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<th>The role of line managers and co-workers in mediating informal flexibility for working family carers</th>
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<td><strong>Authors(s)</strong></td>
<td>Dowling-Hetherington, Linda, Fahy, Majella, Phillips, Dominique, Moloney, Breda, Duffy, Clare, Paul, Gillian, Fealy, Gerard, Kroll, Thilo, Lafferty, Attracta</td>
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The role of line managers and co-workers in mediating informal flexibility for working family carers

Dowling-Hetherington, L.¹, Fahy, M.¹, Phillips, D.¹, Moloney, B.¹, Duffy, C.²,
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Abstract

Purpose: Our paper identifies the enabling mechanisms through which carer-friendly informal flexibility is enacted in the workplace and explores whether these enabling mechanisms help working carers remain in the workforce and avoid taking leave from employment.

Methodology: Twenty-six working carers in Ireland were interviewed. Interviews were semi-structured, and questions were formulated around three broad themes: participants’ caregiving role; their employment situation; and the services and supports available to them.

Findings: The findings highlight three mechanisms through which carer-friendly informal flexibility is enacted: reassurance and pre-emptive support; carer advocacy; and idiosyncratic deal making (i-deals). In the absence of informal flexibility, disruption to working arrangements is likely in the form of intermittent periods of leave from the workplace.

Research limitations/implications: Greater diversity in the profile of our study participants could be helpful, particularly the inclusion of more male carers and those working in the private sector.

Practical implications: A greater emphasis on informal, locally negotiated, flexible working arrangements would facilitate carers to remain in employment.

Originality/value: Our research explores the enabling mechanisms through which carer-friendly informal flexibility is enacted. Our study uncovered the pivotal mediating role played by line managers and co-workers in supporting carers to secure access to these informal flexible working arrangements.
Keywords: carers, support, informal flexibility, ideals, line managers, caregiving

Introduction

Family carers are the main care providers for those living in the community and in need of support due to illness, disability or age-related infirmity. One in nine employees in Ireland currently has a family caregiving role (Family Carers Ireland, 2020), and the need for family carers is expected to grow (Maynard et al., 2019). The increasing prevalence and complexity of family caregiving situations can be attributed to factors such as an ageing population, the changing proportion of women in the workforce, smaller family sizes, delayed retirement and an increased emphasis on community-based care (Bouget et al., 2017). Work and caregiving are often undertaken side-by-side (Bainbridge et al., 2021) and employees may find themselves taking on multiple caregiver roles or engaging in multiple care episodes during their working lives (Keating et al., 2019).

Due to the individualised circumstances that working carers find themselves in, and the often unpredictable and complex needs of care recipients, formal organisation-wide flexible working arrangements may not adequately meet the needs of working carers. Instead, the ability to make informal adjustments as to when (time), where (place) and how (contractual) carers work may be necessary. How this informal flexibility is enacted, is not well understood. Drawing on work-family conflict theory, signalling theory and the flexible working literature, this paper makes two important and interrelated contributions.

First, we address a research gap relating to informal working arrangements, and the support provided by line managers and co-workers, that enable family carers to reconcile work and caregiving (Gordon et al., 2012). Our research highlights the importance of informal support
and the mediating role of line managers and co-workers in providing this support. We address Lapierre and Allen’s (2006) call for further research relating to how flexibility is enacted in practice, and to Bainbridge and Townsend’s (2020) suggestion for more research about how flexible work impacts work-family conflict among caregivers. We explore the enabling mechanisms, or explicit signals of support, through which carer-friendly informal flexibility is enacted. Furthermore, we respond to Kossek and Kelliher’s (2022) call for more research on the benefits of informal flexibility by exploring the relationship between this kind of flexibility and the retention of carers in the workplace.

Second, much of the current research uses quantifiable measures of caregiving such as “tasks undertaken, hours committed, or care recipient characteristics” (Bainbridge & Broady, 2017: p. 58). This approach means that the daily struggle that many working carers face remains invisible to the employer. By capturing the voice of carers, our paper makes this struggle, and its associated complexities and consequences, visible.

The general aim of our study is to provide insight into the challenges faced by working carers, the workplace supports available to them and the outcomes they experience when appropriate support is available and when it is absent. We address two research questions:

1. What enabling mechanisms help enact carer-friendly informal flexibility in the workplace?

2. Do these enabling mechanisms help working carers remain in the workforce and avoid taking leave from employment?
Conceptual Background

Combining Work and Caregiving Demands

Simultaneously managing work and caregiving is challenging and can have adverse emotional, psychological and physical health outcomes for carers (Carers UK, 2013; Calvano, 2013; Schroeder et al., 2012; Duxbury & Higgins, 2012; Longacre et al., 2017; Brimblecombe et al., 2018; CIPD, 2020b; Boumans & Dorant, 2020). Moreover, combining both domains can have employment and financial consequences for carers who may be forced to reduce working hours, undertake less demanding roles or exit employment (Courtin et al., 2014; Bauer & Sousa-Poza, 2015; CIPD, 2020a; Family Carers Ireland, 2020; Glendinning, 2018; Dixley et al., 2019; Akanji et al., 2020). While enabling carers to remain in employment not only benefits employers, the economy and society more broadly (Burch et al., 2019), working while caregiving also benefits carers themselves. Many carers choose to engage in both domains (Spann et al., 2020), despite the challenges this presents and the strain it places on them (Clancy et al., 2020). Work can bring financial benefits for carers (Larkin et al., 2019), it can be a welcome source of respite (Hansen & Slagsvold, 2015), it can provide them with a valuable social identity and can positively impact their wellbeing (Eales et al., 2015; Spann et al., 2020). Where adequate supports are not in place, organisations will likely encounter carers experiencing burnout, lower levels of performance, higher absenteeism rates and carers who are faced with the dilemma of whether to exit the organisation (Williams, 2022).

This paper draws on the literature on work-family conflict – “a form of inter-role conflict in which the role pressures from the work and family domains are mutually incompatible in some respect” (Greenhaus & Beutell, 1985, p.77). This literature illustrates how the demands experienced in either the work or caregiving domain can lead to role strain (Gordon et al., 2012;
Templeman et al., 2020) and individuals may be forced to make choices around how they allocate resources to deal with these demands (Grawitch et al., 2010). For example, in an effort to minimise work-family conflict, some caregivers opt to alter different aspects of their job, e.g. working hours and jobs tasks (Bainbridge et al., 2021), and utilise flexible working arrangements (FWAs), where available, while other caregivers are forced to leave the workforce. Kelliher et al. (2019: p. 100) suggest that ‘different types of care may generate different kinds of demands’ and the circumstances of family carers, and the needs of the people they support, are particularly diverse and often unpredictable. The literature, however, pays comparatively little attention to the complexity and unpredictability of caregiving demands, and the resources that working carers utilise when responding to these demands.

**Workplace Enabling Resources**

Three types of support may help employees manage work-family conflict – *formal resources*, such as FWAs; *relational support* from line managers and co-workers; and *organisation-wide support* such as cultural norms around work and family prioritisation (Allen, 2012). The literature often presents flexibility as a ‘sine qua non’ in the workplace today (Bal and Izak, 2021: p. 37). FWAs are considered mutually beneficial for the organisation and employees (Williams et al., 2021), with employees valuing flexibility and viewing it as a resource (Hobfoll, 1989). For carers, having more autonomy and control over their working day is important (Brauner et al., 2020; Barnett & Gareis, 2002; Galinsky et al., 1996). It is acknowledged that FWAs provide employees with greater autonomy in relation to ‘how, when, and where paid work is undertaken’ and they signal organisational support for those combining work and caregiving (Bainbridge and Townsend 2020: p.484). More recently there has been some discussion of the merits of ‘informal flexibility’ i.e. ‘being able to alter planned working time on an *ad hoc* basis at short notice, or agree personal start and finish times to apply on a
routine basis to accommodate commitments outside of work’ (Hall and Atkinson, 2006: p. 376). Informal flexibility that is negotiated with an individual’s manager may be more effective in facilitating the “work-life preferences” of employees and this is particularly the case for working carers (De Menezes & Kelliher, 2017, p. 1051). Yet, our understanding of how informal flexibility is enacted in the workplace and the extent to which it benefits employers and carers is limited.

Drawing on signalling theory, recent research has examined both the role of line managers as signallers of HRM policy and practice (Guest, et al., 2021) and the organisational ‘signals’ given by supervisors when implementing FWAs (Williams et al., 2021). While our research examines the nature of the support signals communicated by line managers to working carers, it also considers the less understood role of co-workers in signalling support. These are important issues to address given Sethi et al’s (2017) assertion that an absence of work-family support at organisational level can negatively impact wellbeing, work performance and absenteeism. Similarly Mills et al. (2014, p. 1766) reflect on the role of organisational culture, and suggest that an organisation’s culture and policies are only as ‘family supportive as employees perceive them to be’. While there is clear evidence that carers benefit from a supportive workplace culture (Kossek et al., 2010; Lapierre & Allen, 2006; Major et al., 2008), the literature is limited when it comes to understanding how this support is enacted by organisations and accessed by carers.

In research conducted by Kröll et al (2021), organisational attractiveness was found to be significantly enhanced when access to FWAs is provided by the organisation. They allow employees to make the necessary adjustments to their working hours and location and can help them reconcile different responsibilities (Anand and Mitra, 2022; Pestotnik & Süß, 2021)
which are beneficial to the employer and employee (Erden Bayazit & Bayazit, 2019; Wang et al., 2019). The individual nature of many employment practices has become increasingly apparent (DeMenezes and Kelliher, 2017), with working arrangements being personalised and negotiated between employees and their managers (i.e. i-deals) (Marescaux et al., 2021; Rousseau, 2015; Wang et al., 2019). These i-deals enable employees to negotiate informal working arrangements that address, and help them manage competing work and family demands (Crain and Stevens, 2018; Rousseau, 2015; Hornung et al., 2008). While we know that line managers play an important role in promoting the take-up of formal FWAs (CIPD, 2019; 2020a), our knowledge of how caregiving responsibilities are addressed by organisations and employees is somewhat limited (Plaisier et al., 2015). In particular, little is known about the locally negotiated, informal adjustments made to carers’ working arrangements or the outcome of any such adjustments.

Method

Research design

As the aim of this exploratory study was to uncover the ‘lived experiences’ (Marshall & Rossman, 1995) of working family carers, a qualitative design was adopted. A qualitative methodology allows the researcher to reveal ‘the messiness of real life’ (Braun & Clarke, 2013, p. 20), gain insight into the particular ‘context’ of the research participants (Myers, 2020, p. 5) and capture richness and complexity (Airey et al., 2007). The research was conducted as part of a wider research study that aims to promote health and self-care behaviours among working family carers.
**Participants and data collection**

During 2019 (pre Covid-19) and 2020 (during Covid-19), twenty-six working carers in Ireland were interviewed. Ten interviews were conducted face-to-face in 2019 (B1-B10) and sixteen interviews were conducted in 2020 (C1-C16) via Zoom or phone due to Covid-19 public health restrictions. The average duration of interviews was 66 minutes. While the researchers did not set out to compare the ‘lived experiences’ of carers before and during a pandemic, the interviews conducted at these moments in time nonetheless provide interesting insights. In selecting the research participants, purposive sampling was utilised (Quinn-Patton, 2002). This allowed the researchers to ‘select respondents who are most likely to yield appropriate and useful information’ (Kelly et al., 2010, p. 317). This approach resulted in a strong degree of heterogeneity in the participant sample with regard to gender, age, relationship to the care recipient, the health condition of the care recipient, industry sector, status of employment and working arrangements. The inclusion criteria required that participants be aged 18 years or over and that, at the time of interview, they were caregiving for a family member(s) due to frailty, disability or a chronic illness. The participants also needed to have been employed, either on a full-time or part-time basis, at some point during their caregiving activities. The participants served as the primary carer for family members, including children, spouses and parents.

When recruiting participants from family carer populations, the subset of working carers is difficult to identify. Not all carers identify themselves as carers and, as Courtin et al (2014, p. 84) highlight, ‘most countries do not have a process in place to systematically identify informal carers’. Carers are also difficult to recruit due to their multiple roles and the demands on their time (Atanackovic et al., 2020). Male carers can be particularly difficult to recruit (Maynard
et al., 2019). The participants in our study were recruited through several sources, including social media, the researchers’ own networks, and through carer advocacy organisations, such as Family Carers Ireland. Interviews were semi-structured, and questions were formulated around three broad themes: participants’ caregiving role; their employment situation; and the services and supports available to them. The participants’ profiles, anonymised to protect their identity (Braun & Clarke, 2013), are summarised in Table 1.
Table 1: Research Participants

<table>
<thead>
<tr>
<th>No.</th>
<th>Gender</th>
<th>Age</th>
<th>Cares for</th>
<th>Care-recipient’s health condition</th>
<th>Employed in</th>
<th>Interview mode</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1</td>
<td>F</td>
<td>51</td>
<td>Mother</td>
<td>Cognitive impairment</td>
<td>Public/Private</td>
<td>Face-to-face</td>
</tr>
<tr>
<td>B2</td>
<td>F</td>
<td>55</td>
<td>Mother and Father</td>
<td>Cognitive impairment and frailty</td>
<td>Private</td>
<td>Face-to-face</td>
</tr>
<tr>
<td>B3</td>
<td>F</td>
<td>48</td>
<td>Daughter</td>
<td>Spinal injury</td>
<td>Public</td>
<td>Face-to-face</td>
</tr>
<tr>
<td>B4</td>
<td>M</td>
<td>62</td>
<td>Daughters</td>
<td>Genetic disorder</td>
<td>Public</td>
<td>Face-to-face</td>
</tr>
<tr>
<td>B5</td>
<td>F</td>
<td>53</td>
<td>Husband</td>
<td>Chronic physical illness</td>
<td>Private</td>
<td>Face-to-face</td>
</tr>
<tr>
<td>B6</td>
<td>F</td>
<td>41</td>
<td>Son</td>
<td>Cancer</td>
<td>Public</td>
<td>Face-to-face</td>
</tr>
<tr>
<td>B7</td>
<td>F</td>
<td>44</td>
<td>Daughter</td>
<td>Chronic physical illness, genetic and neurological disorder</td>
<td>Public</td>
<td>Face-to-face</td>
</tr>
<tr>
<td>B8</td>
<td>F</td>
<td>42</td>
<td>Daughter</td>
<td>Neurological disorder</td>
<td>Public</td>
<td>Face-to-face</td>
</tr>
<tr>
<td>B9</td>
<td>M</td>
<td>65</td>
<td>Wife</td>
<td>Cognitive impairment</td>
<td>Private</td>
<td>Face-to-face</td>
</tr>
<tr>
<td>B10</td>
<td>M</td>
<td>38</td>
<td>Son</td>
<td>Genetic disorder</td>
<td>Private</td>
<td>Face-to-face</td>
</tr>
<tr>
<td>C1</td>
<td>F</td>
<td>48</td>
<td>Daughter</td>
<td>Physical disability</td>
<td>Public</td>
<td>Zoom</td>
</tr>
<tr>
<td>C2</td>
<td>F</td>
<td>58</td>
<td>Mother</td>
<td>Lung disease</td>
<td>Public</td>
<td>Zoom</td>
</tr>
<tr>
<td>C3</td>
<td>F</td>
<td>52</td>
<td>Mother</td>
<td>Frailty</td>
<td>Public</td>
<td>Zoom</td>
</tr>
<tr>
<td>C4</td>
<td>F</td>
<td>56</td>
<td>Daughter</td>
<td>Developmental and intellectual disability</td>
<td>Public</td>
<td>Zoom</td>
</tr>
<tr>
<td>C5</td>
<td>F</td>
<td>45</td>
<td>Son</td>
<td>Global developmental delay</td>
<td>Public</td>
<td>Zoom</td>
</tr>
<tr>
<td>C6</td>
<td>F</td>
<td>50</td>
<td>Daughter</td>
<td>Genetic disorder</td>
<td>Public</td>
<td>Zoom</td>
</tr>
<tr>
<td>C7</td>
<td>F</td>
<td>62</td>
<td>Mother and Father</td>
<td>Cognitive impairment, cancer</td>
<td>Public</td>
<td>Zoom</td>
</tr>
<tr>
<td>C8</td>
<td>F</td>
<td>56</td>
<td>Mother</td>
<td>Cognitive impairment</td>
<td>Private</td>
<td>Telephone</td>
</tr>
<tr>
<td>C9</td>
<td>M</td>
<td>30</td>
<td>Wife</td>
<td>Genetic disorder</td>
<td>Self-employed</td>
<td>Telephone</td>
</tr>
<tr>
<td>C10</td>
<td>F</td>
<td>47</td>
<td>Daughter</td>
<td>Genetic disorder</td>
<td>Public</td>
<td>Telephone</td>
</tr>
<tr>
<td>C11</td>
<td>F</td>
<td>51</td>
<td>Father</td>
<td>Cancer</td>
<td>Public</td>
<td>Zoom</td>
</tr>
<tr>
<td>C12</td>
<td>F</td>
<td>36</td>
<td>Mother</td>
<td>Cognitive impairment</td>
<td>Private</td>
<td>Zoom</td>
</tr>
<tr>
<td>C13</td>
<td>F</td>
<td>46</td>
<td>Mother</td>
<td>Mood disorder, frailty</td>
<td>Public</td>
<td>Zoom</td>
</tr>
<tr>
<td>C14</td>
<td>F</td>
<td>50+</td>
<td>Father</td>
<td>Metabolic disease</td>
<td>Public</td>
<td>Zoom</td>
</tr>
<tr>
<td>C15</td>
<td>M</td>
<td>44</td>
<td>Son</td>
<td>Developmental disability</td>
<td>Public</td>
<td>Zoom</td>
</tr>
<tr>
<td>C16</td>
<td>F</td>
<td>53</td>
<td>Mother and Husband</td>
<td>Frailty, brain injury</td>
<td>Private</td>
<td>Zoom</td>
</tr>
</tbody>
</table>

Data analysis
An inductive, data-driven approach was taken to data analysis. The researchers were broadly guided by the six-phase thematic analysis approach (Braun & Clarke, 2006). This approach enabled the researchers to identify, analyse and report patterns within the interview data. The transcripts were uploaded into the data analysis software, NVivo 12. From the interview transcripts, the researchers gathered in-depth narratives of carers’ experiences of the issues
examined. Two members of the research team read and re-read the interview transcripts to familiarise themselves with the interview data and identify common themes. Each researcher noted their observations on the interview data and met to compare notes. A second round of coding took place to ensure consistent coding (within and across transcripts) and that nothing was inadvertently missed during the initial coding. The first round of data analysis, involving open coding where the transcripts were reviewed line by line (Charmaz, 2006), resulted in the development of an initial set of codes. These were then reviewed and re-organised for the purpose of identifying themes emerging from the data. The themes were reviewed and any themes that could be merged or were not adequately supported by data were identified. Each theme was then named. Suitable excerpts from the transcripts that would help to highlight the complexities of managing work and caregiving and the disruption experienced around working arrangements were selected.

Findings

The findings provide nuanced accounts of working carers’ lived experiences of combining work and caregiving and what it really means for carers to feel supported in the workplace.

The experience of combining work and caregiving

Carers gave accounts of how working alongside caregiving impacted them personally, particularly with respect to their wellbeing – “you’re on all the time” (B1), “you’re never switched off” (C8), “you’re constantly a little bit on edge” (B2) and under “constant emotional stress and pressure” (B1). They reported a never-ending feeling of “being pulled and dragged in the two areas” (C1) and “feeling, no matter where you are, that you’re not doing the right thing – if you’re at work, you should be at home; if you’re at home, you should be at work”
Some describe their situation as “stressful” (C10) and “wearing” (C8) and it can lead to “exhaustion” (C6). For B5, she experienced a period of “burnout” – “one morning, I woke up and I actually just couldn’t get out of the bed” (B5). For some carers, this constant tension between work and caregiving intensified during the Covid-19 pandemic when work became “completely intertwined with home life” (C15). Carers talked about how “relentless” the juggling act had become (C2, C15) and some reached almost “breaking point” (C13). Yet the daily struggles that carers deal with, as illustrated below, are not always visible to line managers and co-workers.

“Walking into her [daughter’s] bedroom every morning, I don’t know what I’m going to find...if she has had a bad seizure during the night...sudden death in epilepsy is a very, very real thing and, every morning, I have to brace myself” (B8).

“There were times where I would be sick coming into work. I was sick with stress trying to get out the door, trying not to let that stress rub off on the children, trying to be calm, knowing I’m going to be 5 minutes late, now I’m going to be 10 minutes late, I’m going to be 15 minutes late. Constantly feeling like I’m making excuses and that whole feeling of, I’m letting people down, and questioning whether I should remain in paid employment” (B8).

“They brought her [mother] to the doctor who recommended A&E. I was doing a meeting where we were telling 30 staff members that their jobs were gone and I had a choice – do I go and sit with my mum or do I go and do a really hard thing. I felt like I couldn’t not be there for 30 people to say your job is gone. I couldn’t leave the board to do that, yet my mum was sitting in [hospital] all on her own” (C13).

Carers reported how juggling work and caregiving impacted their work quality and productivity (“my work was slipping”, B3, “my output is lower”, C2); and their ability to be fully engaged while at work (“there’s some days when your concentration is gone”, C1; “you are focused but you’re not really because you’re all the time thinking, I’ll ring home”, B2). Their disposition while at work was also impacted (“I was finding myself very short tempered”, B3). Competing work and caregiving demands means that carers are forced to make trade-offs that impact their career; for example, opting not to take on more demanding roles (“I also told my managers that I didn’t want to be considered for any leadership roles”, C15); not applying
for promotion (“I never could go for promotion”, C4); giving up a promotion (“I sacrificed my promotion for the greater good of [daughter]”, C1); or delaying professional development (“I’m not going to put any more stress on myself by taking on further education”, C13). Despite these trade-offs, work is important for carers’ identity and well-being – “mentally, I need that stimulation and I need to be around people” (C12). Work is also a source of “respite” (C1), an “escape” (B2), a “distraction” (C13) and an opportunity to take a “break” (B8, C11).

Despite the benefits of combining work and caregiving, 17 of the 26 carers experienced some disruption to their employment due to the intensity of their caregiving responsibilities, work demands, a lack of appropriate FWAs, or burnout (see Table 2). While 4 of these carers left their organisation on a permanent basis through voluntary redundancy, early retirement or resignation, the disruption experienced by the other 13 carers was often in the form of intermittent periods of leave from employment. These carers either left employment temporarily by availing of various types of leave (career breaks, sick leave, parental leave, carer’s leave, unpaid leave), or they altered their working hours to enable them to remain in employment (switching from full-time to part-time hours and, in some cases, returning to full-time hours when their caregiving demands allowed). Of the 17 carers, the disruption faced by 5 carers (B6, B10, C15, B7, B2) could potentially have been reduced had the appropriate FWAs been in place. The challenge of combining work while caregiving in the absence of appropriate FWAs was captured by B7:

“... there were just so many important appointments ... her [daughter] needs were so great … even working a 3-day week was really, really tough but, you know, we managed. But there was no way that I could have worked full-time and they wouldn’t let me work part-time, so my hand was completely forced”.
Table 2: Carers who experienced varying levels of disruption to working arrangements

<table>
<thead>
<tr>
<th>No.</th>
<th>Currently works</th>
<th>Nature of the disruption</th>
<th>Primary reason for the disruption</th>
</tr>
</thead>
<tbody>
<tr>
<td>B4</td>
<td>N/A</td>
<td>Early retirement</td>
<td>Care intensity</td>
</tr>
<tr>
<td>B9</td>
<td>N/A</td>
<td>Voluntary redundancy</td>
<td>Care intensity</td>
</tr>
<tr>
<td>C1</td>
<td>Full-time</td>
<td>Reduced working hours temporarily</td>
<td>Care intensity*</td>
</tr>
<tr>
<td>C10</td>
<td>Part-time</td>
<td>Reduced working hours</td>
<td>Care intensity**</td>
</tr>
<tr>
<td>C4</td>
<td>Part-time</td>
<td>Carer’s leave (3 periods of leave)</td>
<td>Care intensity</td>
</tr>
<tr>
<td>B1</td>
<td>Part-time</td>
<td>Career break (2 breaks of 6-8 weeks)</td>
<td>Care intensity</td>
</tr>
<tr>
<td>C6</td>
<td>Part-time</td>
<td>Carer’s leave (2 months)</td>
<td>Care intensity</td>
</tr>
<tr>
<td>B3</td>
<td>Part-time</td>
<td>Sick leave (6 months) Carer’s leave (2 periods of leave) Reduced working hours</td>
<td>Care intensity</td>
</tr>
<tr>
<td>B6</td>
<td>N/A</td>
<td>Career break (2 years) Unpaid leave</td>
<td>Care intensity*** Employer denied a request to work part-time</td>
</tr>
<tr>
<td>B10</td>
<td>Part-time</td>
<td>Resignation</td>
<td>Flexible working hours and hybrid working not available</td>
</tr>
<tr>
<td>C15</td>
<td>Full-time</td>
<td>Resignation</td>
<td>Flexible working hours not available**</td>
</tr>
<tr>
<td>B7</td>
<td>Part-time</td>
<td>Reduced working hours Carer’s leave (6 months) Voluntary redundancy</td>
<td>Flexible working hours not available (subsequently changed career and works reduced hours)</td>
</tr>
<tr>
<td>B2</td>
<td>Full-time</td>
<td>Currently on carer’s leave (2 periods of leave for 2 years each time)</td>
<td>Flexible working hours and remote working not available</td>
</tr>
<tr>
<td>Carer</td>
<td>Full-time</td>
<td>Leave &amp; Work Schedule</td>
<td>Reason</td>
</tr>
<tr>
<td>--------</td>
<td>-----------</td>
<td>-----------------------</td>
<td>--------</td>
</tr>
<tr>
<td>B5</td>
<td></td>
<td>Sick leave (3-4 weeks) Carer's leave Reduced working hours temporarily</td>
<td>Difficulty reconciling care demands with senior management role</td>
</tr>
<tr>
<td>B8</td>
<td></td>
<td>Sick leave (3 weeks) Parental leave (1 day per week)</td>
<td>Burnout from managing work and caregiving demands</td>
</tr>
<tr>
<td>C12</td>
<td></td>
<td>Sick leave (1 week)</td>
<td>Burnout from managing work and caregiving demands, lost home care supports*</td>
</tr>
<tr>
<td>C5</td>
<td></td>
<td>Parental leave Reduced working hours Sick leave (2 weeks)</td>
<td>Burnout from managing work and caregiving demands</td>
</tr>
</tbody>
</table>

* Working remotely at the time of interview due to Covid-19 pandemic.
** Hybrid working arrangement at the time of interview due to Covid-19 pandemic.
*** On unpaid leave due to lack of part-time options available at her workplace.

8 out of 26 carers did not experience any disruption to their working arrangements and or take any intermittent periods of leave from the workplace. These carers worked for employers who supported them through the provision of informal temporal and locational flexibility when needed (see Table 3). Two of these carers were already working part-time when their caregiving responsibilities began. One other carer, was self-employed and, therefore, had autonomy over his working hours and was able to avoid any disruption to his working arrangements.
Table 3: Carers who experienced no disruption to working arrangements

<table>
<thead>
<tr>
<th>No.</th>
<th>Currently works</th>
<th>What helped the carer avoid disruption to working arrangements?</th>
</tr>
</thead>
<tbody>
<tr>
<td>C2</td>
<td>Full-time</td>
<td>Flexible working hours. Remote working.*</td>
</tr>
<tr>
<td>C3</td>
<td>Full-time</td>
<td>None specified. Preference for hybrid working post-pandemic.*</td>
</tr>
<tr>
<td>C7</td>
<td>Part-time</td>
<td>Works part-time (3 days a week). Flexible working hours.*</td>
</tr>
<tr>
<td>C8</td>
<td>Part-time</td>
<td>Works part-time (2 days a week). Flexible working hours.</td>
</tr>
<tr>
<td>C9</td>
<td>Unemployed</td>
<td>Works part-time (weekends). Self-employed.</td>
</tr>
<tr>
<td>C11</td>
<td>Full-time</td>
<td>Flexible working hours.</td>
</tr>
<tr>
<td>C13</td>
<td>Full-time</td>
<td>Flexible working hours. Remote working.*</td>
</tr>
<tr>
<td>C14</td>
<td>Full-time</td>
<td>Flexible working hours. Remote working.*</td>
</tr>
<tr>
<td>C16</td>
<td>Part-time</td>
<td>Flexible working hours. Hybrid working.**</td>
</tr>
</tbody>
</table>

* Working remotely at the time of interview due to Covid-19 pandemic.  
** Hybrid working arrangement at the time of interview due to Covid-19 pandemic.

**What it means for carers to feel supported in the workplace**

Carers’ narratives provide insight into what it means to feel supported in the workplace, and how this support can minimise disruption to their employment. Three mechanisms through which carer-friendly informal flexibility is enacted are identified: reassurance and pre-emptive support; carer advocacy; and idiosyncratic deal making (i-deals).

**Reassurance and pre-emptive support:**

Carers see line managers as a particularly important source of reassurance and pre-emptive support, often in the form of “flexible working hours, empathy and awareness, trust, consideration” (C8). Yet, for some carers, the kind of workplace support needed only became available when matters were brought to a head – “it took me actually breaking down in the office one day” (B8). Merely knowing that the line manager is supportive can be enough to
alleviate some of the burden on the carer (“having supportive management, even the feeling that I could ask [for support]”, B1). Even when line managers signal an interest in the employee, it can make a difference (“my boss would ask me how are things and how are you and your kids…that interest and that support and that understanding is what you need”, C6). When line managers (and co-workers) appreciate the needs of carers and respond in a reassuring and understanding manner, the caregiving-work burden is somewhat eased (“I just want understanding”, B8; “an acknowledgment that you’re dealing with more than others”, C6). This need for reassurance and pre-emptive support was particularly evident during the Covid-19 pandemic:

“My boss was very good to me…at first, I was going to take leave…and she said ‘no, don't, just do as much as you can do...just fit in as much as you can do’” (C7).

When reassurance and pre-emptive support from line managers is not forthcoming, the work-caregiving burden is significant and combining work and caregiving is challenging (“if my boss wasn’t so accommodating, I don’t know what I would do”, C5). Without this kind of support, there is a danger working carers will consider leaving employment.

**Carer Advocacy:**

Some line managers lacked an awareness of an individual’s caregiving responsibilities (“I think employers need to be a bit more aware that people have circumstances going on”, B2). Carers noted how challenging it sometimes was to open up a conversation with their line manager around their support needs. For example, carers report being fearful about even requesting carer’s leave (“I was very afraid even saying it to my employer”, B2). There was a perception that managers are often concerned about setting a precedent by granting such requests. Despite these challenges, carers’ narratives suggest that having an advocate at work to amplify their
voice can be particularly beneficial. Advocates include line managers (“my boss was my advocate”, B1); co-workers (“someone would, like, literally stamp their foot and say ‘she HAS to go home; would you just send someone down so that she can go’”, C6); and human resources staff (“she kept checking on me…and she said you need a break…then she spoke to my line manager”, B3). Yet, the absence of appropriate mechanisms to enable carers to disclose their caregiving responsibilities at work and the perception that their workplace is not carer-friendly present a challenge. This may hamper the potentially valuable advocacy role of line managers, co-workers and other staff and result in the underutilisation of this potentially important source of support for carers (“I’ve learnt to manage things a little bit more…without divulging too much to management”, C11).

Idiosyncratic deal-making:

Given the often sporadic and episodic nature of caregiving, informal flexibility at work and the willingness of line managers to engage in idiosyncratic deal-making (i-deals) is essential for many carers. As B6 and B10 explain: “I’d need something local and something that if the school rang me, I could leave at the drop of a hat and go out to him [son]” (B6); and “it’s affecting my potential choices because if I had an interview, I would be open about that [the need for flexibility]” (B10). Many carers in our study value having temporal flexibility, particularly start and finish times (“there might be leeway to take a few minutes in the morning and be in a bit later or to go a bit earlier in the afternoon”, B4); and lunch hours (“…saying to my boss...we have 45 minutes at lunch time, I’m going to be an hour”, B2). While some carers reported considerable flexibility around when they work (“I’m really, really grateful for the flexible hours I have here – it makes everything possible”, B7; “if something comes up at home, I am in a position to not go into work until late”, C15), others had limited or no temporal flexibility (“flexi-time would have helped a little bit but there was none”, B2).
The Covid-19 pandemic highlighted diverse perspectives on the value of locational flexibility. For some carers, remote working alleviated some pressure (“it’s taken some of the pressure off”, C1), whereas for others it increased the pressure (“I was worried about being seen as a slacker by being at home so I redoubled my efforts to make sure that I did what I was supposed to do…”, C13). Looking to the future, the option to engage in a hybrid working arrangement (where some days are spent working remotely and others in the physical workplace) would be welcomed by some carers (“I’d love 3 days at home, 2 days in the office”, C12). I-deals in the form of the option to hold back annual leave (“they allowed me to accumulate it”, B3); or to avail of unpaid annual leave (“I opted for a little bit more holiday time because I was running through my holidays…whether it was for appointments or I had to be at home”, C11) were also helpful. Despite how important informal flexibility is for carers, some feared that co-workers would perceive that they were receiving preferential treatment from the line manager (“sometimes it can be used against you”, C11) or that availing of informal flexibility would be seen as a potential shortcoming at work. Carers also felt guilty for leaving co-workers in the lurch (“if I didn’t turn up, it meant the other person had to deal with whatever came in”, B4) and were concerned that customers/clients would be negatively impacted (“you had responsibility to the patients who were coming in”, B3).

To summarise, without sufficient informal flexibility, the tension between work and caregiving often intensifies and carers may contemplate taking periods of leave or exiting employment.

**Discussion and conclusion**

Our research suggest that an absence of adequate workplace supports for carers compounds the difficulties they experience and negatively affects their wellbeing, work performance and
workforce attachment (Carers UK, 2013; Calvano, 2013; Schroeder et al., 2012; Duxbury & Higgins, 2012; Longacre et al., 2017; Brimblecombe et al., 2018; CIPD, 2020b; Boumans & Dorant, 2020; Sethi et al., 2017). Many of the carers who participated in our study believed that their workplace was not particularly carer-friendly, resulting in a reluctance to disclose their caregiving circumstances. In some instances, this disclosure only occurred when carers reached “breaking point” and were on the verge of exiting the organisation. In deciding whether to make a disclosure, carers often compare the benefits of doing so with the possible implications (Templeman et al., 2020).

Carers spoke about the important role of different organisational actors in ‘signaling’ a carer-supportive organisational culture and in providing reassurance and pre-emptive support. As ‘gatekeepers’ of an organisation’s human resource policies, line managers play a significant role in making carers aware of, and giving access to, formal organisational supports and resources. As ‘advocates’, line managers and co-workers can become the voice of the carer and help them navigate access to appropriate and timely support, particularly during moments of caregiving crisis. The literature acknowledges the importance of formal resources, relational support and organisation-wide support (Allen, 2012; Jungblut, 2015; Stefanidis & Strogilos, 2020; Pan & Yeh, 2012). However, by probing the lived experiences of working carers, our research has gone beyond this literature by highlighting how line managers and co-workers can play a critical role in mediating informal flexibility through three enabling mechanisms – reassurance and pre-emptive support; carer advocacy; and i-deals. Our research builds on the work of others who consider the role of line managers as signallers of HRM policy and practice (e.g. Guest, et al., 2021) and as facilitators of informal flexibility (Murphy & Cross, 2021) and highlights the less understood role of co-workers in signalling support for, and advocating on behalf of, carers. While the literature argues that carers benefit from a supportive
organisational culture (Kossek et al., 2010; Lapierre & Allen, 2006; Major et al., 2008), the enabling mechanisms we identified extend our current understanding of how support, in the form of informal flexibility, is mediated in practice.

Our research also considered whether the enabling mechanisms, through which carer-friendly informal flexibility is enacted, help working carers to sustain their attachment to the workforce. Our research suggests that when these enabling mechanisms are deployed, disruption to employment and the need to take intermittent periods of leave is reduced. For most carers, small ad-hoc adjustments negotiated with the line manager, often in the form of unscheduled time off, extended lunch breaks, flexibility around start and finish times and the opportunity to occasionally work remotely, may be sufficient to allow them enough scope to manage their caregiving responsibilities and remain in employment. In the absence of informal flexibility, disruption to working arrangements is likely in the form of intermittent, and sometimes multiple, periods of leave from the workplace or even organisational exit. We found that a lack of access to informal flexibility, where working arrangements are not adequately tailored to carers’ individual circumstances, is often the ‘tipping point’ that leads to disruption to carers’ working arrangements, resulting in intermittent periods of leave.

Our findings support the contention that, for working carers, informal flexibility, that is negotiated with an individual’s manager, may be more effective in helping them with their ‘work-life preferences’ (De Menezes & Kelliher, 2017). Our paper addressed the research gap identified by Bainbridge and Townsend (2020) and highlighted tangible ways in which flexible working can mitigate work-family conflict among caregivers. Our paper provides evidence to suggest that informal flexibility reduces work-family conflict and potential employment disruption. In doing so, we have responded to the call for more research on the benefits of
informal flexibility (Kossek and Kelliher, 2022). The implementation of informal FWAs is not without its potential pitfalls, however. Such practices must be robust and fair and be underpinned by formal policies and a culture of inclusiveness (Rousseau, 2015) and there is a concomitant need to train line managers.

To conclude, the experiences of working carers reported in our study indicate that access to informal FWAs, which are underpinned by formal carer-friendly policies, enables carers to reconcile their work and caregiving responsibilities and remain in the workforce. Our study uncovered the pivotal mediating role played by line managers and co-workers in supporting carers to secure access to these informal FWAs. Reassurance and pre-emptive support; carer advocacy and i-deals mediated by line managers and co-workers are the enabling mechanisms through which carer-friendly informal flexibility can be enacted in the workplace. Further research on this subject might address the limitations of our study. For example, greater diversity in the profile of the study participants could be helpful, particularly the inclusion of more male carers and those working in the private sector. Future research should examine the experiences of line managers and co-workers in facilitating flexibility i-deals for carers. Moreover, how the reluctance among carers to disclose their caregiving circumstances and associated support needs could be addressed at organisational level needs to be investigated.

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