - Building awareness of caring and its diversity	
What we found	What we will do
<p>Carer identification was a key theme.</p> <p>Services that work with carers reported a difficulty in getting carers to recognise themselves as carers.</p> <p>Carers described not accessing support until they reached crisis point as they had not recognised themselves as carers before that point.</p>	<ul style="list-style-type: none"> All partners will seek to support carers to identify themselves as appropriate LLR Clinical Commissioning Groups will include information on carers and increase carer awareness in practice staff inductions. They will aim to increase the number of carers identified on GP practice registers. Individual partners will work to make their carer registers robust.
How will we know if it's worked?	
<ul style="list-style-type: none"> Increase in identified carers – GP registers, council systems, carers recorded to be accessing other commissioned services Increase in carers referred to carer support services Increase in the number of carers assessments offered 	

Priority 2. Carers are valued and involved - Caring today and in the future	
What we found	What we will do
<p>Carers do not feel supported, valued or empowered in their caring role, often not being kept informed, or not seen as a key partner in care.</p>	<ul style="list-style-type: none"> Health and social care professionals will seek the input of informal carers at appropriate key points on the health and social care pathway in order to secure the best possible outcomes for the cared for. This joined up approach is particularly focussed on avoiding inappropriate hospital discharge and enabling timely discharge. Commissioners will ensure that carers' views are sought and reflected in commissioning exercises. Good practice in carer training will continue to be shared across partners.
How will we know if it has worked	
<ul style="list-style-type: none"> Increased satisfaction level from carers within the next national carers survey 	

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Priority 3. Carers Are Informed - Carers receive easily accessible, appropriate information, advice and signposting	
What we found	What we will do
<p>There was recognition through engagement that information about carer issues was difficult to find and carers needed to actively seek out support and information rather than it being offered.</p>	<ul style="list-style-type: none"> Partners will review their information offer for carers to improve its accessibility. All Partners will seek opportunities to raise awareness of local carers services
How will we know if it has worked	
<ul style="list-style-type: none"> Increase in the proportion of carers who say they find it easy to find information about services Increase in carers identified Increase in numbers accessing carer support 	

Priority 4. Carer Friendly Communities	
What we found	What we will do
<p>Feedback included carers wanting services and support available "in smaller pockets within localities as access to services is often difficult due to the obscure shape of the localities".</p> <p>Other feedback from carers included "help should be offered rather than having to ask for it"</p> <p>Those in minority or geographically isolated groups need support too.</p>	<ul style="list-style-type: none"> Commissioners will take the views of carers into account in future commissioning exercises. This will include consideration of geographic and demographic profiles. Encourage communities to support carers through awareness raising within existing community groups
How will we know if this has worked	
<ul style="list-style-type: none"> Carers report greater satisfaction in the accessibility of services 	

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Priority 5. Carers have a life alongside caring – Health, employment and financial wellbeing	
What we found	What we will do
<p>Carers feel their caring role is not valued at work and flexibility was a key factor in the ability to continue to work</p> <p>Carers cite financial worries as one of their biggest concerns.</p> <p>Carers highlighted that they often neglect their own health and wellbeing</p> <p>Carers also felt respite was essential to enable to them to continue within their caring role.</p>	<ul style="list-style-type: none"> As employers themselves, partners will review their carer friendly policies and aim to set a good example to others. The assessment process will consider the use of flexible and responsive respite provision to enable carers to have a break, including short breaks to families with a child with Special Educational Needs and Disability. CCG's will continue to encourage carers to take up screening invitations, NHS Health checks and flu vaccinations, where relevant.
How will we know if it has worked?	
<ul style="list-style-type: none"> Working carers will feel better supported 	

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Priority 6. Carers and the impact of Technology Products and the living space	
What we found	What we will do
<p>The home environment plays a key part in enabling a carer to undertake their caring role. A carer's perspective should be considered throughout relevant assessment processes. Although most workers would consult carers and some positive feedback was received the approach was not consistent.</p> <p>It was also found across LLR local authorities do not hold enough information on carers and their tenure status.</p> <p>Some Leicestershire carers found equipment often took a long time to be acquired due to the longevity and inconsistency in processes followed, having a real impact on their ability to care.</p>	<ul style="list-style-type: none"> The partnership will seek to involve professionals from housing, equipment and adaptations in work to improve the carers' pathway. This should include raising awareness of the issues facing carers with those organisations.
How will we know if it has worked	
<ul style="list-style-type: none"> Assessment processes will be more carer aware. 	

x

Priority 7. Carers can access the right support at the right time - Services and Systems that work for carers	
What we found	What we will do
<p>Carers wanted to receive support that recognised their individual circumstances, and sometimes needed support to navigate through the system.</p> <p>Throughout all engagement work carers felt access to services was challenging due to lack of integration</p>	<ul style="list-style-type: none"> Assessments will take a strength based approach Each partner will look at its carer's pathway to reduce the potential for a disjointed approach. Opportunities for closer working between agencies will be

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(with the exception of many carers based in Rutland) and felt the services they received were often disjointed due to interdepartmental transfers or change in funding streams. Some carers felt confused about which organisation is responsible for what, and felt health and social care should work better together.	considered at appropriate points in service reviews. <ul style="list-style-type: none"> • People will be signposted to sources of support post-caring
How will we know if it has worked	
<ul style="list-style-type: none"> • Improvements in carer reported quality of life and satisfaction with social services. 	

Priority 8. Supporting Young Carers	
What we found	What we will do
<p>Young carers identified the need for services to be more integrated. This is particularly significant at the point of transition from children's to adult services.</p> <p>Young Carers often miss education due to their caring responsibilities this can impact on them when it comes to employment.</p> <p>Young carers identified the need to be 'young people' rather than in the carer role all the time, leading to the need for 'time off' or respite time.</p>	<ul style="list-style-type: none"> • All partners will take the needs of young carers into account in planning and assessment processes. • The assessment process will take a whole family approach
How will we know it has worked	
<ul style="list-style-type: none"> • The impact of caring on young carers is taken into account in assessments and transition planning. • Young carers report improved outcomes at home, school or in employment. 	

10. Monitoring progress

As part of the Sustainability and Transformation Plan (STP) governance structure, the Carers Delivery Group have led on the development of this strategy and recognise the impact that positive carer support can have across all workstreams. The group will work alongside other partners to ensure the carers perspective is considered and responded to.

During the consultation phase more detailed action plans will be developed to further capture both partnership and ensure all key activities, timescales and measures of impact are in place. These action plans will be overseen by the Carers Delivery Group which will report progress to the Home First Programme Board.

In order to ensure the involvement of carers in overseeing delivery of the strategy, a carer's reference group will be created which will track progress against key milestones.

11. Conclusion

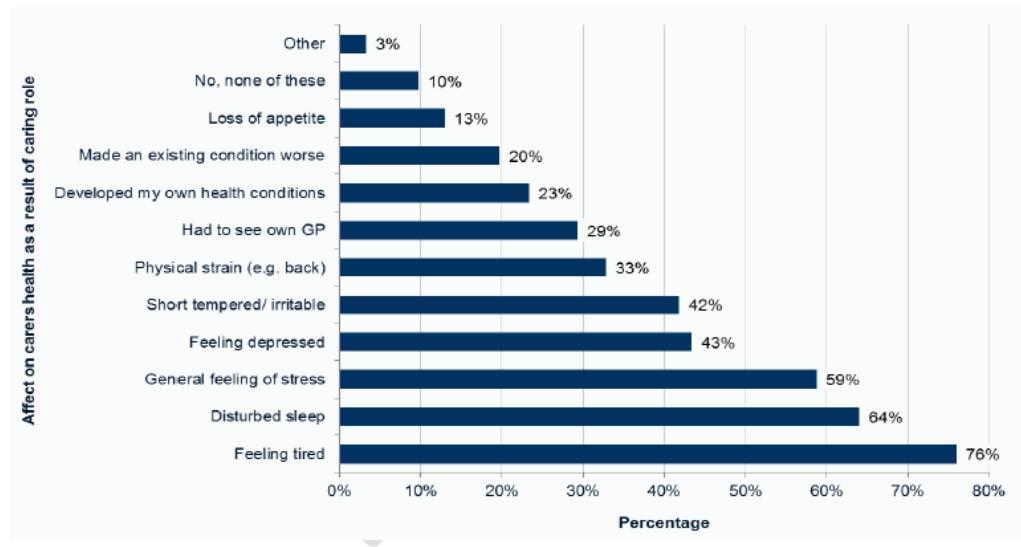
Whilst recognising the significant contribution that carers make across the health and social care economy, it is clear from our review of evidence and through significant engagement undertaken, that more can be done to recognise, value and support carers across Leicester, Leicestershire and Rutland.

This strategy recognises that improvements in carer support will not only contribute to improved health and wellbeing for those with caring responsibilities, but will also help the local health and social care economy rise to the challenges of a changing local population.

Appendix 1 – Adult Social Care Outcomes Framework

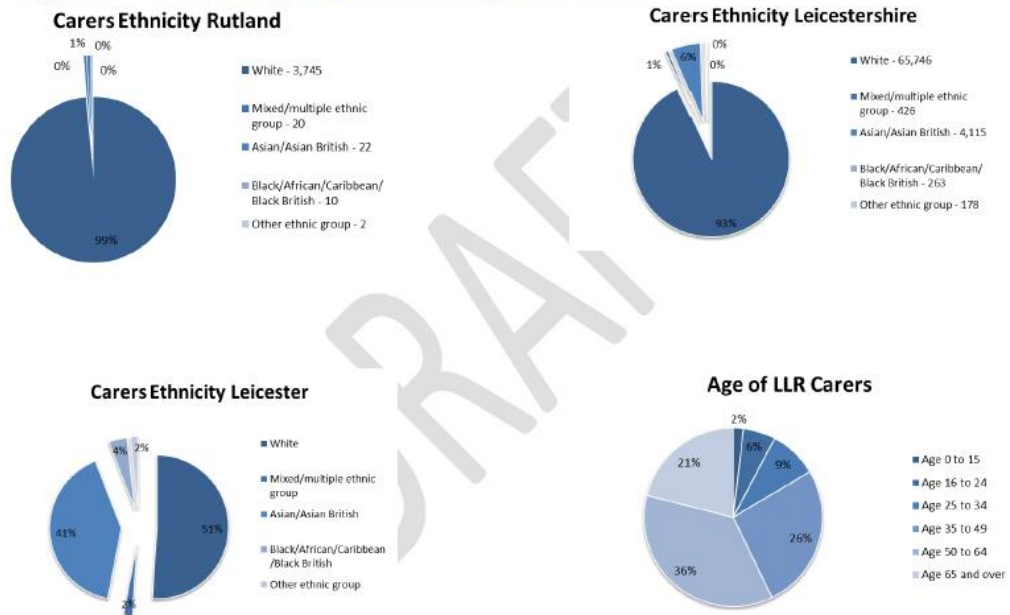
	Measure		2012-13	2014-15	2016-17
1D	Carer reported Quality of Life	NATIONAL	8.1	7.9	
		LCC	7.9	7.4	7.5
		CITY	7.1	7.2	7.2
		RUTLAND	9.0	8.4	7.9
1I (2)	% of carers who felt they had as much social contact as they would like	NATIONAL	N/A	38.5 %	
		LCC	N/A	32.5%	31.4%
		CITY	N/A	31.9%	31.0%
		RUTLAND	N/A	46%	31.1%
3B	Overall satisfaction of carers with social services	NATIONAL	42.7	41.2 %	
		LCC	43.3%	41.2%	31.2%
		CITY	37.9	37.7%	43.5%
		RUTLAND	62.4	55.8%	62.1%
3C	The proportion of carers who report that they have been included or consulted in discussions about the person they care for	NATIONAL	72.9	72.3 %	
		LCC	75.6%	72.5%	68.5%
		CITY	63.5	68.5%	70.7%
		RUTLAND	92.6	76.7%	84.6%
3D (2)	The proportion of carers who find it easy to find information about services	NATIONAL	71.4	65.5 %	
		LCC	65.5%	58.4%	63.5%
		CITY	52.5	55.5%	57.3%
		RUTLAND	78.0	76.8	79.5%

Appendix 2: Effect on Carers' Health

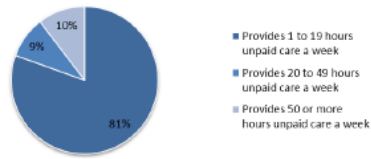


Source: SACE, NHS Digital

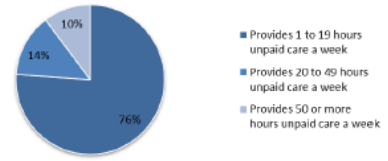
Appendix 3: Carers ethnicity breakdown and Young Carers statistics



**LLR Young Carers
Age 0 to 15**



**LLR Young Carers
Age 16 to 24**



Appendix 4: Poppi data

Data taken from Projecting Older People Population Information (poppi)

